



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.

Children's Health Insurance Program

2011 Annual Report the Centers for Medicare & Medicaid

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pennsylvania
INSURANCE DEPARTMENT

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 checked="" 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. Most 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 match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<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 regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			12	
	Explain circumstances when a child would lose eligibility during the time period in the box below [1000]		Explain circumstances when a child would lose eligibility during the time period in the box below [1000]	
			<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; • Nonpayment 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				If premiums are tiered by FPL, please breakout by FPL					
	Premium Amount				Premium Amount					
	Range from	Range to	From	To	Range from	Range to	From	To		
	\$	\$	% of FPL	% of FPL	\$27	\$ 52	% of FPL 200	% of FPL 250		
	\$	\$	% of FPL	% of FPL	\$37	\$ 73	% of FPL 250	% of FPL 275		
	\$	\$	% of FPL	% of FPL	\$43	\$ 83	% of FPL 275	% of FPL 300		
	\$	\$	% of FPL	% of FPL	\$122	\$ 264	% of FPL	% of FPL		
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL					
	Yearly Maximum Premium Amount per family		\$		Yearly Maximum Premium Amount per family		\$			
	Range from	Range to	From	To	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]					
				<p>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. Amounts shown above are rounded. Maximum out-of-pocket expenses is equal to 5% of the adjusted income.</p>						
<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 disregards? (Note: if you checked off net income in the eligibility question, you must complete this question)	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	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/\$2,100 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

	<input type="checkbox"/> We send out form but do not require a response unless income or other circumstances have changed		confirmation <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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility determination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
s) Expansion to “Lawfully Residing” children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Expansion to “Lawfully Residing” pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Pregnant Women State Plan Expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

v) Waiver populations (funded under title XXI)

Parents

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

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

Pregnant women

Childless adults

w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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x) Other – please specify

a.

b.

c.

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

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

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

<p>a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)</p>	<p>_____</p> <p>_____</p>
<p>b) Application</p>	<p>_____</p> <p>_____</p>
<p>c) Application documentation requirements</p>	<p>Reduced the requirement for paper income verification to simplify the application process</p>
<p>d) Benefits</p>	<p>Expanded the dental benefits and added medically necessary Orthodontia to meet the requirements of CHIPRA</p>
<p>e) Cost sharing (including amounts, populations, & collection process)</p>	<p>_____</p> <p>_____</p>
<p>f) Crowd out policies</p>	<p>_____</p> <p>_____</p>
<p>g) Delivery system</p>	<p>_____</p> <p>_____</p>
<p>h) Eligibility determination process</p>	<p>_____</p> <p>_____</p>

i) Implementing an enrollment freeze and/or cap	
j) Eligibility levels / target population	Provide coverage to children of employees of a public agency in the state who meet the hardship exception as defined in P.L. 111-148 Section 10203(d)(2)(D). This change makes access to health insurance affordable to those public employees that currently pay a large percentage of their salary to enroll their dependent children in the state benefits program.
k) Assets test in Medicaid and/or CHIP	
l) Income disregards in Medicaid and/or CHIP	
m) Eligibility redetermination process	
n) Enrollment process for health plan selection	
o) Family coverage	
p) Outreach	
q) Premium assistance	
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
s) Expansion to "Lawfully Residing" children	
t) Expansion to "Lawfully Residing" pregnant women	
u) Pregnant Women State Plan Expansion	
v) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	

Childless adults	
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
x) Other – please specify	
a.	
b.	
c.	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

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

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

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

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

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

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

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

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

	Measure	Measure Steward	Description	Reporting
10	Well Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	Measure is voluntary.
11	Well Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life	NCQA/HEDIS	Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	Measure is voluntary.
12	Adolescent Well-Care Visits	NCQA/HEDIS	Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Measure is voluntary.
13	Percentage of Eligibles who Received Preventive Dental Services	CMS	Percentage of eligible children ages 1-20 who received preventive dental services	Measure is voluntary.
14	Children and Adolescents' Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: 1. Children 12- 24 months and 25 months – 6 years who had a visit with a PCP during the measurement year 2. Children 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year	Measure is voluntary.
15	Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS	Percentage of children who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	Measure is voluntary.
16	Otitis Media with Effusion – avoidance of inappropriate use of systemic antimicrobials in children – ages 2-12	American Medical Association/ Physician Consortium for Performance Improvement	Percentage of children ages 2 months through 12 years with a diagnosis of otitis media with effusion (OME) who were not prescribed systemic antimicrobials	Measure is voluntary.

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

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

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

If Data Not Reported, Please Explain Why:

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

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

¹ P.L. 111-3, §402(a)(2)(e)

1. Population not covered: Check this box if your program does not cover the population included in the measure.
2. 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.
3. Small sample size: Check this box if the denominator size for a particular measure is less than 30. If the denominator size is less than 30, your State is not required to report a rate on the measure. However, please indicate the exact denominator size in the space provided.
4. Other: Please specify if there is another reason why your state cannot report the measure.

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

Status of Data Reported:

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

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

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

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

Measurement Specification:

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

HEDIS® Version:

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

“Other” measurement specification explanation:

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

Data Source:

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

Definition of Population included in the Measure:

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

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

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

Deviation from Measure Technical Specification

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

The five types (and examples) of deviations are:

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

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

Numerator (e.g., coding issues),

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

Other (please describe in detail).

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

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

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

Date Range: available for 2011 CARTS reporting period.

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

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

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

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

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

single state-level “weighted rate” based on the distribution of the eligible population included in each separate rate.) **Beginning in 2011, CARTS will be requiring States to report numerators and denominators rather than providing them the option of only reporting the rate. If States reported a rate in years prior to 2011, that data will be able to be edited if the need arises.**

Explanation of Progress:

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

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

Other Comments on Measure:

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

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

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

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

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

Yes No

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

If the State is not submitting an EQRO report as an attachment to the 2011 CARTS, please explain. [7500]
PA CHIP is not a Medicaid expansion program subject to the BBA.

Category I - PREVENTION AND HEALTH PROMOTION
Prenatal/Perinatal

MEASURE 1: Timeliness of prenatal care

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

FFY 2009	FFY 2010	FFY 2011
Year of Data:	Date Range:	Date Range:
	From: (mm/yyyy) To: (mm/yyyy)	From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment	HEDIS Performance Measurement Data: Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment	HEDIS Performance Measurement Data: Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

MEASURE 2: Frequency of Ongoing Prenatal Care

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

FFY 2009	FFY 2010	FFY 2011
	From: (mm/yyyy) To: (mm/yyyy)	From: (mm/yyyy) To: (mm/yyyy)
<p>HEDIS Performance Measurement Data: Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits:</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 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 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>< 21 percent of expected visits Numerator: Denominator: Rate:</p> <p>21 percent – 40 percent of expected visits Numerator: Denominator: Rate:</p> <p>41 percent – 60 percent of expected visits Numerator: Denominator: Rate:</p> <p>61 percent – 80 percent of expected visits Numerator: Denominator: Rate:</p> <p>≥ 81 percent of expected visits Numerator: Denominator: Rate:</p>	<p>< 21 percent of expected visits Numerator: Denominator: Rate:</p> <p>21 percent – 40 percent of expected visits Numerator: Denominator: Rate:</p> <p>41 percent – 60 percent of expected visits Numerator: Denominator: Rate:</p> <p>61 percent – 80 percent of expected visits Numerator: Denominator: Rate:</p> <p>≥ 81 percent of expected visits Numerator: Denominator: Rate:</p>	<p>< 21 percent of expected visits Numerator: Denominator: Rate:</p> <p>21 percent – 40 percent of expected visits Numerator: Denominator: Rate:</p> <p>41 percent – 60 percent of expected visits Numerator: Denominator: Rate:</p> <p>61 percent – 80 percent of expected visits Numerator: Denominator: Rate:</p> <p>≥ 81 percent of expected visits Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Deviations from Measure Specifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> 	<p>Deviations from Measure Specifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i>

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

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

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

FFY 2009	FFY 2010	FFY 2011
	From: (mm/yyyy) To: (mm/yyyy)	From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period Numerator: Denominator: Rate: Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period Numerator: Denominator: Rate: Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p>		

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

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

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

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

Immunizations

MEASURE 5: Childhood Immunization Status

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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>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>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>

FFY 2009	FFY 2010	FFY 2011
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: 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). Definition of numerator: Eligible population who received each vaccination or combination of vaccines</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who received each vaccination or combination of vaccines. 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). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who received each vaccination or combination of vaccines. 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 2,527). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Year of Data: 2008</p>	<p>Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</p>	<p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p>
<p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>	<p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>	<p>HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>

FFY 2009		FFY 2010		FFY 2011	
DTap Numerator: 1325 Denominator: 1566 Rate: 84.6	Combo 2 Numerator: 1240 Denominator: 1566 Rate: 79.2	DTap Numerator: 1824 Denominator: 2161 Rate: 84.4	Combo 2 Numerator: 1650 Denominator: 2161 Rate: 76.4	DTap Numerator: 2113 Denominator: 2485 Rate: 85	Combo 2 Numerator: 1943 Denominator: 2485 Rate: 78.2
IPV Numerator: 1425 Denominator: 1566 Rate: 91	Combo 3 Numerator: 1182 Denominator: 1566 Rate: 75.5	IPV Numerator: 1942 Denominator: 2161 Rate: 89.9	Combo 3 Numerator: 1543 Denominator: 2161 Rate: 71.4	IPV Numerator: 2247 Denominator: 2485 Rate: 90.4	Combo 3 Numerator: 1847 Denominator: 2485 Rate: 74.3
MMR Numerator: 1438 Denominator: 1566 Rate: 91.8	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: 1958 Denominator: 2161 Rate: 90.6	Combo 4 Numerator: 715 Denominator: 2161 Rate: 33.1	MMR Numerator: 2253 Denominator: 2485 Rate: 90.7	Combo 4 Numerator: 918 Denominator: 2485 Rate: 36.9
HiB Numerator: 1479 Denominator: 1566 Rate: 94.4	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: 2000 Denominator: 2161 Rate: 92.5	Combo 5 Numerator: 1124 Denominator: 2161 Rate: 52	HiB Numerator: 2286 Denominator: 2485 Rate: 92	Combo 5 Numerator: 1496 Denominator: 2485 Rate: 60.2
Hep B Numerator: 1427 Denominator: 1566 Rate: 91.1	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: 1917 Denominator: 2161 Rate: 88.7	Combo 6 Numerator: 960 Denominator: 2161 Rate: 44.4	Hep B Numerator: 2214 Denominator: 2485 Rate: 89.1	Combo 6 Numerator: 1242 Denominator: 2485 Rate: 50
VZV Numerator: 1413 Denominator: 1566 Rate: 90.2	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: 1966 Denominator: 2161 Rate: 91	Combo 7 Numerator: 581 Denominator: 2161 Rate: 26.9	VZV Numerator: 2261 Denominator: 2485 Rate: 91	Combo 7 Numerator: 811 Denominator: 2485 Rate: 32.6
PCV Numerator: 1337 Denominator: 1566 Rate: 85.4	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: 1779 Denominator: 2161 Rate: 82.3	Combo 8 Numerator: 486 Denominator: 2161 Rate: 22.5	PCV Numerator: 2094 Denominator: 2485 Rate: 84.3	Combo 8 Numerator: 672 Denominator: 2485 Rate: 27
Hep A Numerator: Denominator: Rate:		Hep A Numerator: 834 Denominator: 2161 Rate: 38.6		Hep A Numerator: 1057 Denominator: 2485 Rate: 42.5	

FFY 2009		FFY 2010		FFY 2011	
RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	RV Numerator: 1346 Denominator: 2161 Rate: 62.3	Combo 9 Numerator: 751 Denominator: 2161 Rate: 34.8	RV Numerator: 1764 Denominator: 2485 Rate: 71	Combo 9 Numerator: 1078 Denominator: 2485 Rate: 43.4
Flu Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	Flu Numerator: 1189 Denominator: 2161 Rate: 55	Combo 10 Numerator: 414 Denominator: 2161 Rate: 19.2	Flu Numerator: 1492 Denominator: 2485 Rate: 60	Combo 10 Numerator: 609 Denominator: 2485 Rate: 24.5
Additional notes on measure:		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure:		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure:	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The PA CHIP HEDIS 2011 rate of 78.2 percent for Combination two was 0.8 percentage points above the 2010 performance objective of 77.4 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 3 years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years. In November 2011, the State revised the performance projections to include projections for HEDIS 2012, HEDIS 2013 and HEDIS 2014.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 78.80%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 79.41%</p> <p>Annual Performance Objective for FFY 2014: HEDIS 2014 - 80.02%</p> <p><i>Explain how these objectives were set:</i> Performance for this measure increased by 1.84 percentage points from HEDIS 2010 to HEDIS 2011 after decreasing by 2.83 percentage points from HEDIS 2009 to HEDIS 2010. Because there was no trend noted, a goal was set to increase the rate by 1.84 percentage points (0.61 percentage points each year) over the next three years in order to approximate the increase observed between HEDIS 2010 and HEDIS 2011.</p>		
<p>Other Comments on Measure: Please note that the above goals were adjusted in November 2011 from the goals set in November 2009 based on actual CHIP HEDIS 2011 performance and may be subject to change pending HEDIS 2012 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 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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>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 numerator: Eligible population who received all vaccines or Combination of vaccines. 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). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who received all vaccines or Combination of vaccines. Definition of denominator: Eligible population 13 years of age during the measurement year with continuous enrollment 12 months prior to the child's thirteenth birthday. (Total eligible population 9,002). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>

FFY 2009	FFY 2010	FFY 2011
	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010
HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.
Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate:	Meningococcal Numerator: 2348 Denominator: 3418 Rate: 68.7 Tdap/Td Numerator: 2523 Denominator: 3418 Rate: 73.8 Combination (Meningococcal, Tdap/Td) Numerator: 2149 Denominator: 3418 Rate: 62.9	Meningococcal Numerator: 2456 Denominator: 3188 Rate: 77 Tdap/Td Numerator: 2508 Denominator: 3188 Rate: 78.7 Combination (Meningococcal, Tdap/Td) Numerator: 2312 Denominator: 3188 Rate: 72.5
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The PA CHIP HEDIS 2011 rate of 72.5 percent for Combination one was 7.1 percentage points above the 2010 performance objective of 65.4 percent and exceeded the three year projections documented in the 2010 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. 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.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 76.72%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 80.18%</p> <p>Annual Performance Objective for FFY 2014: HEDIS 2014 - 83.64%</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 HEDIS 2011 weighted average of 73.26% was 10.39 percentage points above the HEDIS 2009 weighted average. Therefore a goal was set to increase the rate by 10.39 percentage points (3.46 percentage points each year) over the next three years in order to approximate the increase observed from HEDIS 2009 to HEDIS 2011.</p>		
<p>Other Comments on Measure: Please note that the above goals set November 2011 are based on actual CHIP HEDIS 2011 performance and may be subject to change pending HEDIS 2012 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: BMI Assessment for Children/Adolescents

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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>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 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 had notation of a BMI assessment in the medical record. Definition of denominator: Eligible population 3-17 years old who had an outpatient visit with a PCP or OB/GYN during the</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who had notation of a BMI assessment in the medical record. Definition of denominator: Eligible population 3-17 years old who had an outpatient visit with a PCP or OB/GYN during the measurement year. (eligible population 97,318). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only.</p>

FFY 2009		FFY 2010		FFY 2011	
measurement year. (eligible population 83,195).				<input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	
Year of Data: 2008		Date Range: From: (mm/yyyy) To: (mm/yyyy)		Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	
HEDIS Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		HEDIS Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		HEDIS Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.	
<u>3-11 years</u> Numerator: 661 Denominator: 2044 Rate: 32.3	<u>Total</u> Numerator: 1153 Denominator: 3765 Rate: 30.6	<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:	<u>3-11 years</u> Numerator: 980 Denominator: 1991 Rate: 49.2	<u>Total</u> Numerator: 1754 Denominator: 3751 Rate: 46.8
<u>12-17 years</u> Numerator: 492 Denominator: 1721 Rate: 28.6		<u>12-17 years</u> Numerator: Denominator: Rate:		<u>12-17 years</u> Numerator: 774 Denominator: 1760 Rate: 44	
Additional notes on measure:		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? This measure was not reported in the 2010 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 2011, the State set performance objectives for the WCC - BMI Assessment for Children/Adolescents performance measure to include projections for the HEDIS 2012, HEDIS 2013 and HEDIS 2014 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 2012: HEDIS 2012 - 52.14%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 57.52%</p> <p>Annual Performance Objective for FFY 2014: HEDIS 2014 - 62.90%</p> <p><i>Explain how these objectives were set:</i> This measure was not collected for HEDIS 2010, therefore comparisons were made to HEDIS 2009 weighted averages. The WCC - BMI weighted average for the 3-17 year old age group was 16.14 percentage points above the HEDIS 2009 weighted average. Therefore a goal was set to increase this rate by 16.14 percentage points (5.38 percentage points per year) over the next three years in order to approximate the increase observed between HEDIS 2009 and HEDIS 2011.</p>		
<p>Other Comments on Measure: Please note that the above goals set November 2011 are based on actual CHIP HEDIS 2011 performance and may be subject to change pending HEDIS 2012 results. An annual "report card" was developed for public reporting of multiple Pennsylvania CHIP performance measures including the WCC-BMI measure. This measure was first publicly reported beginning with HEDIS 2009 rates.</p>		

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

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

FFY 2009	FFY 2010	FFY 2011
<p>Performance Measurement Data: Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life</p>	<p>Performance Measurement Data: Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life</p>	<p>Performance Measurement Data: Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life</p>
<p>Children screened by 12 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 24 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 36 months of age Numerator: Denominator: Rate:</p>	<p>Children screened by 12 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 24 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 36 months of age Numerator: Denominator: Rate:</p>	<p>Children screened by 12 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 24 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 36 months of age Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>
<p>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 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>		
<p>Other Comments on Measure:</p>		

MEASURE 9: Chlamydia Screening 16-20 females

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year	HEDIS Performance Measurement Data: Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year	HEDIS Performance Measurement Data: Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>		

FFY 2009	FFY 2010	FFY 2011
Other Comments on Measure:		

Well-child Care Visits (WCV)

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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>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-</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more well-child visits with PCP during first 15 months of life. Denominator includes eligible population who turned 15 months old during the measurement year. Definition of denominator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Seven separate numerators corresponding to number with 0, 1, 2, 3, 4, 5, 6 or more well-child visits with PCP during first 15 months of life. Denominator includes eligible population who turned 15 months old during the measurement year (Total eligible population 892).</p>

FFY 2009		FFY 2010		FFY 2011	
child visits with PCP during first 15 months of life. Denominator includes eligible population who turned 15 months old during the measurement year.		<input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:		Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	
Year of Data: 2008		Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009		Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	
HEDIS Performance Measurement Data: Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life		HEDIS Performance Measurement Data: Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life		HEDIS Performance Measurement Data: Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	
<u>0 visits</u> Numerator: 14 Denominator: 567 Rate: 2.5 <u>1 visits</u> Numerator: 6 Denominator: 567 Rate: 1.1 <u>2 visits</u> Numerator: 7 Denominator: 567 Rate: 1.2 <u>3 visits</u> Numerator: 9 Denominator: 567 Rate: 1.6	<u>4 visits</u> Numerator: 37 Denominator: 567 Rate: 6.5 <u>5 visits</u> Numerator: 135 Denominator: 567 Rate: 23.8 <u>6+ visits</u> Numerator: 359 Denominator: 567 Rate: 63.3	<u>0 visits</u> Numerator: 21 Denominator: 878 Rate: 2.4 <u>1 visits</u> Numerator: 8 Denominator: 878 Rate: 0.9 <u>2 visits</u> Numerator: 9 Denominator: 878 Rate: 1 <u>3 visits</u> Numerator: 19 Denominator: 878 Rate: 2.2	<u>4 visits</u> Numerator: 57 Denominator: 878 Rate: 6.5 <u>5 visits</u> Numerator: 180 Denominator: 878 Rate: 20.5 <u>6+ visits</u> Numerator: 584 Denominator: 878 Rate: 66.5	<u>0 visits</u> Numerator: 17 Denominator: 892 Rate: 1.9 <u>1 visits</u> Numerator: 10 Denominator: 892 Rate: 1.1 <u>2 visits</u> Numerator: 15 Denominator: 892 Rate: 1.7 <u>3 visits</u> Numerator: 16 Denominator: 892 Rate: 1.8	<u>4 visits</u> Numerator: 57 Denominator: 892 Rate: 6.4 <u>5 visits</u> Numerator: 178 Denominator: 892 Rate: 20 <u>6+ visits</u> Numerator: 599 Denominator: 892 Rate: 67.2

FFY 2009	FFY 2010	FFY 2011
<p>Additional notes on measure: Nine health plans total reporting: small denominator for 3 health plans (6-25)</p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure: Nine health plans total reporting.</p> <p>Definition of denominator: Denominator includes eligible population who turned 15 months old during the measurement year (Total eligible population 892).</p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The PA CHIP HEDIS 2011 rate of 67.2% was 0.3 percentage points below the 2010 performance objective of 67.5%.

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 W15 performance measure to the CHIP contractors, which included a comparison of performance over the previous 3 years and projections for the HEDIS 2008, 2009 and 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 3 years and projections for the 2010, 2011 and 2012 measurement years. In November 2011, the State revised the performance objectives for the W15 performance measure to account for HEDIS 2011 performance which included new projections for the HEDIS 2012, 2013 and 2014 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 2012: HEDIS 2012 - 68.51%

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

Annual Performance Objective for FFY 2014: HEDIS 2014 - 70.51%

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 about 3 percentage points from 2009 to 2010 which was above the goals established for 2010, 2011 and 2012. Therefore the goal was set in 2010 to increase this rate by 3 percentage points (1 percentage point each year) over the next 3 years in order to approximate the increase from 2009 to 2010. In 2011 the benchmarks were extended to include a projection for 2014.

Other Comments on Measure: Please note that the above goals were adjusted in November 2011 from the goals set in November 2010 based on actual CHIP HEDIS 2011 performance and may be subject to change pending HEDIS 2012 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 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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>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: 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 numerator: Definition of numerator: Eligible population with at least 1 well-child visit with PCP during the measurement year Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population with at least 1 well-child visit with PCP during the measurement year. Denominator includes the percentage of eligible population who were 3, 4, 5, 6 years of age during the measurement year (Total eligible population 18,829). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>

FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data: 2008	Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010
HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.
<u>1+ visits</u> Numerator: 4559 Denominator: 6376 Rate: 71.5	<u>1+ visits</u> Numerator: 4587 Denominator: 6075 Rate: 75.5	<u>1+ visits</u> Numerator: 4481 Denominator: 5979 Rate: 74.9
Additional notes on measure: Definition of Denominator: Percentage of eligible population who were 3, 4, 5, 6 years of age during measurement year	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: 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).	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The PA CHIP HEDIS 2011 rate at 75.0% was 1.1 percentage points below the 2010 performance objective of 76.1%.</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 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 3 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 3 years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years. In November 2011, the State revised the performance benchmarks to include projections for HEDIS 2012, HEDIS 2013 and HEDIS 2014.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 76.10%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 77.25%</p> <p>Annual Performance Objective for FFY 2014: HEDIS 2013 - 77.25%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure decreased by 0.61 percentage points from HEDIS 2010 to HEDIS 2011 and increased by 3.45 percentage points from HEDIS 2009 to HEDIS 2011. Because there was no trend noted, a goal was set to increase this rate by 3.45 percentage points each year over the next three years (1.15 percentage points each year) in order to replicate the increase observed between HEDIS 2009 and HEDIS 2011.</p>		
<p>Other Comments on Measure: Please note that these goals were set in November 2011, and may be subject to change pending HEDIS 2012 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 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Combination Administrative data (4 health plans) and Hybrid data (5 health plans)</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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</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</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</p>

FFY 2009	FFY 2010	FFY 2011
data (5 health plans)	data (7 health plans)	data (7 health plans)
<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. Definition of denominator: Members 12-19 years of age during the measurement year (Total eligible population is 61,649).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Members age 12 through 19 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. Definition of denominator: Members 12-19 years of age during the measurement year (Total eligible population is 52,833). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Members age 12 through 19 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. Definition of denominator: Members 12-19 years of age during the measurement year (Total eligible population is 67,151). Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
Year of Data: 2008	Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010
<p>HEDIS Performance Measurement Data: Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p>	<p>HEDIS Performance Measurement Data: Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p>	<p>HEDIS Performance Measurement Data: Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: 9233 Denominator: 16296 Rate: 56.7</p>	<p>Numerator: 9552 Denominator: 17089 Rate: 55.9</p>

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: Definition of denominator: Hybrid population: members 12 through 19 years of age during the measurement year (Total eligible population is 52,833).	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 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:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The PA CHIP 2011 rate of 55.9% was 2.8 percentage points below the 2011 performance objective of 58.7%.</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? 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 2011, 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 2011, HEDIS 2012 and HEDIS 2014 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 2012: HEDIS 2012 - 57.10%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 58.30%</p> <p>Annual Performance Objective for FFY 2014: HEDIS 2014 - 59.50%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure has increased by 3.61 percentage points since HEDIS 2009. Because there was no trend noted, a goal was set to increase this rate by 3.61 percentage points (1.20 percentage points each year) over the next three years in order to approximate the increase observed between HEDIS 2011 and HEDIS 2009.</p>		
<p>Other Comments on Measure: Please note that the above goals were set in November 2011 based on actual CHIP HEDIS 2011 performance and may be subject to change pending HEDIS 2012 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: Percentage of eligible children ages one through twenty years old receiving preventive dental services (CMS Form 416)

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

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

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

Access

MEASURE 14: Children and Adolescents' Access to Primary Care

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></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>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 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</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible populations: 12 months-6 years who had 1 or more visits with a PCP during the measurement year; 7-19 years who had 1 or more visits with a PCP during the measurement year or year prior to the measurement year Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: 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. 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</p>

FFY 2009		FFY 2010		FFY 2011	
measurement year		<input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:		year or year prior to the measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	
Year of Data: 2008		Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009		Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010	
HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner		HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner		HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner	
<u>12-24 months</u> Numerator: 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>12-24 months</u> Numerator: 1548 Denominator: 1612 Rate: 96	<u>7-11 years</u> Numerator: 25652 Denominator: 27041 Rate: 94.9
<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	<u>25 months-6 years</u> Numerator: 20257 Denominator: 22120 Rate: 91.6	<u>12-19 years</u> Numerator: 45795 Denominator: 48513 Rate: 94.4
Additional notes on measure: Definition of denominator: Eligible population age 12-24 months, 25 months-6 years, 7-11 years, 12-19 years		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: Definition of denominator: Eligible population age 12-24 months, 25 months-6 years, 7-11 years, 12-19 years		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The PA CHIP HEDIS 2011 rate for the 12-24 month age cohort at 96.0% was 0.6 percentage points below the 2010 performance objective of 96.6%. The 25 months - 6 years age cohort rate of 91.6% was 1.1 percentage points below the 2010 performance objective of 92.7%. The 7-11 years age cohort rate at 94.9% was 0.2 percentage points below the 2010 performance objective of 95.1%. The 12-19 years age cohort rate at 94.4% was 0.1 percentage points below the 2010 performance benchmark of 94.5%.</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? 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 Children's Access to Primary Care Practitioners (CAP) performance measure to the CHIP contractors, which included a comparison of performance over the previous 3 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 3 years and projections for the HEDIS 2010, HEDIS 2011 and HEDIS 2012 measurement years. In November 2011, the State revised the performance objectives to include projections for the HEDIS 2012, 2013 and 2014 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 2012: HEDIS 2012 - 12-24 months: 96.04% 25 months - 6 years: 92.08% 7-11 years: 95.36% 12-19 years: 94.90%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 12-24 months: 96.09% 25 months - 6 years: 92.58% 7-11 years: 95.86% 12-19 years: 95.40%</p> <p>Annual Performance Objective for FFY 2014: HEDIS 2014 - 12-24 months: 96.14% 25 months - 6 years: 93.08% 7-11 years: 96.36% 12-19 years: 95.90%</p> <p><i>Explain how these objectives were set:</i> The rates for two of four age groups increased from HEDIS 2010, and because of the challenges associated with continually improving on rates as they approach 100%, 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 these goals were reviewed and adjusted in November 2011 from the goals set in November 2009 and are subject to change pending HEDIS 2012 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 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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>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 numerator: Eligible population 2-18 who were prescribed an antibiotic and who received a group A streptococcus test. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population 2-18 who were prescribed an antibiotic and who received a group A streptococcus test. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only.</p>

FFY 2009	FFY 2010	FFY 2011
	<input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010
HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	HEDIS Performance Measurement Data: Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode
Numerator: Denominator: Rate:	Numerator: 8323 Denominator: 11783 Rate: 70.6	Numerator: 7578 Denominator: 10723 Rate: 70.7
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure: Denominator includes children 2 years of age as of July 31 of the year prior to the measurement year and 18 years old as of June 30 of the measurement year who were diagnosed with Pharyngitis	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> . <input type="checkbox"/> Data Source, <i>Explain</i> . <input type="checkbox"/> Numerator, <i>Explain</i> . <input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> . Additional notes on measure: Definition of denominator: Children 2 years of age as of July 31 of the year prior to the measurement year and 18 years old as of June 30 of the measurement year who were diagnosed with Pharyngitis.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The PA CHIP HEDIS 2011 rate of 70.7% was 1.9 percentage points below the 2010 performance benchmark of 72.6%.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 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 2011, the State adjusted the performance benchmarks to include projections for HEDIS 2012, HEDIS 2013 and HEDIS 2014.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 71.27%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 71.87%</p> <p>Annual Performance Objective for FFY 2014: HEDIS 2014 - 72.47%</p> <p><i>Explain how these objectives were set:</i> The rate for this measure has increased by 1.81 percentage points between HEDIS 2009 and HEDIS 2011. Therefore a goal was set to increase this rate by 1.81 percentage points (0.60 percentage points each year) over the next three years in order to approximate the increase observed between HEDIS 2009 and HEDIS 2011.</p> <p>Other Comments on Measure: Please note that the above goals were reviewed and adjusted in November 2011 from the goals set in March 2010 based on actual CHIP HEDIS 2011 performance and may be subject to change pending HEDIS 2012 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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> AMA/PCPI <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	Performance Measurement Data: Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	Performance Measurement Data: Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>		

FFY 2009	FFY 2010	FFY 2011
Other Comments on Measure:		

Dental

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

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

FFY 2009	FFY 2010	FFY 2011
	From: (mm/yyyy) To: (mm/yyyy)	From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress:		
<p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>		

FFY 2009	FFY 2010	FFY 2011
Other Comments on Measure:		

Emergency Department

MEASURE 18: Ambulatory Care: Emergency Department Visits

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 9 health plans reported data</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>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 numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above,</p>

FFY 2009	FFY 2010	FFY 2011
	please further define the Denominator, please indicate the number of children excluded:	please further define the Denominator, please indicate the number of children excluded:
Year of Data: 2008	Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010
HEDIS Performance Measurement Data: The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	HEDIS Performance Measurement Data: The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	HEDIS Performance Measurement Data: The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year
Numerator: 66175 Denominator: 2162192 Rate: 367	Numerator: 78976 Denominator: 2382581 Rate: 398	Numerator: 70363 Denominator: 2394382 Rate: 2.9
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: Total member months for eligible population. Eligible population includes members <1 to 19 years with a visit for emergency department services.	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: 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.	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure: 352.6 visits/1000 member years (29.39 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:

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The PA CHIP HEDIS 2011 ED utilization rate at 352.6 visits/1000 member years was 31.5 visits/1000 member years below the 2010 performance objective of 384.1 visits/1000 member years and below the benchmarks established for HEDIS 2012 and HEDIS 2013.</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 begun in early 2008 were thought to impact 2009 rates. The health plans were expected to achieve demonstrable improvement and sustain improvement over a multi-year PIP, validated yearly by an External Quality Review Organization (EQRO). In March 2008, the health plans submitted methodology and baseline data for 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 CY 2008. In March 2010, the health plans submitted re-measurement rates which included January 1 - June 30, 2009 service dates and interventions begun in the 2009 Calendar Year. The second and final re-measurement rates which included January 1 - June 30, 2010 service dates and subsequent interventions were submitted 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 2012: HEDIS 2012 - 337.64 visits/1000 member years (28.14 visits/1000 member months)</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 322.64 visits/1000 member years (26.89 visits/1000 member months)</p> <p>Annual Performance Objective for FFY 2014: HEDIS 2014 - 307.64 visits/1000 member years (25.64 visits/1000 member months)</p> <p><i>Explain how these objectives were set:</i> rate for this measure decreased by 45.1 visits/1000 MY from HEDIS 2010 to HEDIS 2011 after rising steadily over the previous three years. Therefore, the performance benchmarks were adjusted to reflect HEDIS 2011 performance. A goal was set to decrease the rate by 45 visits/1000 MY (15 visits/1000 MY each year) over the next three years in order to approximate the decrease observed between HEDIS 2011 and HEDIS 2010.</p>		
<p>Other Comments on Measure: Please note that the above goals were adjusted in November 2011 from the goals set in November 2009 based on actual CHIP HEDIS 2011 performance. The new goals were set in November 2011 and may be subject to change pending HEDIS 2012 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 rate– PICU and NICU

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

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

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

Category III - MANAGEMENT OF CHRONIC CONDITIONS

Asthma

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

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

FFY 2009	FFY 2010	FFY 2011
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

Attention-Deficit/Hyperactivity Disorder

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not required by CMS</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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>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 (zero). Continuation phase: small denominator for 3 health plans (0-24)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Initiation phase: members of the eligible population with one follow up visit with a practitioner within 30 days. Continuation phase: members of the eligible population who had once visit during the initiation phase and at least two follow up visits within 270 days after the initiation phase.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Initiation phase: members of the eligible population with one follow up visit with a practitioner within 30 days. Continuation phase: members of the eligible population who had once visit during the initiation phase and at least two follow up visits within 270 days after the initiation phase.</p>

FFY 2009	FFY 2010	FFY 2011
	Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010
HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase. 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.	HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase. 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.	HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase. 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.
Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:	Initiation Phase Numerator: 527 Denominator: 1361 Rate: 38.7 Continuation and Maintenance (C&M) Phase: Numerator: 151 Denominator: 325 Rate: 46.5	Initiation Phase Numerator: 603 Denominator: 1355 Rate: 44.5 Continuation and Maintenance (C&M) Phase: Numerator: 176 Denominator: 357 Rate: 49.3

FFY 2009	FFY 2010	FFY 2011
<p>Additional notes on measure:</p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure: 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>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure: 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 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The PA CHIP HEDIS 2011 rate for the ADHD - Initiation phase measure at 44.5% was 4.2 percentage points above the performance benchmark of 40.3% and exceeded the three year projection for this measure.</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 2011, the State revised the performance objectives to include projections for HEDIS 2012, HEDIS 2013 and HEDIS 2014.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: HEDIS 2012 - 46.21%</p> <p>Annual Performance Objective for FFY 2013: HEDIS 2013 - 47.92%</p> <p>Annual Performance Objective for FFY 2014: HEDIS 2014 - 49.63%</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 increased by 5.12 percentage points between HEDIS 2009 and HEDIS 2011. Therefore the goal was set to increase this rate by 5.12 percentage points (1.71 percentage points each year) over the next three years in order to approximate the increase observed between HEDIS 2009 and HEDIS 2011.</p>		
<p>Other Comments on Measure: Please note that the above goals were adjusted in November 2011 from the goals set in March 2010 based on actual CHIP HEDIS 2011 performance. The new goals were set in November 2011 and may be subject to change pending HEDIS 2012 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 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> NCQA <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>

FFY 2009	FFY 2010	FFY 2011
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	Performance Measurement Data: Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	Performance Measurement Data: Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

Mental Health

MEASURE 23: Follow-up after hospitalization for mental illness

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

FFY 2009	FFY 2010	FFY 2011
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	HEDIS Performance Measurement Data: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	HEDIS Performance Measurement Data: Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner
7 Day Follow-Up Numerator: Denominator: Rate: 30 Day Follow-Up Numerator: Denominator: Rate:	7 Day Follow-Up Numerator: Denominator: Rate: 30 Day Follow-Up Numerator: Denominator: Rate:	7 Day Follow-Up Numerator: Denominator: Rate: 30 Day Follow-Up Numerator: Denominator: Rate:
Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

CAHPS 4.0

Category IV – FAMILY EXPERIENCES OF CARE CAHPS 4.0

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

FFY 2009	FFY 2010	FFY 2011
	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, how did you report this measure? <input type="checkbox"/> Submitted raw data to AHRQ. <input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Measure not collected by CMS</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure? <input type="checkbox"/> Submitted raw data to AHRQ. <input checked="" type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p>If 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>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Sample of 1,100 members per health plan</p>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Measure not reported in the 2010 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 select CAHPS overall satisfaction items to the CHIP contractors, which included a comparison of performance over the previous three years and projections for the CAHPS 2010, CAHPS 2011 and CAHPS 2012 measurement years. In November 2011, the State revised the performance objectives to include projections for CAHPS 2012, CAHPS 2013 and CAHPS 2014.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: CAHPS 2012 - Satisfaction with Child’s Health Plan: 87.66%</p> <p>Annual Performance Objective for FFY 2013: CAHPS 2013 - Satisfaction with Child’s Health Plan: 88.09%</p> <p>Annual Performance Objective for FFY 2014: CAHPS 2014 - Satisfaction with Child’s Health Plan: 88.52%</p> <p><i>Explain how these objectives were set:</i> Performance for the health plan satisfaction survey item has increased by 1.28 percentage points from CAHPS 2009 therefore a goal was set to increase this rate by 1.28 percentage points (0.43 percentage points) over the next three years in order to replicate the increase observed between CAHPS 2009 and CAHPS 2011.</p>		
<p>Other Comments on Measure: Please note that the above goals were adjusted in November 2011 based on actual CAHPS 2011 performance and may be subject to change pending HEDIS 2012 results. An annual “report card” was developed for public reporting of multiple Pennsylvania CHIP performance measures and CAHPS items including the satisfaction with child’s health plan survey items. This measure was first publicly reported beginning with CAHPS 2008 rates.</p>		

Reporting of State-specific measures:

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

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

Yes No

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2010	FFY 2011	Percent change FFY 2010-2011
CHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	273221	272492	-0.27

- Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**
- The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2009-2010. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2011 Annual Report Template.

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

2006 - 2008	127	20.0	4.4	.7
2007 - 2009	131	20.0	4.5	.7
2008 - 2010	128	17.0	4.4	.6
Percent change 1996-1998 vs. 2008-2010	-18.5%	NA	-13.7%	NA

- Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**
- Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates. **[7500]**
- Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.
 - Yes (please report your data in the table below)
 - No (skip 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	

- Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children. **[7500]**
- What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.) **[7500]**
 - What are the limitations of the data or estimation methodology? **[7500]**
 - How does your State use this alternate data source in CHIP program planning? **[7500]**

- 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]**

About 18,000 (1,500/month) children were referred to Medicaid from CHIP in the 2011 federal fiscal year through our electronic referral system called the Healthcare Handshake. There is no current system set up to let us know the number of those children who became enrolled in Medicaid. These figures came from the CHIP and adultBasic Processing System (CAPS) data warehouse. CAPS is an eligibility and enrollment system for CHIP.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

1. Reducing the number of uninsured children
2. CHIP enrollment
3. Medicaid enrollment
4. Increasing access to care
5. Use of preventative care (immunizations, well child care)

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

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

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

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

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

Goal:

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

Type of Goal:

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

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

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

Status of Data Reported:

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

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

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

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

Measurement Specification:

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

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

HEDIS® Version:

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

“Other” measurement specification explanation:

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

Data Source:

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

Definition of Population Included in Measure:

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

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

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

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

Deviations from Measure

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

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

The five types (and examples) of deviations are:

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

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

Numerator (e.g., coding issues),

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

Other.

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

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

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

Date Range: available for 2011 CARTS reporting period.

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

Performance Measurement Data (HEDIS® or Other):

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

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

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

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

Explanation of Progress:

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

Other Comments on Measure:

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

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.</p>	<p>Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.</p>	<p>Goal #1 (Describe) Increase the combined enrollment in CHIP and Medicaid relative to the base month, May 1998, by 2 percentage points per year.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved</p> <p>Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2009</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved</p> <p>Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2010</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Children enrolled in CHIP and Medicaid from the month that the CHIP state plan was first approved</p> <p>Definition of numerator: Children enrolled in CHIP and Medicaid combined in September 2011</p>
<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>	<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2011</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%</p> <p>Numerator: 510373 Denominator: 757391 Rate: 67.4</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</p> <p>Numerator: 550982 Denominator: 757391 Rate: 72.7</p> <p>Additional notes on measure: Numerator: ((1,115,616+192,757)-(703,311+54,080)) Denominator: (703,311+54,080)</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: ((1,143,169+194,378)-(703,311+54,080))</p> <p>Denominator: (703,311+54,080) Rate: 76.6%</p> <p>Numerator: 580156 Denominator: 757391</p>

FFY 2009	FFY 2010	FFY 2011
<p>Additional notes on measure: Since approval of the Pennsylvania State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by 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>Rate: 72.7% Since approval of the 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, 67% by the end of FFY 2009, and nearly 73% by the end of FFY 2010.</p>	<p>Rate: 76.6 Additional notes on measure: Since approval of the Pennsylvania State Plan for CHIP in May 1998, the number of children enrolled in CHIP and Medicaid increased by 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, 73% by the end of FFY 2010, and more than 76% by the end of FFY 2011.</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>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The performance objective for FFY 2011 was 74% and the actual measure for 2011 was 76.6%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: 78% Annual Performance Objective for FFY 2013: 80% Annual Performance Objective for FFY 2014: 82%</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 2009	FFY 2010	FFY 2011
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" 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 checked="" 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. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?	Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?

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

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

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

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

Objectives Related to CHIP Enrollment

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.</p>	<p>Goal #1 (Describe) Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.</p>	<p>Goal #1 (Describe) Increase CHIP enrollment in rural counties by 5 percentage points per year over the base month of May 1998 for each of the next three years.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <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/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: 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>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Enrollment in the 19 rural counties in northeastern and central Pennsylvania (Bedford, Clinton, Columbia, Juniata, Lebanon, Mifflin, Monroe, Montour, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming).</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 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: (09/09 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>Definition of Population Included in the Measure: Definition of denominator: Children enrolled in May 1998 Definition of numerator: (09/11 Enrollment – 05/98 Enrollment)</p>
<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>	<p>Date Range: From: (mm/yyyy) 05/1998 To: (mm/yyyy) 09/2011</p>

FFY 2009	FFY 2010	FFY 2011
<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>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: 20,067-4,217 Denominator: 4,217 Rate: 375.9%</p> <p>Numerator: 15850 Denominator: 4217 Rate: 375.9</p> <p>Additional notes on measure: Since May 1998, enrollment in the target counties has increased by 375.9%. This increase exceeds the statewide growth of 243.7% (56,548 to 194,378) during the same period.</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>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The 2010 Annual Report Performance objective for FFY 2011 was 368%, so it was exceeded by almost 9 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? CAPS upgrades, outreach activities in rural counties, accurate and timely processing of CHIP applications by the contractors and CEU</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>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: 378% Annual Performance Objective for FFY 2013: 380%</p>

FFY 2009	FFY 2010	FFY 2011
<p data-bbox="121 183 659 207">Annual Performance Objective for FFY 2012: 380%</p> <p data-bbox="121 240 659 318"><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties</p>	<p data-bbox="743 183 1276 207">Annual Performance Objective for FFY 2013: 372%</p> <p data-bbox="743 240 1281 318"><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</p>	<p data-bbox="1365 183 1898 207">Annual Performance Objective for FFY 2014: 382%</p> <p data-bbox="1365 240 1902 318"><i>Explain how these objectives were set:</i> Historical trends were used as a basis for the projection of increased enrollment in the rural counties.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
<p>Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>	<p>Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>	<p>Goal #2 (Describe) Maintain the proportion of CHIP enrollees to be reflective of the general population of Pennsylvania.</p>
<p>Type of Goal: <input 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>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2009</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Census data</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> US Census 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: N/A Definition of numerator: N/A</p>
<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>	<p>Date Range: From: (mm/yyyy) 10/2010 To: (mm/yyyy) 09/2011</p>

FFY 2009	FFY 2010	FFY 2011																																																																																																			
<p>Performance Measurement Data: Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> <table border="1"> <thead> <tr> <th data-bbox="71 483 352 505">Race</th> <th data-bbox="352 483 541 537">PA General Population</th> <th data-bbox="541 483 674 505">CHIP</th> </tr> </thead> <tbody> <tr> <td data-bbox="71 537 352 591">Native Hawaiian or Other Pacific Islander</td> <td data-bbox="352 537 541 591">0.1%</td> <td data-bbox="541 537 674 591">0.0%</td> </tr> <tr> <td data-bbox="71 618 352 672">American Indian or Alaska Native</td> <td data-bbox="352 618 541 672">0.8%</td> <td data-bbox="541 618 674 672">0.1%</td> </tr> <tr> <td data-bbox="71 699 352 721">Asian</td> <td data-bbox="352 699 541 721">4.4%</td> <td data-bbox="541 699 674 721">2.9%</td> </tr> <tr> <td data-bbox="71 781 352 834">Black or African American</td> <td data-bbox="352 781 541 834">12.3%</td> <td data-bbox="541 781 674 834">13.8%</td> </tr> <tr> <td data-bbox="71 862 352 883">White</td> <td data-bbox="352 862 541 883">74.3%</td> <td data-bbox="541 862 674 883">59.4%</td> </tr> <tr> <td data-bbox="71 911 352 932">Two or More Races</td> <td data-bbox="352 911 541 932">2.2%</td> <td data-bbox="541 911 674 932">1.6%</td> </tr> <tr> <td data-bbox="71 959 352 980">Unspecified Race</td> <td data-bbox="352 959 541 980">5.8%</td> <td data-bbox="541 959 674 980">21.0%</td> </tr> <tr> <td data-bbox="71 1024 352 1045">Ethnicity</td> <td></td> <td></td> </tr> <tr> <td data-bbox="71 1073 352 1094">Hispanic or Latino</td> <td data-bbox="352 1073 541 1094">15.1%</td> <td data-bbox="541 1073 674 1094">3.2%</td> </tr> <tr> <td data-bbox="71 1122 352 1143">Unspecified Ethnicity</td> <td data-bbox="352 1122 541 1143">84.9%</td> <td data-bbox="541 1122 674 1143">96.8%</td> </tr> </tbody> </table>	Race	PA General Population	CHIP	Native Hawaiian or Other Pacific Islander	0.1%	0.0%	American Indian or Alaska Native	0.8%	0.1%	Asian	4.4%	2.9%	Black or African American	12.3%	13.8%	White	74.3%	59.4%	Two or More Races	2.2%	1.6%	Unspecified Race	5.8%	21.0%	Ethnicity			Hispanic or Latino	15.1%	3.2%	Unspecified Ethnicity	84.9%	96.8%	<p>Performance Measurement Data: Described what is being measured: Compare the proportion of CHIP enrollees that fall into various race and ethnic categories to U.S. Census Bureau data for the general population in Pennsylvania.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> <table border="1"> <thead> <tr> <th data-bbox="693 483 974 505">Race</th> <th data-bbox="974 483 1163 537">PA General Population</th> <th data-bbox="1163 483 1295 505">CHIP</th> </tr> </thead> <tbody> <tr> <td data-bbox="693 537 974 591">Native Hawaiian or Other Pacific Islander</td> <td data-bbox="974 537 1163 591">0.0%</td> <td data-bbox="1163 537 1295 591">0.0%</td> 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<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? By and large, the population of CHIP enrollees is reflective of the general population in Pennsylvania. The 2009 results proved the Annual Performance Objective correct.</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? By and large, the population of CHIP enrollees is reflective of the general population in Pennsylvania. The 2010 results proved the Annual Performance Objective correct.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? CHIP enrollment continued to reflect the general population in Pennsylvania.</p>																																																																																																			

FFY 2009	FFY 2010	FFY 2011
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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? Accurate and timely processing of CHIP applications by contractors and our Central Eligibility Unit (CEU).</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.</p> <p>Annual Performance Objective for FFY 2011: CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p>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.</p> <p>Annual Performance Objective for FFY 2012: CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p>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>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p>Annual Performance Objective for FFY 2013: CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p>Annual Performance Objective for FFY 2014: CHIP enrollment to continue to reflect the general population in Pennsylvania.</p> <p><i>Explain how these objectives were set:</i> Historical trends</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?	Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?

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

Objectives Related to Medicaid Enrollment

FFY 2009	FFY 2010	FFY 2011
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?	Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?

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

Objectives Related to Medicaid Enrollment (Continued)

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

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

Objectives Related to Medicaid Enrollment (Continued)

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

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

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) 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>Goal #1 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise. <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>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 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>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: 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 numerator: Visits for emergency department services that do not result in inpatient stay; age range <1 year to 19 years; does not include some ED visits for mental health and chemical dependency services Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Date Range:</p>

FFY 2009	FFY 2010	FFY 2011
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate: 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>From: (mm/yyyy) To: (mm/yyyy) HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The 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>What quality improvement activities that involve the</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>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p>

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

FFY 2009	FFY 2010	FFY 2011
<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>	<p>Other Comments on Measure:</p>

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #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>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; 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>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 type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input 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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2009	FFY 2010	FFY 2011
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who had one or more capillary or venous lead blood tests for lead poisoning prior to their second birthday. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Definition of Denominator: Number of members who turned two years of age during the measurement year.</p>
<p>Year of Data:</p>	<p>Year of Data: 2009</p>	<p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></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 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>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 1156 Denominator: 2525 Rate: 45.8</p> <p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</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>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? 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> <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>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The HEDIS 2011 PA CHIP Lead Screening rate of 45.8% was 0.8 percentage points above the 2011 performance objective of 45%.</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 engaging in a number of interventions to try to increase the number of members being screened, including providing rosters of members that should be screened to their PCPs, offering pay-for-performance incentives, and expanding reimbursement to include point of care lead screening testing. In 2011 the performance objectives were reviewed and extended to include an objective for 2014.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: 50% Annual Performance Objective for FFY 2013: 55% Annual Performance Objective for FFY 2014: 60%</p> <p><i>Explain how these objectives were set:</i> Each CHIP health insurance contractor has been tasked to increase their percentage of eligible members who receive lead screening by a minimum of 5% each year for the next three years.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe) Asthma Emergency Encounter Rate: Decrease by 1.5% per year the number of PA CHIP members five years of age through 19 years of age with persistent asthma who were seen in an emergency department for treatment relating to their diagnosis of asthma.</p>	<p>Goal #3 (Describe) Asthma Emergency Encounter Rate: Decrease by 1.5% per year the 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 type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input 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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The percentage of PA CHIP members five years of age through 19 years of age with persistent asthma (same denominator as is used for HEDIS ASM) who were seen in an emergency department for asthma during the measurement year.</p>
<p>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>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 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 in an emergency department for asthma during the measurement year. Definition of denominator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who were seen in an emergency department for asthma during the measurement year Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Definition of Denominator:</p>

FFY 2009	FFY 2010	FFY 2011
	<input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	Consistent with HEDIS ASM denominator specifications - number of members ages 5 through 19 years of age with persistent asthma
Year of Data:	Year of Data: 2009	Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate: Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> 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: 543 Denominator: 3126 Rate: 17.4 Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 396 Denominator: 3406 Rate: 11.6 Additional notes on measure:
Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make	Explanation of Progress: 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.	Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The percent of members identified with persistent asthma who had emergency department visits for the treatment of their asthma at 11.6% was 4.3 percentage points below the 2010 performance benchmark of 15.9%.

FFY 2009	FFY 2010	FFY 2011
<p>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? 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> <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>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? CHIP health insurance contractors have been encouraged to provide disease management programs that are not only tailored for the individual member, but incorporate family education and support needs as well. The use of peak flow meters for high risk patients that relay information to case managers who can then hopefully assist with care coordination early enough to prevent an emergency department visit or inpatient admission has been recommended to the CHIP health insurers, but is too costly for the State to fund at this time. In 2011, the performance objectives were reviewed and extended to include an objective for 2014.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: 10.1% Annual Performance Objective for FFY 2013: 8.6% Annual Performance Objective for FFY 2014: 7.1%</p> <p><i>Explain how these objectives were set:</i> It is expected that a decrease in ED utilization by 1.55 per year may be feasible over the next three years with improvements in disease management and care coordination that CHIP insurers are anticipating undertaking.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2009	FFY 2010	FFY 2011
<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>Goal #1 (Describe) Increase frequency of Adolescent Well-Care visits by 3.8 percentage points per year for the next three years; monitor for trends and outliers.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input 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 (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 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 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. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population with at least 1 comprehensive well-care visit with PCP or OB/GYN within measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members 12-19 years of age during the measurement year.</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p>

FFY 2009	FFY 2010	FFY 2011
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 10026 Denominator: 19174 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>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 9233 Denominator: 16296 Rate: 56.7</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 9552 Denominator: 17089 Rate: 55.9</p> <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The PA CHIP HEDIS 2009 rate of 52.3% was 0.4 percentage points below the 2009 performance objective of 52.7%.</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>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The PA CHIP HEDIS 2011 rate of 55.9% was 3.8 percentage points below the 2011 performance benchmark of 59.7%.</p>

FFY 2009	FFY 2010	FFY 2011
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 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>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>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> <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>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. In 2011, the performance objectives were reviewed and extended to include an objective for 2014.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: 59.7%</p> <p>Annual Performance Objective for FFY 2013: 63.5%</p> <p>Annual Performance Objective for FFY 2014: 67.3%</p> <p><i>Explain how these objectives were set:</i> The rate of this measure decreased by 3.8 percentage points from HEDIS 2010, therefore the goal was set to increase the rate by 3.8 percentage points each year over the next three years.</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>	<p>Other Comments on Measure:</p>

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years</p>	<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years</p>	<p>Goal #2 (Describe) Increase the percentage of eligible children receiving all vaccinations in HEDIS Combination 2 by 0.7% per year for the next three years.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<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>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input 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 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 Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population who receive all vaccinations in Combination 2. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Eligible population who turn 2 years of age during the measurement year with continuous enrollment 12 months prior.</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p>

FFY 2009	FFY 2010	FFY 2011
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 1240 Denominator: 1566 Rate: 79.2</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>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 1650 Denominator: 2161 Rate: 76.4</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 1943 Denominator: 2485 Rate: 78.2</p> <p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The HEDIS 2009 rate of 79.2% was 1.9 percentage points above the 2009 performance objective of 77.3%.</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>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The PA CHIP HEDIS 2011 rate of 78.2% was 1.1 percentage points above the 2010 performance benchmark of 77.1% and above the benchmark for 2011.</p>

FFY 2009	FFY 2010	FFY 2011
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? 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>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>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> <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>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, the increase in the number of vaccines recommended, the complexity of the immunization schedule, parents' uncertainty surrounding the potential for vaccines to cause autism, and the HEDIS methodology for collecting the data were all mentioned as barriers for improving this measure. Currently PA CHIP is encouraging health insurers to partake in aggressive outreach programs that include social networking and parent education to target this population. Additional efforts have been made to educate PCPs that PA CHIP members are not eligible for VFC and that they should be provided with all recommended vaccinations on schedule. In 2011 the performance objectives were reviewed and extended to include an objective for 2014.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: 78.9%</p> <p>Annual Performance Objective for FFY 2013: 79.6%</p> <p>Annual Performance Objective for FFY 2014: 80.3%</p> <p><i>Explain how these objectives were set:</i> No distinct trend has been identified at this time, therefore, it has been determined that continuing to establish objectives with an increase of 0.7% per year would be appropriate in light of previous improvements that were realized in past years.</p>

FFY 2009	FFY 2010	FFY 2011
<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>	<p>Other Comments on Measure:</p>

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

FFY 2009	FFY 2010	FFY 2011
<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>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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input 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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Percent of enrollees four through 19 years of age who received one (or more) visual acuity screenings (CPT 99173) during the measurement year.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2009	FFY 2010	FFY 2011
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: 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. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Eligible population with a visual acuity screening (CPT 99173) during the measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: All CHIP enrollees that are ages four through 19 during the measurement year that have been enrolled for the previous 12 months with no more than one gap in enrollment. Gap may not exceed 45 days in length.</p>
<p>Year of Data:</p>	<p>Year of Data: 2009</p>	<p>Date Range: From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate: Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> 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: 12597 Denominator: 113228 Rate: 11.1 Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 15444 Denominator: 117700 Rate: 13.1 Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? 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% 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>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The HEDIS 2011 rate of 13.1% was 0.7 percentage points above the 2010 performance objective of 12.4%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? PA CHIP is currently in the process of creating a claims data warehouse that will allow for closer monitoring and trending of utilization. This data warehouse is being constructed with the ability to identify areas of high and low utilization as well as trend provider access issues. In addition to encouraging CHIP health insurers to outreach to members and emphasize that vision care and equipment are covered by PA CHIP, we hope to be able to identify areas that may require additional interventions with the help of the data warehouse. In 2011, the performance objectives were reviewed and extended to include an objective for 2014.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012: 13.7% Annual Performance Objective for FFY 2013: 15% Annual Performance Objective for FFY 2014: 16.3%</p> <p><i>Explain how these objectives were set:</i> Data regarding the prevalence of vision problems warranting correction within this population was reviewed and a programmatic goal of 15% was determined to be appropriate. The percent improvement was divided equally across the three years as there are no trends available for study that might favor an alternative approach.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found? **[7500]**

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

The PA CHIP HEDIS 2011 report (based on 2009 and 2010 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 2011, 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 2011 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 (45.9 vs. 66.3 percent) and the Appropriate Treatment For Children with Upper Respiratory Infections measure (81.3 vs. 87.2 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? **[7500]**

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

Objective: To expand the CHIP performance measurement set.

Performance goal status:

- For HEDIS 2011, PA CHIP required reporting of the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) measure.
- For HEDIS 2012, PA CHIP will continue requiring the reporting of the current HEDIS measures.
- In 2007, PA CHIP implemented a PA-specific performance measure – “Annual Body Mass Index Screening for Children and Adolescents.” In 2011 PA CHIP retired this PA-specific measure and required the reporting of the HEDIS WCC-BMI measure.
- In 2009, PA CHIP implemented a PA-specific performance measure – “Emergency Department Encounter Rate for Asthma in Children and Adolescents.” Results for 2011 will be available in December 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 2011 will be available in December 2011.

Objective: To ensure consistency in CHIP performance measurement.

Performance goal status:

- For HEDIS 2011, 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 2012.
- For HEDIS 2011, PA CHIP required HEDIS performance measures be reported annually and not be subject to rotation. This requirement will continue for HEDIS 2012.
- For HEDIS 2011, PA CHIP required the CAHPS survey to be subject to audit by an NCQA-certified HEDIS audit organization. This requirement will continue for HEDIS 2012.
- For HEDIS 2011, PA CHIP established comparisons to statewide weighted averages and continued comparisons to national benchmarks and year-over-year outcomes. This will continue for HEDIS 2012.
- In 2011, PA CHIP required the PA-specific performance measure be subject to validation by an independent organization. This requirement will continue in 2012 for all performance measures.

Objective: To initiate public reporting of CHIP performance measures

Performance goal status:

- In 2011, PA CHIP published an annual report card that displays each CHIP health insurance companies' rates for selected 2011 CAHPS survey results and 2011 HEDIS measures and compares those results to the statewide average using graphics.
- PA CHIP will prepare and disseminate a similar report card using 2012 CAHPS survey results and 2012 HEDIS measures. The report card will be available in the fourth quarter of 2012.

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

Performance goal status:

- In 2007, PA CHIP received and reviewed the "Pay-For-Performance in State Medicaid Programs" survey that was prepared by IPRO and The Commonwealth Fund.
- In 2008, PA CHIP suspended development and implementation of a pay-for-performance methodology due to other Commonwealth priorities.
- In 2009, 2010 and 2011, CHIP continued suspension of a pay-for-performance program due to Commonwealth budgeting issues.

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found? **[7500]**

In calendar year 2007, the PA CHIP program implemented a CHIP-specific Performance Improvement Project (PIP). Pennsylvania selected a PIP focus that is key to advancing CHIP population health outcomes. The PIP topic is reduction of emergency department visits for the CHIP population. 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 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

CHIP Annual Report Template – FFY 2011

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 and final re-measurement rates reflecting utilization in the first half of calendar year 2010, and demonstrating sustained improvement were submitted in March 2011. Of the four PA CHIP health insurance contractors that demonstrated initial improvement versus baseline, three of four demonstrated sustained improvement as indicated by the second re-measurement rates. The CHIP PIP submissions were 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. Rates representing the first re-measurement period scheduled for calendar year 2010 were submitted in November 2011, with results available in January 2012. 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 include any analyses or descriptions of any efforts designed to reduce the number of uncovered children in the state through a state health insurance connector program or support for innovative private health coverage initiatives health coverage initiatives. **[7500]**

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

CHIP Performance Improvement Projects

- Three of the eight participating PA CHIP health plans reported sustained improved rates on one or more indicators including increasing the percentage of new members with at least one PCP visit in the first six months of membership (25.2 to 28.3 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 61.8 percent).

CHIP Performance Measure Summaries

- For 2010, 17.4 percent of enrollees with persistent Asthma were seen in an emergency department for asthma during 2009. Health plan rates ranged from 10.2 to 31.9 percent.
- For 2011, 11.6 percent of enrollees with persistent Asthma were seen in an emergency department for asthma during 2010. Health plan rates ranged from 8.7 to 15.4 percent.
- For 2010, 11.1 percent of enrollees four through 19 years old received an annual vision screening during 2009. Health plan rates ranged from 2.8 to 22.9 percent.
- For 2011, 13.1 percent of enrollees four through 19 years old received an annual vision screening during 2010. Health plan rates ranged from 3.4 to 24.6 percent.

- For 2010, 11.1 percent of enrollees 18 months of age had a developmental screening between 505 and 641 days of age. Health plan rates ranged from 4.9 to 20.1 percent.
- For 2011, 14.7 percent of enrollees 18 months of age had a developmental screening between 505 and 641 days of age. Health plan rates ranged from 5.9 to 25.8 percent.
- For 2010, 1.8 percent of enrollees 30 months of age had a developmental screening between 27th and 33rd months of age. Health plan rates ranged from 0.6 to 7.8 percent.
- For 2011, 4.3 percent of enrollees 30 months of age had a developmental screening between 27th and 33rd months of age. Health plan rates ranged from 0.6 to 14.1 percent.
- For 2010, 58.2 percent of enrollees three through 19 years of age had a dental evaluation or preventive prophylaxis during 2009. Health plan rates ranged from 41.5 to 69.2 percent.
- For 2011, 56.2 percent of enrollees three through 19 years of age had a dental evaluation or preventive prophylaxis during 2010. Health plan rates ranged from 37.1 to 69.8 percent.
- For 2010, 27.5 percent of enrollees who turned eight in 2009 received a dental sealant during the prior three years. Health plan rates ranged from 0.0 to 50.2 percent.
- For 2011, 43.8 percent of enrollees who turned eight in 2010 received a dental sealant during the prior three years. Health plan rates ranged from 13.6 to 56.7 percent.

CAHPS survey 4.0. See summary below.

- From the nine PA CHIP health plans which participated in the survey, 6,834 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 2011, the majority of respondents were female (84.4 percent). A large proportion of survey respondents had a high school diploma (38.7 percent) or some college education (36.7 percent). In addition, the majority of respondents indicated that their child is white (78.1 percent) and was in “excellent” or “very good” health (85.2 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 2011, the PA CHIP plan average for enrollees who rated their child’s health plan 8, 9, or 10 was 87.2 percent. Health plans’ rates for rating of child’s health plan ranged from 76.9 to 93.4 percent. The average across health plans for PA CHIP enrollees who rated their child’s personal doctor 8, 9, or 10 was 88.2 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 86.5 to 97.9 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 83.7 to 94.4 percent of enrollees who indicated that they are “usually” or “always” able to get routine care appointments for their child.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

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

With limited budget funds and an ever shifting economic climate, CHIP has moved away from more traditional broad-based advertising and has focused on grassroots initiatives and partnerships, as well as social media outlets. Taking this into consideration, the following tactics focus on targeted ways to reinforce our key messages and increase enrollment.

Renewal enhancements to increase program retention

In addition to more traditional marketing initiatives, we explored a different approach to CHIP outreach by looking at how we can retain existing CHIP enrollees using well established technology and commercial databases rather than losing hundreds of children per month whose families do not complete the required annual CHIP renewal process. Insurance Department research shows that the single largest barrier for parents applying for or renewing CHIP is the difficulty of complying with income documentation requirements. To that end, CHIP conducted a pilot project to attempt to reduce the income documentation required by applicants by further utilizing technology and a third party vendor. Specifically, this project introduced the use of The Work Number, from the TALX Corporation, for electronic earned income verification of applications and renewals for the CHIP program. We found that the use of commercial databases was not very successful in this effort to verify income, but CHIP staff is successfully using electronic data exchanges to verify eligibility for CHIP when applications are incomplete without requiring applicants to submit a variety of documentations.

Doctor's Office Campaign

We took a non-traditional media approach to reach families in a trusted community environment -- their child's doctor office. This placement of CHIP posters with an eye-catching "funny faces" theme provided a minimum of three months exposure -- and in many cases was extended by several months through added value negotiations or by the doctor's office wishing to keep the poster hanging. A doctor's office was a natural setting for our "health insurance" messages that also reached primary care doctors and other healthcare professionals. Our media buying firm handled the physical placement of the poster inside each doctor's office. We targeted doctor offices by zip codes (those with the highest uninsured rates) and we covered Philadelphia, Harrisburg/Lancaster/York, Pittsburgh, Wilkes-Barre/Scranton, Johnstown/Altoona and Erie -- with a total of 141 doctor offices and 2,289,840 impressions over a 3-month period.

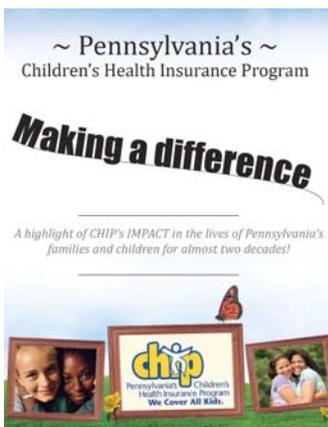


New Collateral and Website Refresh

We created new collateral (English and Spanish) and refreshed our website, since our previous materials were all tied to our TV campaign with images from the old TV commercial. We accomplished both tasks by using the Doctor's office posters as inspiration for the new creative materials. This eye-catching "funny faces" campaign uses humor to capture attention – both in our collateral materials (brochures, posters, etc.), on our website and in our new YouTube videos.



Making A Difference CHIP Impact Report



We developed a "Making a Difference" CHIP impact report that highlights CHIP's historic successes and the impact the program has had on families over the years. This report is posted on the CHIP website at http://www.chipcoverspakids.com/assets/media/pdf/chip_impact.pdf.

CHIP YouTube Videos

Despite Google, Bing, Yahoo and Ask.com dominating the search engine world, if you look at the overall amount of queries/searches done across all of the major websites, portals, etc..., you will find that the second largest search engine is YouTube. **YouTube has evolved into the second-largest search engine** on the planet, with a global platform that supports high-definition and 3D, broadcasts entire sports seasons live to 200-plus countries, and brings feature films from Hollywood studios and indie film makers to audiences worldwide. (SOURCES: <http://www.twistimage.com/blog/archives/the-second-biggest-search-engine> and <http://www.siliconrepublic.com/news/article/16234/new-media/youtube-hits>)

Google-owned video player site YouTube has revealed its daily traffic exceeds more than 2 billion views a day – **that's nearly double the prime-time audience of all major US TV networks combined.**

Since we no longer run our TV spot, we decided that producing several CHIP videos and posting on YouTube could help increase awareness. We produced a total of seven videos – three that focus on the benefits CHIP offers and eligibility requirements, and four that highlight how to apply for CHIP. Our key messages – "Childhood is an extreme sport, so get your kids covered with CHIP health insurance" and "signing up for CHIP is so easy, even a parent can do it."

We've encouraged our CHIP insurance company contractors and community partners to link to the videos from their websites. Additionally, we reference the YouTube videos throughout our website and Facebook postings to encourage parents to view the videos.

View CHIP's videos and descriptions on our YouTube channel at <http://www.youtube.com/user/CMS092711> .

CHIP Benefits Videos:

Childhood is an extreme sport, so get your kids covered with CHIP health insurance. Learn more about CHIP with these funny, childhood sports videos as we highlight the benefits of CHIP by using outdoor activities such as a water balloon fight, extreme hide-n-seek and intense tree climbing! Don't miss our "How to Apply" videos – just click "see all" under the video uploads on the right side of your screen.



How to apply videos:

Signing up for CHIP health insurance is so easy, that even a parent can do it! Watch our "How to apply for CHIP" video and then select the video that covers the way you want to apply – online, over the phone or by mail. You can also learn more about CHIP with our funny, childhood sports videos. Just click "see all" under the video uploads on the right side of your screen.



CHIP Mobile Site

Due to the explosion of smartphone users (people accessing the internet via mobile phones), especially within CHIP's target demographic, we decided to build a mobile site with our top 5-7 most visited webpages on www.ChipCoversPaKids.com. Prior to building the mobile site, our research showed us that:

1. Mobile visits increased 63% when compared to previous six months
2. Mobile visits increased 307% when compared to same six month period from 2009/2010
3. Smartphones are outselling traditional computers
4. The trend supports estimates that 50 percent of all cell phone users will have a smartphone by the end of 2011.

Through the use of analytics and a website audit, we identified the content that is most relevant to the "on-the go" user and then the website was optimized for the major platforms currently on the market. They include iOS (iPhone), Android, Blackberry OS, Windows Mobile, and Symbian.



Developing a mobile site was the least expensive and most flexible way to enter the mobile market and also allowed us to avoid the highly competitive mobile application market. It also may open up the possibilities of new marketing channels to deliver the CHIP message. In the future, we will have the ability to drive to a mobile site experience via text messaging, mobile display advertising and social media that is optimized and easy-to-use.

HHS TV Public Service Announcement and Media Buy

Back to school season is an ideal time of year to reach uninsured families, as the media and huge segments of our population are focused on children's needs as they prepare to head back to school. HHS provided Pennsylvania's CHIP program with increased visibility during back to school season by choosing Pennsylvania and two other states to receive a media buy and fully produced CHIP public service announcement that directed families to contact CHIP's helpline or visit the CHIP website to apply for coverage. This TV PSA ran in the Pittsburgh and Philadelphia markets for the month of September, and helped to reach and enroll eligible children in the state Medicaid and Children's Health Insurance Program plans.

School Notices

CHIP continued its partnership with the PA Department of Education by sending out the annual two-sided English/Spanish 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. In addition to the paper flyers, CHIP worked with the Department of Education to disseminate the message to all schools via online user groups.



Pennsylvania Farm Show

CHIP sponsored a Farm Show booth again in January 2011 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.

- ❖ During the last year, we have increased the availability of our LiveChat feature by making it available on the CHIP website and other state websites such as Long Term Living and Special Kids Network. Through this increased availability, we have been able to reach more individuals with information about the CHIP program. The usage of our LiveChat feature has increased from an average chats each day from 20 to over 40. This has allowed us to direct individuals, who are already on the internet, to information on the CHIP website to directly answer their questions about eligibility, benefits and to the easiest way to apply for the CHIP program, the downloadable or online applications. This allows individuals to get their questions answered or to access benefits quickly and easily.
- ❖ During the last year, we have posted information about the CHIP program on our FaceBook page monthly. This information reaches our over 800 Facebook friends directly and is then is available for them to share with their friends on FaceBook. This has increased the ability to reach individuals who are directly in need of the service information we post. The posts include weblinks to direct them immediately to information to directly benefit their families and inform them about the CHIP program.

What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? [7500]

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 our 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. To that end, CHIP outreach 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. We also continue to develop and support partnerships with grassroots organizations as "CHIP Champions".

In addition to these over-arching strategies, CHIP and its insurance company contractor outreach staff continued daily grassroots outreach, focusing on venues where citizens could learn more and also take steps to enroll. Some examples of CHIP contractor marketing and outreach efforts included:

- UPMC for Kids, whose service area encompasses many of Pennsylvania's 67 counties, formed a partnership with school nurses at Riverview School District (500 students) to help identify and enroll uninsured students. At the beginning of the 2011-12 school year, the Jr. and Sr. High Schools sent home Emergency Care Cards for parents/guardians to complete. A yes/no question was added to these cards that asked if the student currently had health insurance. A note was also added to the Emergency Care Card indicating that if a student did not have health insurance coverage, a representative from CHIP would contact the family to help them apply for coverage. To date, approximately 20 children have been referred.
- UPMC for Kids CHIP Facebook page was launched in August 2011 in order to expand marketing through the use of social media technology. The Facebook page provides a virtual space to promote community outreach events and share health and wellness news to families and prospective members through frequent and unique "wall post" updates, and also cross-promoted CHIP's YouTube campaign by posting links to these videos. UPMC conducted a mailing to all of its 10,000+ CHIP households highlighting the launch of the new Facebook page. UPMC is also promoting their Facebook page through other collateral materials such as newsletters and member handbooks.
- UPMC Health Plan has enjoyed a long partnership with the Pittsburgh Zoo & PPG Aquarium. This partnership has enabled UPMC Health Plan to promote the value and availability of UPMC for Kids CHIP health insurance coverage throughout the year at zoo and aquarium themed events such as Noon Year's Eve, ZooBoo, ZooHop to Spring, and Kids Zoofari. UPMC for Kids distributes CHIP information to the thousands of attendees at each of these events and also conducts radio spots, digital, web and newspaper ads.
- Capital BlueCross, whose service area encompasses central Pennsylvania, utilized highly visible public transportation bus wraps, which generated numerous CHIP calls and inquiries. Capital staff also visited all CAOs in their service area and provided updated materials and information for families in need. Due to this effort, Capital saw an increase in applications from those CAO offices. Capital also provided CHIP education and materials to Primary Care Provider offices in their network and created a CHIP Facebook page that is updated regularly.
- Geisinger Health Plan (GHP), whose CHIP service area covers several of Pennsylvania's 67 counties, focused CHIP efforts around three initiatives: building relationships with community organizations; television commercials; and working with health-care providers within its parent organization, Geisinger Health System (GHS). GHP continued to work with community organizations such as libraries, YMCAs, county assistance offices (CAOs) and daycare centers. GHP's CHIP TV ad was broadcast on nine stations in GHP's service area, which generated more than 1,000 phone calls and 12,000 website hits. GHP staff worked closely with GHS employees to educate and trained them to assist families with the CHIP application process.
- KidzPartners sought to increase CHIP awareness and enrollment in their Philadelphia service area through a wide range of endeavors, including representatives providing enrollment information on-site at local unemployment offices and community organizations. Representatives also participated in community events, often bringing a large, eye-catching "Good Health Wins" prize wheel, which featured fast and fun health tips along with an opportunity to win small prizes.
- Highmark, whose service area encompasses a majority of Pennsylvania's 67 counties, utilized eight retail stores and two mobile units. Staff trained in the specifics of the CHIP program were not only able to offer CHIP to those individuals that that were eligible, but could assist them in the entire application process as well.

- UnitedHealthcare Community Plan, whose service area encompasses a majority of Pennsylvania's 67 counties, partnered with schools, head starts, day cares, community organizations and faith based organizations to identify uninsured children and get them enrolled in CHIP. This outreach was conducted through informational booths and sessions, participation at health fairs and local events, and media awareness in radio, print and TV.

CHIP's Helpline contractor, PSI, has high-quality operational standards that it and its agency partners constantly monitor to ensure a consistent level of service excellence. PSI met or exceeded all key performance indicators for SFY 2010-11. In SFY 2010-11, the call center answered 84,931 CHIP calls, mailed 15,633 CHIP applications, and completed 2,034 COMPASS applications online. The Helpline also created a Facebook page that now has more than 850 "fans" who receive health and human service messages that include information about CHIP.

CHIP continued to offer Pennsylvanians the ability to "chat" online with a CHIP Helpline representative by going to the CHIP Web site and selecting to "chat" online during normal business hours. Helpline representatives can answer any questions a web user might have concerning CHIP and other social service programs. In SFY 2010-11, Helpline reps provided 7,616 LiveChats.

The CHIP 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 reps offered renewal assistance over the phone (using COMPASS) and provided reminders to families to mail back their renewal applications to avoid losing coverage.

CHIP continued to offer three ways to apply and renew for the program: online via COMPASS, a one-stop web shop where citizens can apply for many social service programs with one application; by paper application; and over the phone through the CHIP Helpline.

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 and health plan contractors continued to work with the Medicaid program to reach out to uninsured families who may be eligible for CHIP coverage.

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

CHIP continued to utilize valuable data provided by the CHIP Helpline to measure how callers heard about CHIP. The data showed that the CHIP website, 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 accounted for the largest CHIP call volume spikes 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, including CHIP, in a single call and in any language. For example, a family can call the Helpline to learn about or apply for CHIP, then go onto 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.

The CHIP Helpline's online LiveChat option has been very successful. Over 7,600 Pennsylvanians visited the CHIP website and chose to "chat" online with a Helpline representative during normal

business hours. Helpline representatives answered any questions a web user might have concerning CHIP and other social service programs.

CHIP and its insurance company contractor outreach staff daily grassroots outreach continued to prove successful. Outreach included venues where folks could take the next step and enroll, such as health fairs, libraries, hospitals, community events and meetings. CHIP continually develops and supports partnerships with grassroots organizations that serve as “CHIP Champions” in their communities.

Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)?

Yes

No

Have these efforts been successful, and how have you measured effectiveness? **[7500]**

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

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

Following are examples of effective CHIP contractor outreach efforts in 2011:

Keystone Health Plan East’s (KHPE) staff work very closely with the Asian and Latino community in their Philadelphia service area to help people whose native language is not English learn about and enroll in CHIP. Often, people with language barriers do not enroll in CHIP or other state-based health coverage because they are confused about how to apply or have trouble completing the paperwork. Through regular “CHIP Application Assistance Days,” held at various locations throughout its service area, Keystone staff meets one-on-one with individuals and families interested in CHIP, and walks them through the application process from beginning to end, answering questions along the way.

In addition, KHPE offers in-depth CHIP training for many community-based organizations so their counselors are comfortable and prepared to help the people they serve with the application and enrollment. In 2011, these combined efforts helped more than 1,100 parents enroll or renew this vital health coverage for their children.

KidzPartners offers bilingual staff and marketing materials and health information in several languages to citizens in their Philadelphia service area. Health Partners, KidzPartners parent company, was designated as the first health plan in the nation to receive NCQA’s Multicultural Health Care Distinction for its Medical Assistance plan, and utilizes the same practices for its CHIP plan. KidzPartners advertising has included Spanish-language TV vignettes focusing on the importance of insuring children and staying healthy and print ads for local Spanish, Chinese, Vietnamese and Khmer newspapers. The KidzPartners newsletter, which features health information for parents, is available in Spanish and several Asian languages.

Highmark, whose service area encompasses a majority of Pennsylvania’s 67 counties, collaborated with the Hispanic and African American communities through participation in several large events

including The Hispanic American Cultural Center's Unity Festival in Harrisburg; Hispanic Heritage Night at the York Revolution; and the African American Heritage Day in Pittsburgh. Highmark was a visible presence at these large events, providing CHIP applications and brochures to the thousands of individuals in attendance.

Highmark is also very involved in outreach to children of people displaced from employment and who are losing health insurance due to loss of jobs. Highmark serves as a member of the Rapid Response Coordination Team at educational meetings throughout the state, and distributed over 1,400 CHIP applications to CareerLink offices last year that were provided to families who came to CareerLink centers seeking assistance in their job search.

UPMC for Kids, whose service area encompasses many of Pennsylvania's 67 counties, sponsored a Lancaster Barnstormers minor league baseball game in August 2011. UPMC for Kids partnered with the Spanish American Civic Association (SACA) for this game. SACA took part in a pre-game ceremony highlighting the partnership with UPMC for Kids to assist Latino families with the CHIP application process. CHIP information was featured at the game with a CHIP t-shirt giveaway, several in-game CHIP public service announcements, and the use of a UPMC for Kids promotional video featuring original footage of the Barnstormers which was also cross-promoted on the UPMC for Kids Facebook page. In addition various giveaway items promoting health and wellness were distributed by the UPMC for Kids outreach staff.

UnitedHealthcare Community Plan, whose service area encompasses a majority of Pennsylvania's 67 counties, collaborated with Sesame Street Workshop (the nonprofit organization behind Sesame Street) on a project to promote healthful habits for children and families. The partnership leveraged the power of the beloved Sesame Street characters to provide CHIP families and uninsured families with information so they are better empowered to make healthy decisions for their family.

As a result of the partnership, the Food for Thought: Eating Well on a Budget program was developed. Food for Thought is a bilingual, multimedia outreach kit designed to help support families who have children between the ages of 2 and 8 and are coping with uncertain or limited access to affordable and nutritious food. The program provides practical strategies to help families make healthier food choices and to create positive experiences involving food. Using engaging key messages that promote basic nutrition, the program provides resources for nutritional counseling and services. During 2011, UnitedHealthcare distributed over 1,000 outreach kits that included a caregiver guide, a Muppet DVD, healthy recipes and a children's storybook to providers and community and faith-based organizations statewide. During National Health Center Week in August, the United Community Outreach staff also conducted Sesame Street story times at Federally-Qualified Health Centers.

During 2011, UnitedHealthcare actively participated at major events and campaigns promoting CHIP such as: Cover the Uninsured Week, Back to School, Take a Loved one to the Doctor, Let's Move Health and Wellness Initiative by First Lady Michelle Obama, National Health Center Week, Summer Splash and Fun with the City of Philadelphia's Recreation Department and the Farm Show. UnitedHealthcare has also partnered with the provider community, including Federally Qualified Health Centers, hospitals and dental providers to educate the community and increase awareness about CHIP.

What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? [5] 88.4

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

a. Do you have substitution prevention policies in place?

- Yes
 No

If yes, indicate if you have the following policies:

- Imposing waiting periods between terminating private coverage and enrolling in CHIP
 Imposing cost sharing in approximation to the cost of private coverage
 Monitoring health insurance status at the time of application
 Other, please explain **[7500]**

Pennsylvania has taken a number so 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 eligible for subsidized CHIP has private insurance or meets the required period of uninsurance prior to enrolling in CHIP.

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

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.

- ii. Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy. **[7500]**

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

- iii. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5]** 7.5 and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? 5.3
Provide a combined percent if you cannot calculate separate percentages. **[5]**
- iv. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 0.26

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

86.9

- v. 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.

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

- Yes
 No

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

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

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

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

- Yes
 No

If yes, please provide relevant findings. **[7500]**

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

No

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

- Yes
 No

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

- Yes
 No

If yes, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last Federal Fiscal Year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]? [5]

C. ELIGIBILITY

(This subsection should be completed by all States)

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

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

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

- Yes
 No

If no, please describe the screen and enroll process. [7500]

b. Please explain the process that occurs when a child's eligibility status changes from Medicaid to CHIP and from CHIP to Medicaid. Have you identified any challenges? If so, please explain. [7500]

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.

c. Are the same delivery systems (such as managed care or fee for service,) or provider networks used in Medicaid and CHIP? **[7500]**

Yes

No

If no, please explain. **[7500]**

If no, please explain. Of our nine 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 for Medicaid and CHIP are not mirror images.

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

If yes

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

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

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

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

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

	e. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	f. 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	
	g. 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	h. 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
	i. 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	j. 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	k. Are you utilizing the Express Lane option in making	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Eligibility	eligibility determinations and/or renewals for both Medicaid and CHIP?		
			If yes, which Express Lane Agencies are you using? <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps <input type="checkbox"/> Tax/Revenue Agency <input type="checkbox"/> Unemployment Compensation Agency <input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Free, Reduced School Lunch Program <input type="checkbox"/> Subsidized Child Care Program <input type="checkbox"/> Other, please explain. [7500]
			If yes, what information is the Express Lane Agency providing? <input type="checkbox"/> Income <input type="checkbox"/> Resources <input type="checkbox"/> Residency <input type="checkbox"/> Age <input type="checkbox"/> Citizenship <input type="checkbox"/> Other, please explain. [7500]
Premium Assistance	I. 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

i. How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
3

i. At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**
The initial letter is sent 90 days prior to the renewal due date. Subsequent letters are sent at 30 day intervals.

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

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

It is difficult to determine the effectiveness of the two strategies as they overlap.

Section III C: Subpart D: Eligibility Data

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

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

	Number	Percent
1. Total number of title XXI applicants	157246	100
2. Total number of application denials	53936	34.3
1. Total number of procedural denials	21141	13.4
2. Total number of eligibility denials	32795	20.9
1. Total number of applicants denied for title XXI and enrolled in title XIX		
3. Total number of applicants denied for other reasons Please indicate: (Check here if there are no additional categories <input type="checkbox"/>)		

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

Definitions:

- The “total number of title XXI applicants,” including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2011. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI eligibility determination made in FFY 2011 (e.g., an application that was determined eligible in September 2011, but coverage was effective October 1, 2011 is counted in FFY 2011).
- The “the total number of denials” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2011. This definition only includes denials for title XXI at the time of initial application (not redetermination).
- The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2011 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
- The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2011 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your State’s specified waiting period, etc.)
- The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
- The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

Table 2. Redetermination Status of Children Enrolled in Title XXI

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

Is the State reporting this data in the 2011 CARTS?

- Yes (complete) State is reporting all measures in the redetermination table.
- Yes (but incomplete) Please describe which measures the State did not report on, and why the State did not report on these measures.
 Explain: [7500]

No

If the State is not reporting any data, please explain why.

Explain: [7500]

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

		Number	Percent			
1.	Total number of children who are eligible to be redetermined	135452	100%			
2.	Total number of children screened for redetermination	135452	100	100%		
3.	Total number of children retained after the redetermination process	88714	65.49	65.49		
4.	Total number of children disenrolled from title XXI after the redetermination process	46738	34.51	34.51	100%	
1.	Total number of children disenrolled from title XXI for failure to comply with procedures	27148			58.09	
2.	Total number of children disenrolled from title XXI for failure to meet eligibility criteria	19590			41.91	100%
1.	Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/>)					
2.	Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/>)	11659				59.52
3.	Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and this data is not relevant check here <input type="checkbox"/>)	1987				10.14
4.	Disenrolled from title XXI for other eligibility reason(s) Please indicate: Covered by Medicaid (If unable to provide the data check here <input type="checkbox"/>)	5944				30.34
5.	Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/>)					

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

Definitions:

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

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

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

The purpose of this table is to measure title XXI enrollees’ duration, or continuity, of public coverage (title XIX and title XXI). This information is required by CHIPRA, Section 402(a). **Reporting is not required until 2013, but States will need to identify newly enrolled children in the second quarter of FFY 2012 (January, February, and March of 2011). If your eligibility system already has the capability to track a cohort of enrollees over time, an additional “flag” or unique identifier may not be necessary.**

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

Specify how your “newly enrolled” population is defined:

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

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

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

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

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

Definitions:

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2012” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.

2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
 - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who were continuously enrolled through July 2012
 - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who were continuously enrolled through August 2012
 - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who were continuously enrolled through September 2012

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

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

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

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

- 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.
7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
 the number of children with birthdates after July 1995, who were enrolled in January 2012 and were disenrolled by January 2013
 + the number of children with birthdates after August 1995, who were enrolled in February 2012 and were disenrolled by February 2013
 + the number of children with birthdates after September 1995, who were enrolled in March 2012 and were disenrolled by March 2013
- 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.
8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
 the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were continuously enrolled through July 2013
 + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through August 2013
 + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through September 2013
9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
 the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by July 2013
 + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by August 2013
 + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by September 2013
- 9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.
10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
 the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and disenrolled by July 2013
 + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and disenrolled by August 2013
 + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and disenrolled by September 2013

D. COST SHARING

- a. Describe how the State tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?
- a. Cost sharing is tracked by:
- Enrollees (shoebox method)
If the State uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**
The initial enrollment letter notifies the family of the requirement to maintain receipts for all out-of-pocket expenses related to the child's health care. We provide the family with the calculation of the five percent out-of-pocket maximum. The letter includes the address to send receipts for evaluation.
 - Health Plan(s)
 - State
 - Third Party Administrator
 - N/A (No cost sharing required)
 - Other, please explain. **[7500]**
- b. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? **[7500]** Yes No
- c. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**
Once the limits have been exceeded, a family can apply to the state for a rebate of any cost sharing already paid in excess of the limit. Upon verification that the family exceeded the 5% cost sharing limit, the state will issue a letter to each child in the family to present to the provider that explains that cost sharing is exempt until a specified date (redetermination date) that will be included on the letter. The appropriate contractors will also receive the letter and will then know that premiums will not be required from the enrollees until the next eligibility period begins. If more than 90 days still exist in the current eligibility period, a new identification card is issued that shows the provider that no cost sharing is to be charged.
- d. Please provide an estimate of the number of children that exceeded the 5 percent cap in the State's CHIP program during the Federal fiscal year. **[500]**
None
- e. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?
 Yes
 No
- If so, what have you found? **[7500]**
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".
- f. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?
 Yes
 No
- If so, what have you found? **[7500]**

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

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

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

Children

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

Adults

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

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

- Yes
- No

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

- Yes
- No

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

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

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

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

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

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

Children _____

Parents _____

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

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

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

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

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

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

Children	Parent
State:	State:
Employer:	Employer:
Employee:	Employee:

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

Children	Low	High
Parents	Low	High

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

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

- Yes
 No

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

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

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

- Yes
 No

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

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

- Yes
 No

24. Can you cap enrollment for your program?

- Yes
 No

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

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

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

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

(1) prevention: Yes No

(2) investigation: Yes No

(3) referral of cases of fraud and abuse? Yes No

Please explain: **[7500]**

Each CHIP MCO is required to establish written policies and procedures for the detection and prevention of fraud and abuse that may be committed by providers within their networks, by enrollees, or by the CHIP MCO employees. Each CHIP MCO 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 MCOs 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 MCO 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 MCOs 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 MCO 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 for 2011 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, receives a quarterly precluded provider report. This report is produced via our data warehouse in which PID

quarterly cross matches the MCOs' provider data against the OIG and the Department of Public Welfare's Medi-Check websites 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.

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

Yes

No

Please Explain: **[500]**

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

2. For the reporting period, please report the

 0 Number of fair hearing appeals of eligibility denials

 0 Number of cases found in favor of beneficiary

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

a. Provider Credentialing

 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 : **[7500]**

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

Yes

No

Please explain: **[500]**

G. DENTAL BENEFITS – Reporting is required in 2010 CARTS

Is the State reporting this data in the 2011 CARTS?

Yes If yes, then please complete G1 and G2.

No If the State is not reporting data, please explain why.
Explain: **[7500]**

a. 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: PA FFY: PA	Age Group						
	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total Enrollees Receiving Any Dental Services¹	107536			10764	27983	39297	27204

Total Enrollees Receiving Preventive Dental Services²	70263			6368	17944	26028	18290
Total Enrollees Receiving Dental Treatment Services³	0						

***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] Unknown

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).

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

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

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

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

COST OF APPROVED CHIP PLAN

	2011	2012	2013
Benefit Costs			
Insurance payments			
Managed Care	418777970	447182772	488028757
Fee for Service		1950000	1900000
Total Benefit Costs	418777970	449132772	489928757
(Offsetting beneficiary cost sharing payments)	-15135839	-16162472	-17338762
Net Benefit Costs	\$ 403642131	\$ 432970300	\$ 472589995

Administration Costs

Personnel	1007412	1757000	1827000
General Administration	5269950	9262000	9192000
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	612979	1000000	1000000
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	6890341	12019000	12019000
10% Administrative Cap (net benefit costs ÷ 9)	44849126	48107811	52509999

Federal Title XXI Share	283062139	306820122	334137902
State Share	127470333	138169178	150471093

TOTAL COSTS OF APPROVED CHIP PLAN	410532472	444989300	484608995
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2. What were the sources of non-Federal funding used for State match during the reporting period?

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

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

No shortfall was encountered

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

	2011		2012		2013	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	191234	\$ 182	197409	\$ 189	203890	\$ 199
Fee for Service		\$		\$		\$

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

The fee for service amounts in FFY 2012 and 2013 are for extended dental benefits, as explained in our state plan, and prospective payments to FQHCs and RHCs as required by CHIPRA.

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. [1000]

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

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2011	2012	2012	2014	2015
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
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 #4					

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)? [500]

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

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

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

The economic downturn hit Pennsylvania hard, resulting in a continued decline in state revenues: almost all discretionary programs received budget reductions. Pennsylvania's CHIP program is a discretionary program, rather than an entitlement program, but nevertheless was one of the few state programs that enjoyed increased appropriations of state funds in FY2009-10 and FY2010-11. At the same time, the cost of state funded services increased. The per capita cost of Pa CHIP increased faster than the general medical inflation rate due to additional federal mandates, primarily new orthodontic services, expansion of other dental coverage and supplemental funding for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). Without constraints on Pa CHIP funding or enrollment, enrollment in Pa CHIP at the end of 2011 was approximately the same as enrollment in the summer of 2009. It is possible that this could be the result of the discontinuation of TV advertising for Pa CHIP in mid-2009, although TV advertising funded by CMS in Philadelphia and Pittsburgh had no noticeable impact on enrollment or reenrollment. 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 approaches 95% 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").

Further, the federal mandates associated with Health Insurance Exchanges continue to dominate Pennsylvania's efforts related to eligibility processes, including those for CHIP and Medical Assistance, which will preclude almost any efforts to simplify CHIP-specific enrollment processes in the short-term that require more than minimal resources.

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

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, Pa CHIP enhanced eligibility processes, now using an interface with the Social Security Administration's database to verify citizenship, and also using electronic data exchanges to verify household income. However, the volume of changes under CHIPRA, and now the Affordable Care Act as well, has overwhelmed both CMS and the states. In many instances, Pennsylvania 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; reporting new quality measures, MAGI eligibility and essential health benefits). Even after guidance and regulations are published, it appears that they were written as "one size fits all," which we all know is not the spirit in which federal/state CHIP was established. In addition, due to Pennsylvania's financial stress, Pa CHIP cannot add staff to meet new federal requirements and opportunities.

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

Pa CHIP implemented a prospective payment approach for FQHCs and RHCs, and Pa CHIP is participating in several, multi-year CHIPRA grants 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. Pa CHIP completed a pilot to assess the value of a commercial database with payroll and other information related for use in Pa CHIP eligibility determinations. Pa CHIP implemented an expanded dental benefit package, as required by CHIPRA. Open enrollment in Pa CHIP has been preserved, although this is still threatened by the Commonwealth's dire fiscal circumstances. Pa CHIP continues to enjoy broad bipartisan support.

In addition, as mentioned above and in last year's report, Pa CHIP leveraged the IT investment for citizenship verification to enhance the use of data exchanges for CHIP eligibility. Throughout FFY 2011, the Central Eligibility Unit (CEU), created to assist in this effort, expanded its role to include adding in simplification and integrity efforts afforded to the program since the integration with the Pennsylvania Department of Public Welfare's Master Client Index and access to the DPW Client Information System and associated state and federal data exchanges. The CEU is not only very successful in assisting applicants with resolving inconsistencies with the Social Security Administration regarding citizenship and identity, but in its expanded roles in many cases has eliminated the need for paper documentation for verification of income at initial application. Additionally, the CEU has avoided costs to the program by timely processing of alerts now available to the program through the data exchanges, such as alerts of deceased individuals and individuals who have moved out of state.

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

The major initiative in the next federal fiscal year will be to prepare for the requirements under federal health care reform in 2014, including a new eligibility system, closer integration of Pa CHIP, Medical Assistance and private health insurance eligibility and coverage, and greater use of data exchanges. Also, methods to reduce average per child benefit costs will be pursued to maintain open enrollment within available state funding. New Pa CHIP contractors, for both eligibility and coverage, must be procured in the coming year to be in place by late 2013, when current contracts expire.

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

Addition to Section III Part B question 4 and 5:

- 4 (11,729 applicants were found to have Medicaid/ 157,246 applicants in FFY 2011) = 7.5% of applicants were found to have Medicaid

(8,346 applicants were found to have other insurance/157,246 applicants in FFY 2011) = 5.3% of applicants were found to have other health insurance

- 5 (415 applicants in the Subsidized CHIP programs were required to serve a go-bare period/157,246 applicants in FFY 2011) = 0.26% of applicants were found to have dropped coverage to enroll in CHIP
- a. (868 applicants were exempt to the waiting period/999 applicants were enrolled who were subject to the HMS verification of having other insurance) = 86.9% of those applicants in the subsidized CHIP categories who were subject to verification of other private insurance were found to have it prior to enrollment, but were exempt to it because they were either in a family where the insurance holder lost employment, they moved from another state sponsored program, or they were under 2 years of age.

January 2012



pennsylvania
INSURANCE DEPARTMENT



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.

www.chipcoverspakids.com

1-800-986-KIDS

2011 Report Card

Prepared for the Pennsylvania Insurance Department
Office of CHIP and adultBasic

TOM CORBETT, GOVERNOR

MICHAEL F. CONSEDINE, INSURANCE COMMISSIONER



Background

Title XXI of the Balanced Budget Act of 1997 created the State Children's Health Insurance Program (SCHIP), to address the growing problem of children without health insurance. SCHIP was designed as a federal/state partnership, similar to Medicaid, with the goal of expanding health insurance to children whose families earn too much money to be eligible for Medicaid, but not enough to purchase private insurance. The current Pennsylvania Children's Health Insurance Program (PA CHIP) was established in 1998 following the repeal of the existing Children's Health Care Act and enacting of Act 1998-68 by the State Senate.

PA CHIP is administered through the Pennsylvania Insurance Department (PID), with the CHIP program supported by both state and federal funds. The program provides payment for health care coverage for eligible children who meet income and other criteria. Approximately 194,000 children are currently enrolled in PA CHIP.

The Cover All Kids initiative, enacted by the legislature in October 2006, led to the expansion of the CHIP program to include all uninsured children and teens in the Commonwealth who are not eligible for Medical Assistance. CHIP is provided by the following private health insurance companies that are licensed and regulated by the Pennsylvania Insurance Department and have contracts with the Commonwealth to offer CHIP coverage.

- Aetna, Inc.
- First Priority Health
- Capital Blue Cross
- Geisinger Health Plan*
- Kidz Partners*
- Highmark Blue Cross Blue Shield
 - Western region
- Highmark Blue Shield
 - Central region
- Keystone Health Plan East
- UnitedHealthcare Community Plan
- UPMC for Kids

* Health Partners and Geisinger Health Plans were new for 2010. HEDIS data from Health Partners were not included in the 2011 Performance Report.





Report Card Description



CHIP health insurance company performance is assessed using Healthcare Effectiveness Data Information Set (HEDIS®) 2011 performance measures, 2011 Consumer Assessment of Healthcare Provider Systems (CAHPS®) 4.0 Survey items and Pennsylvania-specific performance measures. Results are presented in three sections: Access to Care, Quality of Care and Satisfaction with Care.

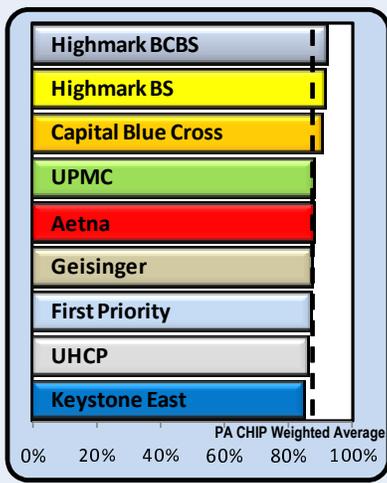
For HEDIS 2011 performance measures, a chart is presented with each bar representing the percentage of CHIP members receiving a specific type of care from their CHIP provider. For charts representing CAHPS survey items, each bar represents the percentage of respondents who selected option 8 or higher on a scale of 1 to 10, or “usually” or “always” when rating the care provided by their CHIP provider.

For each performance indicator, the CHIP health insurance companies are presented in order of performance from high to low with higher performing health insurance companies at the top of each chart. Inverted measures are presented in order of performance from low to high with higher performing health insurance companies at the top of each chart.

In addition, the PA CHIP statewide weighted average is represented on each chart by a dotted line. The PA CHIP weighted average is calculated as the total number of events program-wide divided by the eligible population program-wide.

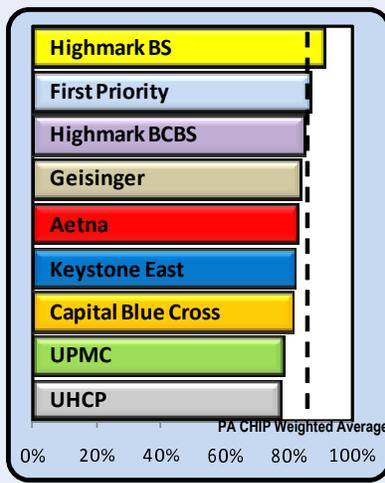


Satisfaction with Care: Is the care meeting your needs?



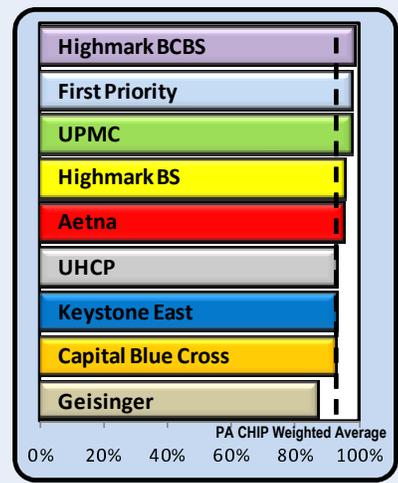
Satisfaction With Your Child's Personal Doctor

Parent/Guardian rated their child's Personal Doctor 8 or higher on a scale of 0 to 10



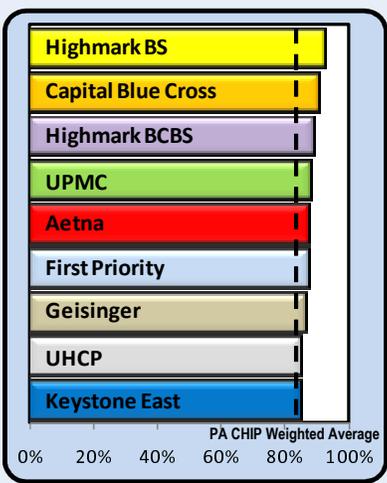
Satisfaction With Your Child's Specialist

Parent/Guardian rated their child's Specialist 8 or higher on a scale of 0 to 10



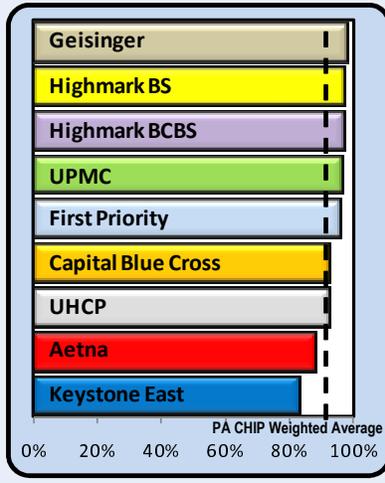
Child is Able to Get Urgent Care as Soon as is Necessary

Parent/Guardian responded "usually" or "always" able to get urgent care



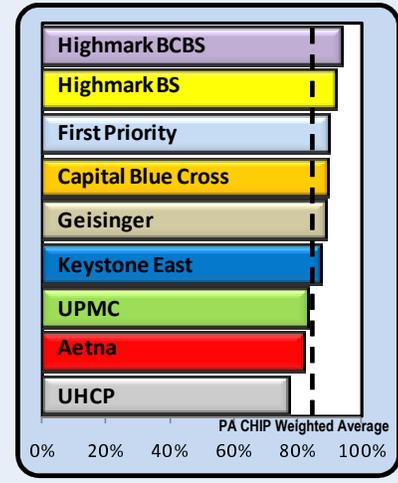
Satisfaction With Your Child's Health Care

Parent/Guardian rated their child's health care 8 or higher on a scale of 0 to 10



Courteous Treatment by Customer Service

Parent/Guardian responded "usually" or "always" received courteous treatment from customer service

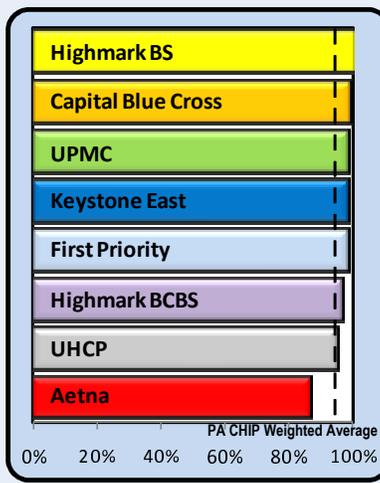


Satisfaction With Your CHIP Health Plan

Parent/Guardian rated their child's CHIP health plan 8 or higher on a scale of 0 to 10

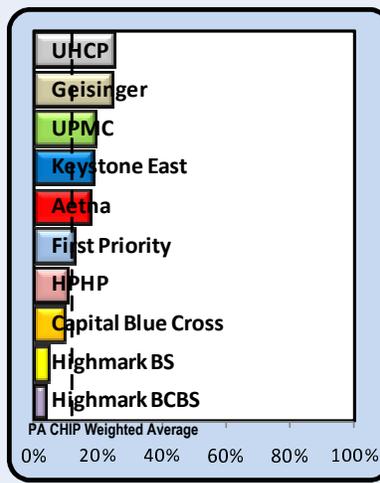
* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons

Access to Care: Are children receiving care?



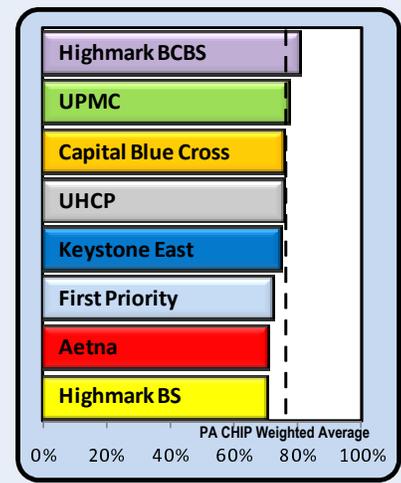
Regular Checkups for Children in the First 15 Months

Children who had 3 or more well-child visits with a PCP before turning 15 months old (3, 4, 5 or 6+ visits)



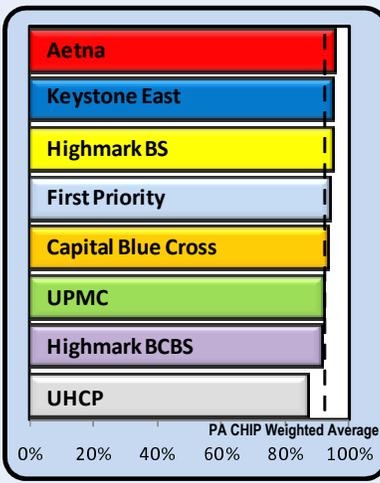
Annual Vision Screening

Percentage of children 4 – 19 years old who had an annual vision screening



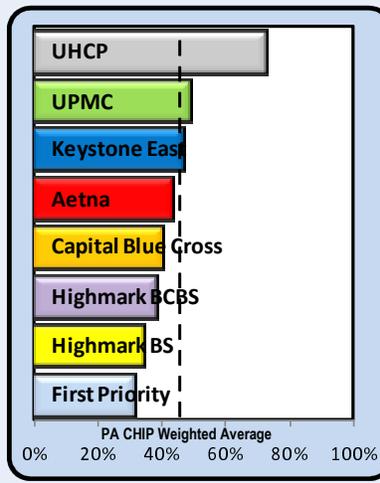
Childhood Immunization Status Combination 3

Children who received a combination of 7 recommended vaccines prior to their 2nd birthday



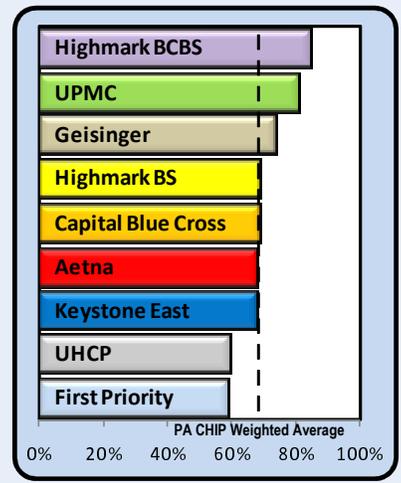
Use of Appropriate Medication for Children with Asthma

Children and adolescents 5 – 19 years old who were diagnosed with persistent asthma and prescribed appropriate medication



Lead Screening for Children

Children who were tested for elevated blood lead levels prior to their 2nd birthday

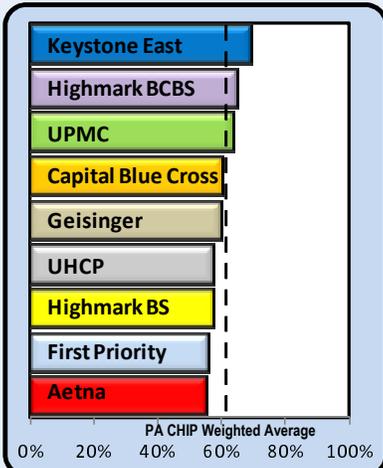


Testing for Children With Pharyngitis (Sore Throat)

Children 2 – 18 years old with a sore throat who were prescribed an antibiotic and tested for streptococcus bacteria

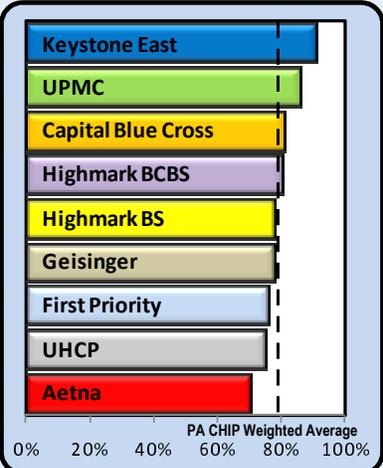
* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons

Quality of Care: How good is the care being provided?



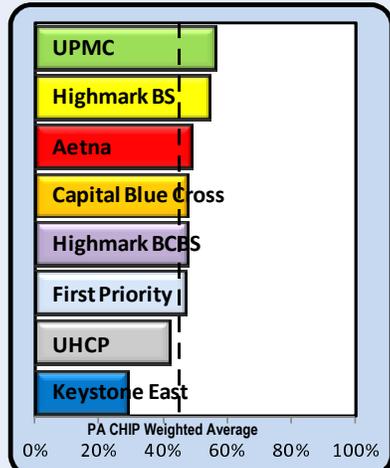
Regular Checkups for Adolescents

Adolescents 12 – 19 years old who had at least one well-care visit with a PCP or OB/GYN



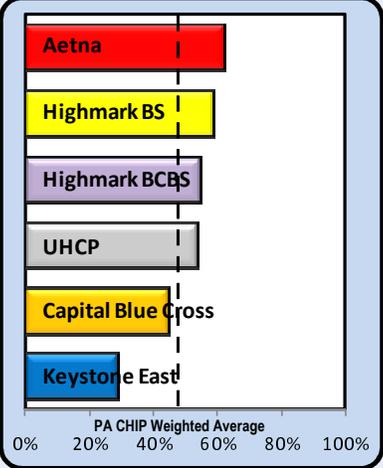
Regular Checkups for Children 3 – 6 Years Old

Children 3 – 6 years old who had one or more well-child visit with a PCP



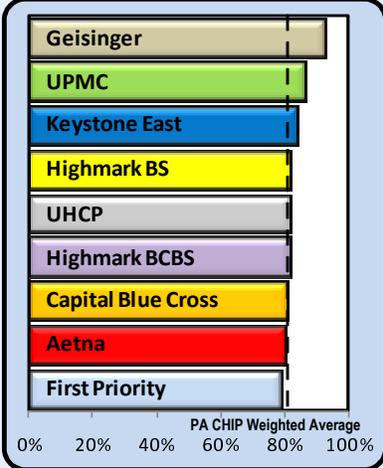
Attention Deficit Hyperactivity Disorder Follow-up Care Initiation Phase

Children 6 – 12 years old with one follow-up visit within 30 days of being prescribed medication for ADHD



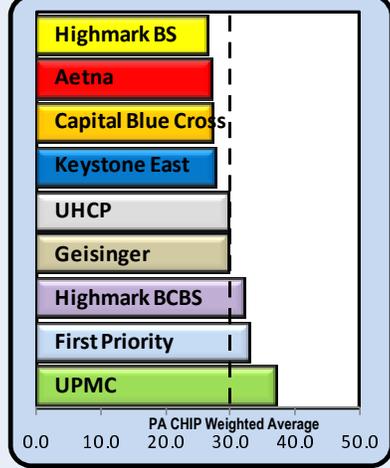
Attention Deficit Hyperactivity Disorder Follow-up Care Continuation and Maintenance Phase

Children 6 – 12 years old who are on ADHD medication who had one follow-up visit during the initiation phase and at least 2 additional visits during the following 9 months



Appropriate Treatment for Upper Respiratory Infection

Children and adolescents 3 months – 18 years old with the common cold who were not prescribed an antibiotic

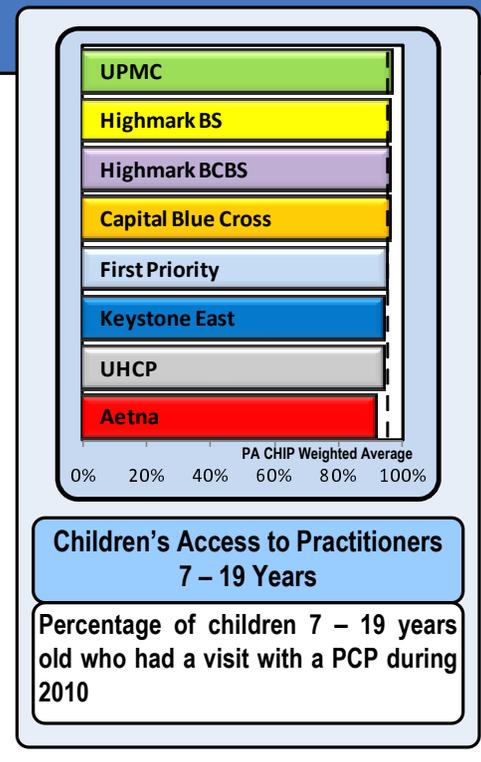
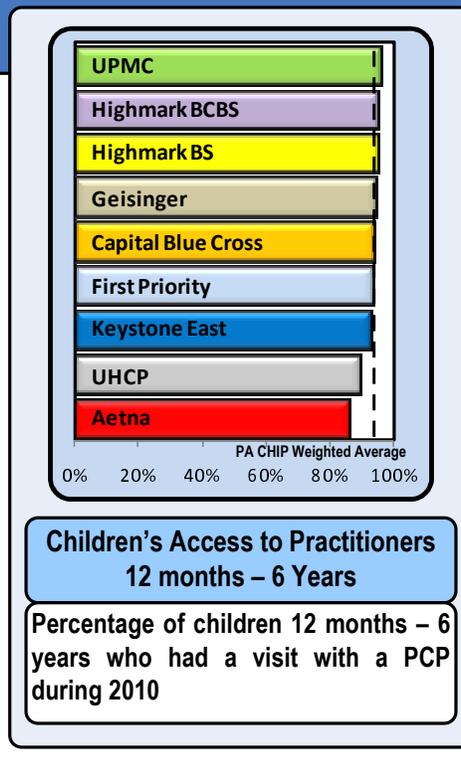
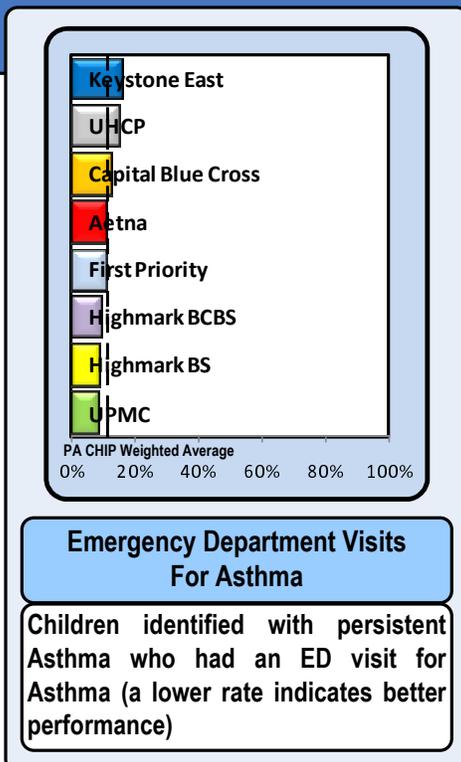
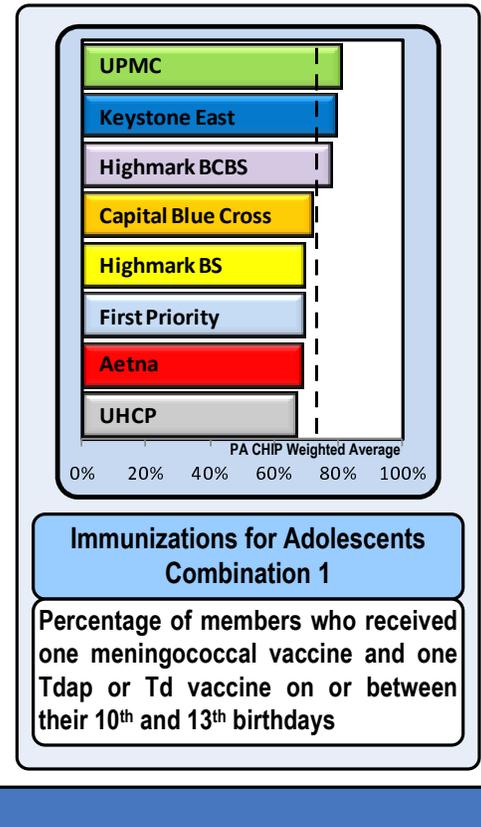
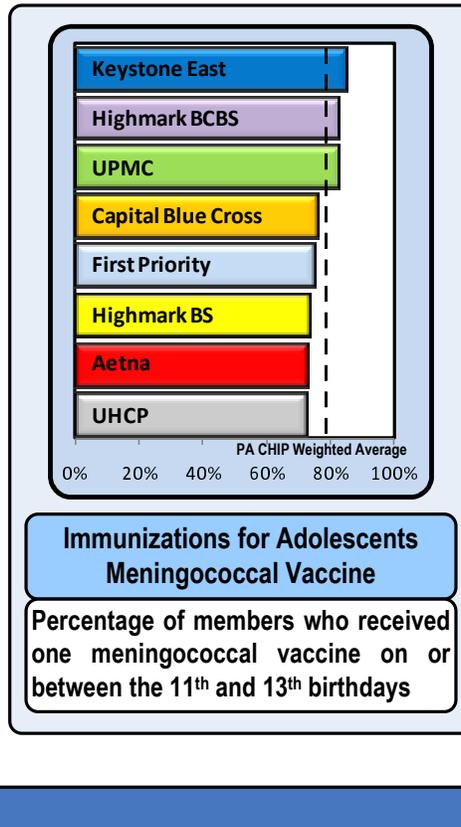
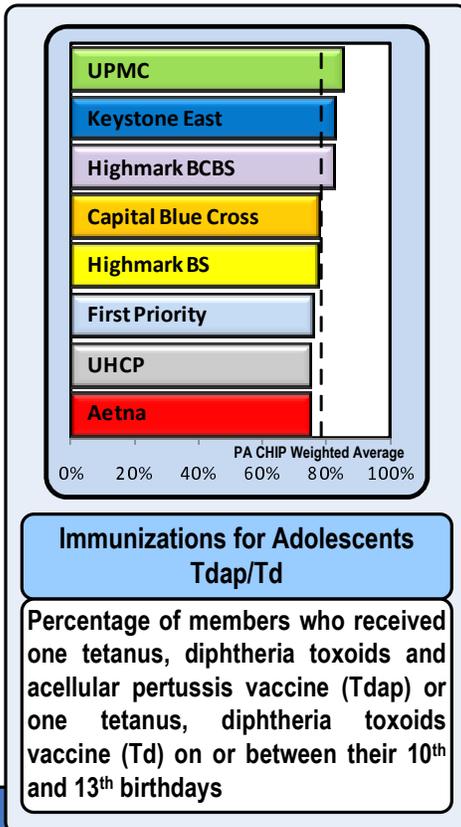


Emergency Department Visits for Children <1 – 19 Years Old

Number of ED visits per 1000 member months by members <1 – 19 years old (a lower rate indicates better performance)

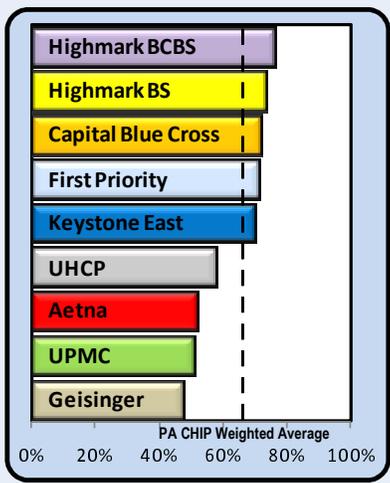
* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons

Quality of Care: How good is the care being provided?



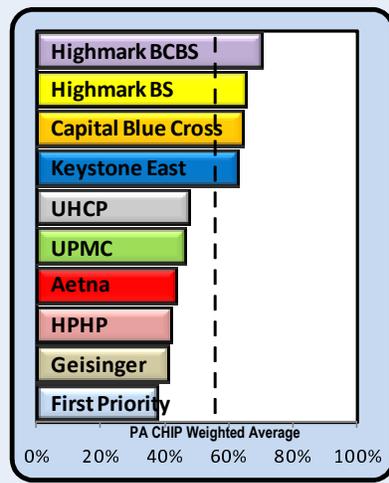
* Insurance companies with less than 30 CHIP members were excluded from Performance Measure comparisons

Quality of Care: How good is the care being provided?



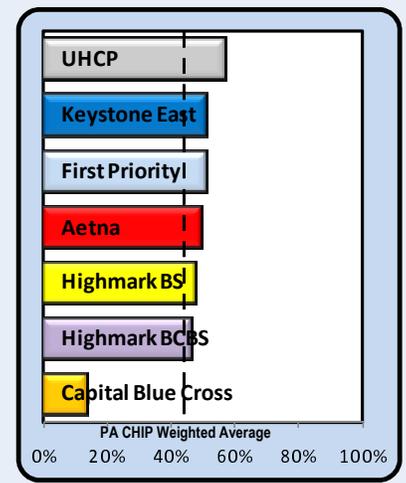
Annual Dental Visits

Children and adolescents 2 – 19 years old who had a dental visit in the past year



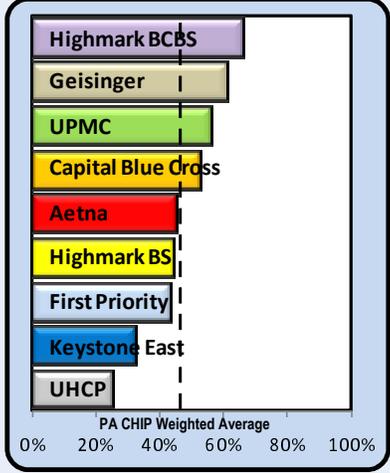
Dental Sealants

Percentage of children 8 years old who received a dental sealant in the three years before the 8th birthday



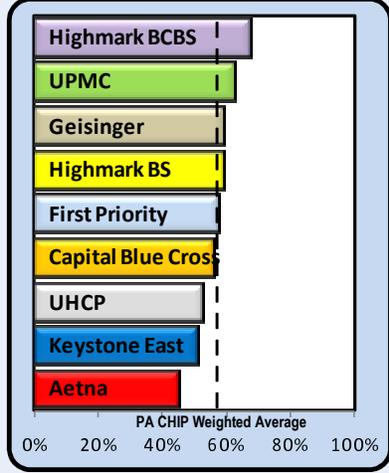
Periodic Dental Screening

Percentage of children 3 – 19 years old who had a dental evaluation or preventative dental visit during 2010



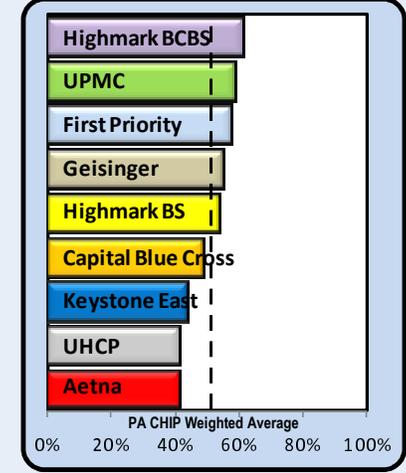
Weight Assessment and Counseling for Nutrition and Physical Activity: Weight Assessment

Percentage of children 3 – 17 years old who had a BMI percentile documented at an outpatient visit with a PCP or OB/GYN



Weight Assessment and Counseling for Nutrition and Physical Activity: Counseling for Nutrition

Percentage of children 3 – 17 years old who were counseled for nutrition at an outpatient visit with a PCP or OB/GYN

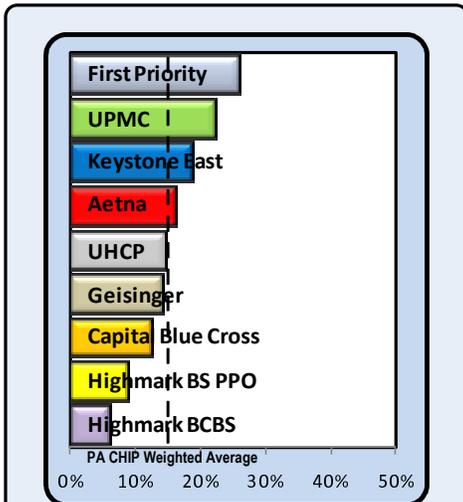


Weight Assessment and Counseling for Nutrition and Physical Activity: Counseling for Physical Activity

Percentage of children 3 – 17 years old who were counseled for physical activity at an outpatient visit with a PCP or OB/GYN

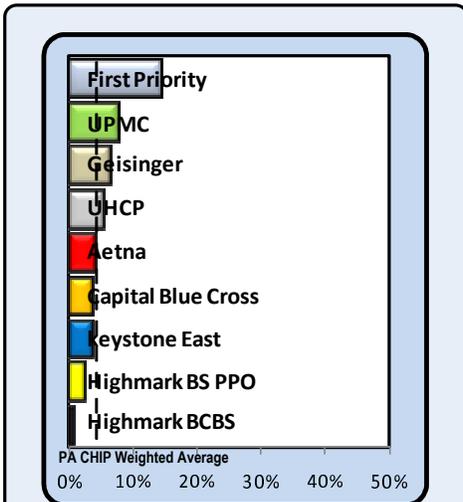
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Quality of Care: How good is the care being provided?



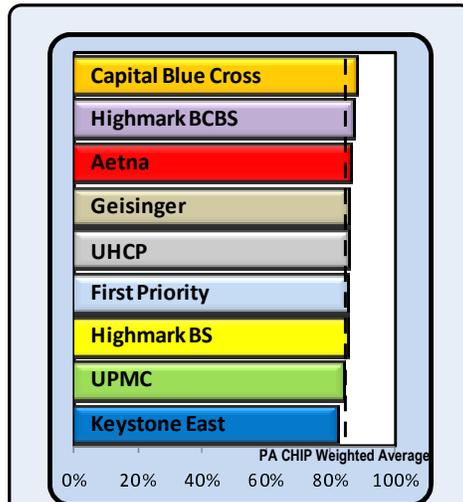
EPSDT – Developmental Screening 18 Months

Percentage of children 18 months old who had a developmental screening between 505 days and 641 days old



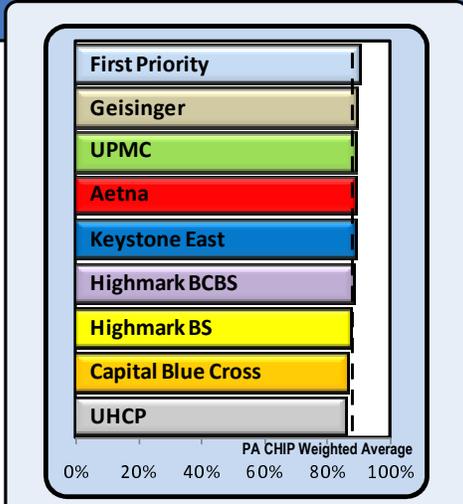
EPSDT – Developmental Screening 30 Months

Percentage of children 18 months old who had a developmental screening between 27th month birthday and 33rd month birthday



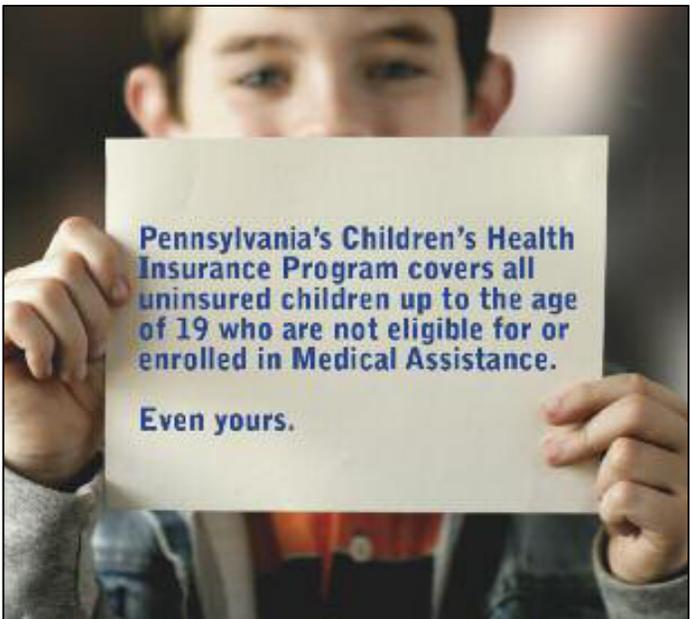
Child's Overall Health

Parent/Guardian rated their child's overall health as "very good" or "excellent"



Child's Overall Mental Health

Parent/Guardian rated their child's overall mental health as "Very Good" or "excellent"



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CHIP Provider Contact Information

AETNA
CHIP.AETNA.COM
1-800-822-2447
TDD/TTY 1-800-628-3323

CAPITAL BLUE CROSS
WWW.CAPBLUECROSS.COM
1-800-543-7101
TDD/TTY 1-800-242-4816

FIRST PRIORITY HEALTH (BCNEPA)
WWW.BCNEPA.COM
1-800-543-7199
TDD/TTY 1-800-413-1112

GEISINGER HEALTH PLAN
WWW.CHIP.THEHEALTHPLAN.COM
1-866-621-5235 (Hearing-Impaired: 711)

HEALTH PARTNERS
WWW.KIDZPARTNERS.COM
1-888-888-1211
TTY 1-877-454-8477

HIGHMARK BLUE SHIELD
WWW.HIGHMARKBLUESHIELD.COM
1-866-727-5437
TDD/TTY 1-866-727-4938

HIGHMARK BLUE CROSS/BLUE SHIELD
WWW.HIGHMARKBCBS.COM
1-800-543-7105
TDD/TTY 1-877-323-8480

KEYSTONE HEALTH PLAN EAST
WWW.IBX.COM
1-800-464-5437
TDD/TTY 1-215-241-2622

UNITEDHEALTHCARE COMMUNITY PLAN
WWW.UHCCOMMUNITYPLAN.COM
1-800-414-9025 (Hearing-Impaired: 711)

UPMC HEALTH PLAN
WWW.UPMCHEALTHPLAN.COM
1-800-978-8762
TDD/TTY 1-800-361-2629



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Health Insurance Program
We Cover All Kids.

www.chipcoverspakids.com

1-800-986-KIDS