

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

## **Preamble**

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

The framework is designed to:

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

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

- Section I: Snapshot of CHIP Programs and Changes
- Section II: Program's Performance Measurement and Progress
- Section III: Assessment of State Plan and Program Operation
- Section IV: Program Financing for State Plan
- Section V: Program Challenges and Accomplishments

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

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

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

**DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.**

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

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

Signature: \_\_\_\_\_  
**Fern M. Shinbaum**

CHIP Program Name(s): All, ALL Kids

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

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

Contact Person/Title: Cathy Caldwell, CHIP Director

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Submission Date: 12/31/2014

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

## SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

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

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

Please note that the numbers in brackets, e.g., [500] are character limits in the Children's Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

	<b>CHIP Medicaid Expansion Program</b>	<b>Separate Child Health Program</b>
	<b>* Upper % of FPL (federal poverty level) fields are defined as Up to and Including</b>	

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No			<input type="checkbox"/>	No			
	<input type="checkbox"/>	Yes			<input checked="" type="checkbox"/>	Yes			
	Enrollment fee amount					Enrollment fee amount		0	
	Premium amount					Premium amount		0	
	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	\$52	\$ 52	% of FPL 141	% of FPL 156	
	\$	\$	% of FPL	% of FPL	\$104	\$ 104	% of FPL 157	% of FPL 312	
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL	
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL	
	If premiums are tiered by FPL, please breakout by FPL				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	\$156	\$156	% of FPL 141	% of FPL 156	
	\$	\$	% of FPL	% of FPL	\$312	\$312	% of FPL 157	% of FPL 312	
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL	
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL	
	If yes, briefly explain fee structure in the box below [500]				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) [500]				

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

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

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

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

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

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

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

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

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

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

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

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

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

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

k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to "Lawfully Residing" children	
p) Expansion to "Lawfully Residing" pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a.	
b.	
c.	

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

2014 was the first year (since the first few years of CHIP) that Alabama has had a Medicaid Expansion. The Medicaid Expansion that began in 2014 is due to requirements of the Affordable Care Act. Therefore, if there were any changes in the Medicaid program, they were new to CHIP and thus not reflected above.

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

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

### SECTION IIA: REPORTING OF THE CORE SET OF CHILDREN'S HEALTH CARE QUALITY MEASURES (CHILD CORE SET)

Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub.L. 111-3) required the Secretary of the Department of Health and Human Services to identify a core set of child health care quality measures for voluntary use by state programs administered under titles XIX and XXI, health insurance issuers and managed care entities that enter into contract with such programs, and providers of items and services under such programs. CHIPRA also required the Secretary to publish changes to the Child Core Set measures beginning in January 2013. Three measures (Human Papillomavirus [HPV] Vaccine for Female Adolescents, Maternity Care - Behavioral Health Risk Assessment, and Medication Management for People with Asthma) were added to the Child Core Set in 2013 and one measure (Otitis Media with Effusion) was retired. Three additional measures (Annual Pediatric Hemoglobin A1C Testing, Appropriate Testing for Children with Pharyngitis, and Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits) were retired from the Child Core Set in 2014. Table 1 lists the Children's Core Set measures, their measure stewards, and a general description of each measure. Abbreviations replaced measure numbers beginning in 2013.

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

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

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

**Table 1: Child Core Set Measures**

Measure Abbreviation	Measure	Measure Steward	Description
PPC-CH	Timeliness of Prenatal Care	National Committee for Quality Assurance (NCQA)/ Healthcare Effectiveness Data and Information Set (HEDIS)	Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment.

Measure Abbreviation	Measure	Measure Steward	Description
FPC-CH	Frequency of Ongoing Prenatal Care	NCQA/HEDIS	Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: <ul style="list-style-type: none"> <li>• &lt; 21 percent of expected visits</li> <li>• 21 percent – 40 percent of expected visits</li> <li>• 41 percent – 60 percent of expected visits</li> <li>• 61 percent – 80 percent of expected visits</li> <li>• ≥ 81 percent of expected visits</li> </ul>
LBW-CH	Live Births Weighing Less Than 2,500 Grams	Centers for Disease Control and Prevention (CDC)	Percentage of live births that weighed less than 2,500 grams in the state during the reporting period
PC02-CH	PC-02: Cesarean Section for Nulliparous Singleton Vertex	The Joint Commission	Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section
CIS-CH	Childhood Immunization Status	NCQA/HEDIS	Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday
IMA-CH	Immunization Status for Adolescents	NCQA/HEDIS	Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday.
WCC-CH	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index (BMI) percentile for age and gender
DEV-CH	Developmental Screening in the First Three Years of Life	Oregon Health and Science University	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday



Measure Abbreviation	Measure	Measure Steward	Description
CHL-CH	Chlamydia Screening in Women	NCQA/HEDIS	Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
W15-CH	Well-Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children who turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits with a PCP during their first 15 months of life
W34-CH	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NCQA/HEDIS	Percentage of children ages 3 to 6 who had one or more well-child visits with a PCP during the measurement year
AWC-CH	Adolescent Well-Care Visit	NCQA/HEDIS	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a PCPC or an OB/GYN practitioner during the measurement year
PDENT-CH	Percentage of Eligibles that Received Preventive Dental Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
CAP-CH	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: <ul style="list-style-type: none"> <li>• Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year</li> <li>• Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ul>
TDENT-CH	Percentage of Eligibles that Received Dental Treatment Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
AMB-CH	Ambulatory Care – Emergency Department (ED) Visits	NCQA/HEDIS	Rate of ED visits per 1,000 enrollee months among children up to age 19

Measure Abbreviation	Measure	Measure Steward	Description
CLABSI-CH	Pediatric Central Line-Associated Blood Stream Infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	CDC	Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
ADD-CH	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	NCQA/HEDIS	Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase
FUH-CH	Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS	Percentage of discharges for children ages 6 to 20 who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge
CPC-CH	Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items	NCQA/HEDIS	Survey on parents' experiences with their children's care
HPV-CH	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NCQA/HEDIS	Percentage of female adolescents who turned 13 years old during the measurement year and who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday

Measure Abbreviation	Measure	Measure Steward	Description
BHRA-CH	Maternity Care - Behavioral Health Risk Assessment	AMA-PCPI	Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug-use screening (illicit and prescription, over the counter), and intimate partner violence screening
MMA-CH	Medication Management for People with Asthma	NCQA/HEDIS	Percentage of children ages 5 to 20 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.  Two rates are reported: <ul style="list-style-type: none"> <li>• Percentage of children who remained on asthma controller medication for at least 50 percent of their treatment period</li> <li>• Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period</li> </ul> This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19-20 years; and total

## GUIDANCE FOR REPORTING

This section contains templates for reporting performance measurement data for each of the Child Core Set measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second columns, data from the previous two years' annual reports (FFY 2012 and FFY 2013) will be populated with data previously reported in CARTS; enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have data for those years, please enter the data in the appropriate column. Indicate the data were updated using the "Did you update data for this measure?" field. In the third column, report the most recent data available at the time you are submitting the current annual report (FFY 2014). Additional instructions for completing each row of the table are provided below.

**Beginning in 2011, the CARTS application requires states to provide information on why they chose not to report a measure(s) in Section IIA. The CARTS user will be prompted to provide this information for each measure during data entry. If the CARTS User skips these questions during CHIP Annual Report Template – FFY 2014**

**the data entry process, he/she will be prompted to respond to them before being able to certify the Annual Report.**

**If Data Not Reported, Please Explain Why:**

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

- Service not covered: Check this box if your program does not cover this service.
- Population not covered: Check this box if your program does not cover the population included in the measure. If this box is selected, users will also need to indicate whether the entire population or partial population was not covered under its program. A detailed explanation is required if partial population is not covered.
- Data not available: Check this box if data are not available for this measure in your state. If this box is selected, users will need to explain why data are not available for reporting. Reasons may include “Budget Constraints,” “Staff Constraints,” “Data Inconsistencies/Accuracy,” “Data Source Not Easily Accessible,” “Information Not Collected,” and “Other”.
- Small sample size: Check this box if the denominator size for this measure is less than 30. If the denominator size is less than 30, your state is not required to report a rate on the measure. However, the state will need to indicate the exact denominator size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Although the Child Core Set measures are voluntarily reported, if the state does not report data on a specific measure, it is important for CMS to understand why each state is not reporting on specific measures. Your selection of a reason for not reporting and/or provision of an “Other” reason for not reporting will assist CMS in that understanding.

**Status of Data Reported:**

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

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

**Measurement Specification:**

For each measure, the state should indicate whether a measure adheres to the Child Core Set technical specifications, based on HEDIS® or specifications developed by other measure steward (e.g. CMS, CDC, TJC, AMA/PCPI), or “Other” measurement specifications. If HEDIS® is selected, the HEDIS® Version field must be completed.

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

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

- **HEDIS® Version:**  
Please specify HEDIS® Version (example HEDIS 2014). This field must be completed only when a user selects the HEDIS® measurement specification.
- **“Other” Measurement Specification Explanation:**  
The explanation field must be completed when “Other” measurement specification has been selected.

**Data Source:**

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

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

**Definition of Population Included in the Measure:**

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

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

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

**Child Core Set Performance Measurement Data:**

In this section, report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the data, depending on whether you are reporting using the technical specifications provided by the measure steward or another methodology. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the “additional notes” section. “Additional Notes/Comments on Measure” may be entered but is not required. Please note that some measures require reporting of multiple rates.

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

In the section on “Definition of Population Included in the Measure,” states should indicate whether state-level rates were calculated based on rates for multiple reporting units, and if so, whether the rates were weighted based on the size of the measure-eligible population or other factor or were not weighted. For additional guidance on developing a state-level rate, please refer to the Technical Assistance Brief “Approaches to Developing State-Level Rates for Children’s Health Care Quality Measures Based on CHIP Annual Report Template – FFY 2014

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

### **Deviation from Measure Specifications**

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

The five types (and examples) of deviations are:

- 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).

### **Other Performance Measure:**

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

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

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

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

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

### **CHIPRA Quality Demonstration States**

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

**MEASURE PPC-CH: Timeliness of Prenatal Care**

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



FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Other. <i>Explain:</i>	<input type="checkbox"/> Other. <i>Explain:</i>	<input type="checkbox"/> Other. <i>Explain:</i>
<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CHIP claims data and state vital records	<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CHIP claims data and state vital records	<p><b>Data Source:</b></p> <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Vital Records <input checked="" type="checkbox"/> Other. <i>Specify:</i> CHIP claims data <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: The number of live births that received a prenatal visit in the first trimester  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: The number of live births that received a prenatal visit in the first trimester  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p><b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input checked="" type="checkbox"/> No </p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 11/2010 To: (mm/yyyy) 11/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 11/2011 To: (mm/yyyy) 11/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 11/2012 To: (mm/yyyy) 11/2013</b></p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Performance Measurement Data:</b> 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</p>	<p><b>Performance Measurement Data:</b> 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</p>	<p><b>Performance Measurement Data:</b> 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</p>
<p>Numerator: 150 Denominator: 213 Rate: 70.4</p>	<p>Numerator: 142 Denominator: 207 Rate: 68.6</p>	<p>Numerator: 115 Denominator: 162 Rate: 71.0</p>
<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Data Source, <i>Explain.</i> ALL Kids linked enrollees having live births to state vital records (birth certificates) where data regarding the month prenatal care was initiated are available. <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> Markers of prenatal care are not available in claims data. In lieu of using the service date for markers of prenatal care, the month of gestation that prenatal care began, as recorded in state vital records, was used to determine whether prenatal care began during the first trimester. <input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Other, <i>Explain.</i> Methodology: 1. Denominator was identified from claims data using HEDIS specifications 2. Enrollees with live births were matched to the state vital records 3. The gestation month prenatal care began was self-reported and recorded in state records</p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Data Source, <i>Explain.</i> ALL Kids linked enrollees having live births to state vital records (birth certificates) where data regarding the month prenatal care was initiated are available. <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> Markers of prenatal care are not available in claims data. In lieu of using the service date for markers of prenatal care, the month of gestation that prenatal care began, as recorded in state vital records, was used to determine whether prenatal care began during the first trimester. <input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Other, <i>Explain.</i> Methodology: 1. Denominator was identified from claims data using HEDIS specifications 2. Enrollees with live births were matched to the state vital records 3. The gestation month prenatal care began was self-reported and recorded in state records</p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Data Source, <i>Explain.</i> ALL Kids linked enrollees having live births to state vital records (birth certificates) where data regarding the month prenatal care was initiated are available. <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> Markers of prenatal care are not available in claims data. In lieu of using the service date for markers of prenatal care, the month of gestation that prenatal care began, as recorded in state vital records, was used to determine whether prenatal care began during the first trimester. <input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Other, <i>Explain.</i> Methodology: 1. Denominator was identified from claims data using HEDIS specifications 2. Enrollees with live births were matched to the state vital records 3. The gestation month prenatal care began was self-reported and recorded in state records</p>
<p>Additional notes on measure: Data for timeliness of prenatal visits are not comprehensive in claims data. ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow HEDIS.</p>	<p>Additional notes on measure: Data for timeliness of prenatal visits are not comprehensive in claims data. ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow HEDIS.</p>	<p>Additional notes/comments on measure: Data for timeliness of prenatal visits are not comprehensive in claims data. ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow HEDIS.</p>
<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p>

<b>FFY 2012</b>	<b>FFY 2013</b>	<b>FFY 2014</b>
Numerator: Denominator: Rate:  Additional notes on measure:	Numerator: Denominator: Rate:  Additional notes on measure:	Numerator: Denominator: Rate:  Additional notes on measure:

**MEASURE FPC-CH: Frequency of Ongoing Prenatal Care**

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <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>  CHIP claims data and state vital records</p>	<p><b>Data Source:</b>  <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>  CHIP claims data and state vital records</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input checked="" type="checkbox"/> Vital Records  <input checked="" type="checkbox"/> Other. <i>Specify:</i> CHIP claims data  <input type="checkbox"/> Hybrid (Administrative and Medical Records Data)  From where is the Administrative Data coming?  <i>Must select one or more</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Vital Records  <input type="checkbox"/> Other. <i>Specify:</i>  From where is the Medical Records Data coming?  <i>Must select one:</i>  <input type="checkbox"/> Electronic Health Record (EHR) Data  <input type="checkbox"/> Paper  <input type="checkbox"/> Both (EHR and paper)  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: The number of live births that received &lt;21%, 21%-40%, 41%-60%, 61%-80% and equal to or greater than 81% of the number of expected prenatal visits  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: The number of live births that received &lt;21%, 21%-40%, 41%-60%, 61%-80% and equal to or greater than 81% of the number of expected prenatal visits  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:   <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input checked="" type="checkbox"/> No</p>

FFY 2012	FFY 2013	FFY 2014
<b>Date Range:</b> <b>From: (mm/yyyy) 11/2010 To: (mm/yyyy) 11/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 11/2011 To: (mm/yyyy) 11/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 11/2012 To: (mm/yyyy) 11/2013</b>
<b>Performance Measurement Data:</b> 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	<b>Performance Measurement Data:</b> 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	<b>Performance Measurement Data:</b> Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits
< 21 percent of expected visits Numerator: 1 Denominator: 213 Rate: 0.5  21 percent – 40 percent of expected visits Numerator: 7 Denominator: 213 Rate: 3.3  41 percent – 60 percent of expected visits Numerator: 28 Denominator: 213 Rate: 13.1  61 percent – 80 percent of expected visits Numerator: 55 Denominator: 213 Rate: 25.8  ≥ 81 percent of expected visits Numerator: 113 Denominator: 213 Rate: 53.1	< 21 percent of expected visits Numerator: 2 Denominator: 207 Rate: 1.0  21 percent – 40 percent of expected visits Numerator: 8 Denominator: 207 Rate: 3.9  41 percent – 60 percent of expected visits Numerator: 20 Denominator: 207 Rate: 9.7  61 percent – 80 percent of expected visits Numerator: 48 Denominator: 207 Rate: 23.2  ≥ 81 percent of expected visits Numerator: 118 Denominator: 207 Rate: 57.0	< 21 percent of expected visits Numerator: 5 Denominator: 162 Rate: 3.1  21 percent – 40 percent of expected visits Numerator: 5 Denominator: 162 Rate: 3.1  41 percent – 60 percent of expected visits Numerator: 14 Denominator: 162 Rate: 8.6  61 percent – 80 percent of expected visits Numerator: 34 Denominator: 162 Rate: 21.0  ≥ 81 percent of expected visits Numerator: 104 Denominator: 162 Rate: 64.2

FFY 2012	FFY 2013	FFY 2014
<p>Deviations from Measure Specifications:  <input type="checkbox"/> Year of Data, <i>Explain</i>.</p> <p><input checked="" type="checkbox"/> Data Source, <i>Explain</i>.  ALL Kids linked enrollees having live births to state vital records (birth certificates) where data regarding the number of prenatal visits are available.</p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain</i>.  Dates of service for prenatal visits are not available in our claims data. In lieu of using the date of service for prenatal visits, the number of prenatal visits is self-reported with birth certificate data and recorded in state vital records.</p> <p><input type="checkbox"/> Denominator, <i>Explain</i>.</p> <p><input checked="" type="checkbox"/> Other, <i>Explain</i>.  Methodology:  1. Denominator was identified from claims data using HEDIS specifications  2. Enrollees with live births were matched to state vital records for the child  3. The number of expected prenatal visits were noted for each record applying HEDIS specifications  (see Additional Notes)</p>	<p>Deviations from Measure Specifications:  <input type="checkbox"/> Year of Data, <i>Explain</i>.</p> <p><input checked="" type="checkbox"/> Data Source, <i>Explain</i>.  ALL Kids linked enrollees having live births to state vital records (birth certificates) where data regarding the number of prenatal visits are available.</p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain</i>.  Dates of service for prenatal visits are not available in our claims data. In lieu of using the date of service for prenatal visits, the number of prenatal visits is self-reported with birth certificate data and recorded in state vital records.</p> <p><input type="checkbox"/> Denominator, <i>Explain</i>.</p> <p><input checked="" type="checkbox"/> Other, <i>Explain</i>.  1. Denominator was identified from claims data using HEDIS specifications  2. Enrollees with live births were matched to state vital records for the child  3. The number of expected prenatal visits were noted for each record applying HEDIS specifications  (see Additional Notes)</p>	<p>Deviations from Measure Specifications:  <input type="checkbox"/> Year of Data, <i>Explain</i>.</p> <p><input checked="" type="checkbox"/> Data Source, <i>Explain</i>.  ALL Kids linked enrollees having live births to state vital records (birth certificates) where data regarding the number of prenatal visits are available.</p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain</i>.  Explain Dates of service for prenatal visits are not available in our claims data. In lieu of using the date of service for prenatal visits, the number of prenatal visits is self-reported with birth certificate data and recorded in state vital records.</p> <p><input type="checkbox"/> Denominator, <i>Explain</i>.</p> <p><input checked="" type="checkbox"/> Other, <i>Explain</i>.  1. Denominator was identified from claims data using HEDIS specifications  2. Enrollees with live births were matched to state vital records for the child  3. The number of expected prenatal visits were noted for each record applying HEDIS specifications  (See Additional Notes)</p>
<p>Additional notes on measure: Methodology (continued)  4. Prenatal visits reported were compared to the expected number of prenatal visits for each record  5. Five rates were determined applying ranges according to HEDIS specifications</p> <p>Data for the frequency of prenatal visits are not comprehensive in claims data. ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow HEDIS.</p>	<p>Additional notes on measure: Methodology (continued)  4. Prenatal visits reported were compared to the expected number of prenatal visits for each record  5. Five rates were determined applying ranges according to HEDIS specifications</p> <p>Data for the frequency of prenatal visits are not comprehensive in claims data. ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow HEDIS.</p>	<p>Additional notes/comments on measure: 4. Prenatal visits reported were compared to the expected number of prenatal visits for each record  5. Five rates were determined applying ranges according to HEDIS specifications</p> <p>Data for the frequency of prenatal visits are not comprehensive in claims data. ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow HEDIS</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p>

<b>FFY 2012</b>	<b>FFY 2013</b>	<b>FFY 2014</b>
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:



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

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

FFY 2012	FFY 2013	FFY 2014
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <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> CHIP claims data and state vital records	<b>Data Source:</b> <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> CHIP claims data and state vital records	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> CHIP claims data <input type="checkbox"/> Other: <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: The number of live births that weighed less than 2,500 grams Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: The number of live births that weighed less than 2,500 grams Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted No
<b>Date Range:</b> <b>From: (mm/yyyy) 11/2010 To: (mm/yyyy) 11/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	<b>Performance Measurement Data:</b> Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	<b>Performance Measurement Data:</b> Percentage of live births that weighed less than 2,500 grams in the State during the reporting period
Numerator: 20 Denominator: 213 Rate: 9.4	Numerator: 16 Denominator: 230 Rate: 7.0	Numerator: 17 Denominator: 195 Rate: 8.7

FFY 2012	FFY 2013	FFY 2014
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Data Source, <i>Explain.</i>  ALL Kids linked enrollees having live births to state vital records (birth certificates) where data regarding birth weight are available.</p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i>  Birth weight is not available in claims data. In lieu of using indicators of low birth weight, the birth weight as recorded in state vital records was used to determine whether the birth weight was low.</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Other, <i>Explain.</i>  Methodology:  1. Denominator was identified from claims data  2. Enrollees with live births were matched to state vital records for the child  (see Additional Notes)</p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Data Source, <i>Explain.</i>  ALL Kids linked enrollees having live births to state vital records (birth certificates) where data regarding birth weight are available.</p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i>  Birth weight is not available in claims data. In lieu of using indicators of low birth weight, the birth weight as recorded in state vital records was used to determine whether the birth weight was low.</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Other, <i>Explain.</i>  Methodology:  1. Denominator was identified from claims data  2. Enrollees with live births were matched to state vital records for the child  (see Additional Notes)</p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Data Source, <i>Explain.</i>  ALL Kids linked enrollees having live births to state vital records (birth certificates) where data regarding birth weight are available.</p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i>  Birth weight is not available in claims data. In lieu of using indicators of low birth weight, the birth weight as recorded in state vital records was used to determine whether the birth weight was low.</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Other, <i>Explain.</i>  Methodology:  1. Denominator was identified from claims data  2. Enrollees with live births were matched to state vital records for the child  (see Additional Notes)</p>
<p>Additional notes on measure: Methodology (continued):</p> <p>3. The rate of low birth weight births was calculated using the birth weight recorded in state vital records(low birth &lt; 2,500 grams)</p> <p>Data for low birth weight are not comprehensive in claims data. ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow CDC.</p>	<p>Additional notes on measure: Methodology (continued):</p> <p>3. The rate of low birth weight births was calculated using the birth weight recorded in state vital records(low birth &lt; 2,500 grams)</p> <p>Data for low birth weight are not comprehensive in claims data. ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow CDC.</p>	<p>Additional notes/comments on measure: Methodology (continued):</p> <p>3. The rate of low birth weight births was calculated using the birth weight recorded in state vital records (low birth &lt; 2,500 grams). Data for low birth weight are not comprehensive in claims data.</p> <p>ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow CDC.</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

**MEASURE PCO2-CH: Cesarean Section for Nulliparous Singleton Vertex**

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CMQCC  <input type="checkbox"/> Other. <i>Explain:</i></p> <p><b>Data Source:</b>  <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>  CHIP claims data and state vital records</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CMQCC  <input type="checkbox"/> Other. <i>Explain:</i></p> <p><b>Data Source:</b>  <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>  CHIP claims data and state vital records</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> The Joint Commission  <input type="checkbox"/> Other. <i>Explain:</i></p> <p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input checked="" type="checkbox"/> Vital Records  <input checked="" type="checkbox"/> Other. <i>Specify:</i> CHIP claims data  <input type="checkbox"/> Hybrid (Administrative and Medical Records Data)  From where is the Administrative Data coming?  <i>Must select one or more</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Vital Records  <input type="checkbox"/> Other. <i>Specify:</i>  From where is the Medical Records Data coming?  <i>Must select one:</i>  <input type="checkbox"/> Electronic Health Record (EHR) Data  <input type="checkbox"/> Paper  <input type="checkbox"/> Both (EHR and paper)  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: The number of enrollees that had a Cesarean section among enrollees having live births at or beyond 37 weeks gestation upon their first delivery that was a singleton birth  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: The number of enrollees that had a Cesarean section among enrollees having live births at or beyond 37 weeks gestation upon their first delivery that was a singleton birth.  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p><b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor</p>

FFY 2012	FFY 2013	FFY 2014
		<input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) 11/2010 To: (mm/yyyy) 11/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> 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	<b>Performance Measurement Data:</b> Percentage of women who had a cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	<b>Performance Measurement Data:</b> Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.
Numerator: 33 Denominator: 168 Rate: 19.6	Numerator: 42 Denominator: 230 Rate: 18.3	Numerator: 37 Denominator: 195 Rate: 19.0
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input checked="" type="checkbox"/> Data Source, <i>Explain.</i> ALL Kids linked enrollees having live births to the state vital records (birth certificates) where data regarding Cesarean sections, plurality, parity and weeks gestation are available. <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> Plurality, parity, presentation and weeks gestation are not available in claims data. In lieu of using indicators for 3 of these factors, data, as recorded in state vital records, were used to calculate the rate of Cesarean sections according to HEDIS specifications. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input checked="" type="checkbox"/> Other, <i>Explain.</i> Methodology: 1. Denominator was identified from claims data 2. Enrollees with live births were matched to state vital records 3. Plurality, parity and weeks gestation were determined from state vital records(see Additional Notes)	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input checked="" type="checkbox"/> Data Source, <i>Explain.</i> ALL Kids linked enrollees having live births to the state vital records (birth certificates) where data regarding Cesarean sections, plurality and weeks gestation are available. <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> Plurality, parity, presentation and weeks gestation are not available in claims data. In lieu of using indicators for 3 of these factors, data, as recorded in state vital records, were used to calculate the rate of Cesarean sections according to CMQCC specifications. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input checked="" type="checkbox"/> Other, <i>Explain.</i> Methodology 1. Denominator was identified from claims data 2. Enrollees with live births were matched to state vital records 3. Plurality, parity and weeks gestation were determined from state vital records(see Additional Notes)	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input checked="" type="checkbox"/> Data Source, <i>Explain.</i> ALL Kids linked enrollees having live births to the state vital records (birth certificate) where data regarding Cesarean sections and weeks gestation are available. <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> Plurality, parity, presentation and weeks gestation are not available in claims data. In lieu of using indicators for 3 of these factors, data, as recorded in state vital records, were used to calculate the rate of Cesarean sections according to The Joint Commission specifications. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input checked="" type="checkbox"/> Other, <i>Explain.</i> Methodology 1. Denominator was identified from claims data 2. Enrollees with live births were matched to state vital records 3. Parity and weeks gestation were determined from state vital records (see Additional Notes)

FFY 2012	FFY 2013	FFY 2014
<p>Additional notes on measure: Methodology (continued):</p> <p>4. Presentation data are unavailable in state vital records</p> <p>5. The rate of nulliparous singleton Cesarean sections among enrollees having live births at or beyond 37 weeks gestation was calculated using data from state vital records</p> <p>Data for Cesarean sections are not comprehensive in claims data. ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow CMQCC.</p>	<p>Additional notes on measure: Methodology (continued)</p> <p>4. Presentation data are unavailable in state vital records</p> <p>5. The rate of nulliparous singleton Cesarean sections among enrollees having live births at or beyond 37 weeks gestation was calculated using data from state vital records.</p> <p>Data for Cesarean sections are not comprehensive in claims data. ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow CMQCC</p>	<p>Additional notes/comments on measure: : Methodology (continued)</p> <p>4. Plurality and presentation data are unavailable in state vital records</p> <p>5. The rate of nulliparous Cesarean sections among enrollees having live births at or beyond 37 weeks gestation was calculated using data from state vital records.</p> <p>Data for Cesarean sections are not comprehensive in claims data. ALL Kids does not conduct medical chart reviews or surveys to collect such data. The measurement specifications used closely follow The Joint Commission.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>

**MEASURE CIS-CH: Childhood Immunization Status**

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



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

FFY 2012	FFY 2013	FFY 2014
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Definitions are the same as HEDIS for the separate and combination measures.            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Definitions are the same as HEDIS for the separate and combination measures.            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:   <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes                If yes, indicate whether the state-level rate is weighted:                <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit                <input type="checkbox"/> The rates are weighted based on another weighting factor                <input type="checkbox"/> The rates are not weighted  <input checked="" type="checkbox"/> No</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>
<p><b>Performance Measurement Data:</b>            Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>	<p><b>Performance Measurement Data:</b>            Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday</p>	<p><b>Performance Measurement Data:</b>            Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday</p>

FFY 2012		FFY 2013		FFY 2014	
DTap Numerator: 775 Denominator: 986 Rate: 78.6	Combo 2 Numerator: 666 Denominator: 986 Rate: 67.5	DTap Numerator: 985 Denominator: 1273 Rate: 77.4	Combo 2 Numerator: 848 Denominator: 1273 Rate: 66.6	DTap Numerator: 944 Denominator: 1301 Rate: 72.6	Combo 2 Numerator: 709 Denominator: 1301 Rate: 54.5
IPV Numerator: 863 Denominator: 986 Rate: 87.5	Combo 3 Numerator: 516 Denominator: 986 Rate: 52.3	IPV Numerator: 1153 Denominator: 1273 Rate: 90.6	Combo 3 Numerator: 724 Denominator: 1273 Rate: 56.9	IPV Numerator: 1039 Denominator: 1301 Rate: 79.9	Combo 3 Numerator: 683 Denominator: 1301 Rate: 52.5
MMR Numerator: 885 Denominator: 986 Rate: 89.8	Combo 4 Numerator: 234 Denominator: 986 Rate: 23.7	MMR Numerator: 1133 Denominator: 1273 Rate: 89.0	Combo 4 Numerator: 634 Denominator: 1273 Rate: 49.8	MMR Numerator: 1188 Denominator: 1301 Rate: 91.3	Combo 4 Numerator: 620 Denominator: 1301 Rate: 47.7
HiB Numerator: 885 Denominator: 986 Rate: 89.8	Combo 5 Numerator: 287 Denominator: 986 Rate: 29.1	HiB Numerator: 1182 Denominator: 1273 Rate: 92.9	Combo 5 Numerator: 616 Denominator: 1273 Rate: 48.4	HiB Numerator: 1027 Denominator: 1301 Rate: 78.9	Combo 5 Numerator: 625 Denominator: 1301 Rate: 48.0
Hep B Numerator: 785 Denominator: 986 Rate: 79.6	Combo 6 Numerator: 247 Denominator: 986 Rate: 25.1	Hep B Numerator: 1052 Denominator: 1273 Rate: 82.6	Combo 6 Numerator: 388 Denominator: 1273 Rate: 30.5	Hep B Numerator: 961 Denominator: 1301 Rate: 73.9	Combo 6 Numerator: 356 Denominator: 1301 Rate: 27.4
VZV Numerator: 897 Denominator: 986 Rate: 91.0	Combo 7 Numerator: 143 Denominator: 986 Rate: 14.5	VZV Numerator: 1146 Denominator: 1273 Rate: 90.0	Combo 7 Numerator: 549 Denominator: 1273 Rate: 43.1	VZV Numerator: 1196 Denominator: 1301 Rate: 91.9	Combo 7 Numerator: 574 Denominator: 1301 Rate: 44.1
PCV Numerator: 626 Denominator: 986 Rate: 63.5	Combo 8 Numerator: 130 Denominator: 986 Rate: 13.2	PCV Numerator: 917 Denominator: 1273 Rate: 72.0	Combo 8 Numerator: 359 Denominator: 1273 Rate: 28.2	PCV Numerator: 966 Denominator: 1301 Rate: 74.3	Combo 8 Numerator: 334 Denominator: 1301 Rate: 25.7
Hep A Numerator: 384 Denominator: 986 Rate: 38.9		Hep A Numerator: 1005 Denominator: 1273 Rate: 78.9		Hep A Numerator: 1094 Denominator: 1301 Rate: 84.1	

FFY 2012		FFY 2013		FFY 2014	
RV Numerator: 470 Denominator: 986 Rate: 47.7	Combo 9 Numerator: 155 Denominator: 986 Rate: 15.7	RV Numerator: 941 Denominator: 1273 Rate: 73.9	Combo 9 Numerator: 347 Denominator: 1273 Rate: 27.3	RV Numerator: 915 Denominator: 1301 Rate: 70.3	Combo 9 Numerator: 335 Denominator: 1301 Rate: 25.7
Flu Numerator: 403 Denominator: 986 Rate: 40.9	Combo 10 Numerator: 88 Denominator: 986 Rate: 8.9	Flu Numerator: 608 Denominator: 1273 Rate: 47.8	Combo 10 Numerator: 325 Denominator: 1273 Rate: 25.5	Flu Numerator: 571 Denominator: 1301 Rate: 43.9	Combo 10 Numerator: 316 Denominator: 1301 Rate: 24.3
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input checked="" type="checkbox"/> Numerator, <i>Explain</i> . To improve the accuracy of HEDIS immunization rates, BCBSAL matched data with the state's immunization registry.  However due to coding issues, HEDIS specifications were not strictly followed for the calculation of the Hepatitis B rate. (See Additional Notes/Comment on Measure) <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .	
Additional notes on measure: Claims data alone are insufficient for applying HEDIS specifications. Alternatively, we calculated childhood immunization rates by creating a list of children from CHIP enrollment data that meet the denominator definition to match against the state's immunization registry. This immunization information was used to calculate the separate and combination rates.		Additional notes on measure: Claims data alone are insufficient for applying HEDIS specifications. Alternatively, we calculated childhood immunization rates by creating a list of children from CHIP enrollment data that meet the denominator definition to match against the state's immunization registry. This immunization information was used to calculate the separate and combination rates.		Additional notes/comments on measure: (Numerator Continued) For Hepatitis B, we calculated the immunization rate by creating a list of children from CHIP enrollment data that met the denominator definition to match against the state's immunization registry.  Subsequently, combination rates were calculated using immunization registry data for Hepatitis B and HEDIS data for all other vaccines.	
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator:	

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

**MEASURE IMA-CH: Immunization Status for Adolescents**

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. Specify version of HEDIS® used: 2012  <input type="checkbox"/> Other. Explain:</p> <p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). Specify:  <input type="checkbox"/> Hybrid (claims and medical record data). Specify:  <input type="checkbox"/> Survey data. Specify:  <input checked="" type="checkbox"/> Other. Specify:  CHIP enrollment data and state immunization registry data</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2013  <input type="checkbox"/> Other. Explain:</p> <p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). Specify:  <input type="checkbox"/> Hybrid (claims and medical record data). Specify:  <input type="checkbox"/> Survey data. Specify:  <input checked="" type="checkbox"/> Other. Specify:  CHIP enrollment data and state immunization registry data</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2014  <input type="checkbox"/> Other. Explain:</p> <p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input checked="" type="checkbox"/> Immunization Registry  <input checked="" type="checkbox"/> Other. Specify: CHIP claims data  <input type="checkbox"/> Hybrid (Administrative and Medical Records Data)  From where is the Administrative Data coming?  <i>Must select one or more</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Immunization Registry  <input type="checkbox"/> Other. Specify:  From where is the Medical Records Data coming?  <i>Must select one:</i>  <input type="checkbox"/> Electronic Health Record (EHR) Data  <input type="checkbox"/> Paper  <input type="checkbox"/> Both (EHR and paper)  <input type="checkbox"/> Other: Specify:</p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Definitions are the same as HEDIS for the separate and combination measures.  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Definitions are the same as HEDIS for the separate and combination measures.  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p><b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor</p>

FFY 2012	FFY 2013	FFY 2014
		<input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	<b>Performance Measurement Data:</b> Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday	<b>Performance Measurement Data:</b> Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday
Meningococcal Numerator: 2321 Denominator: 4571 Rate: 50.8  Tdap/Td Numerator: 3311 Denominator: 4571 Rate: 72.4  Combination (Meningococcal, Tdap/Td) Numerator: 2245 Denominator: 4571 Rate: 49.1	Meningococcal Numerator: 2831 Denominator: 5050 Rate: 56.1  Tdap/Td Numerator: 4533 Denominator: 5050 Rate: 89.8  Combination (Meningococcal, Tdap/Td) Numerator: 2788 Denominator: 5050 Rate: 55.2	Meningococcal Numerator: 2161 Denominator: 4310 Rate: 50.1  Tdap/Td Numerator: 2591 Denominator: 4310 Rate: 60.1  Combination (Meningococcal, Tdap/Td) Numerator: 1933 Denominator: 4310 Rate: 44.8
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure: Claims data alone are insufficient for applying HEDIS specifications. Alternatively, we calculated childhood immunization rates by creating a list of children from CHIP enrollment data that meet the denominator definition to match against the state's immunization registry. This immunization information was used to calculate the separate and combination rates.	Additional notes on measure: Claims data alone are insufficient for applying HEDIS specifications. Alternatively, we calculated childhood immunization rates by creating a list of children from CHIP enrollment data that meet the denominator definition to match against the state's immunization registry. This immunization information was used to calculate the separate and combination rates.	Additional notes/comments on measure: To improve the accuracy of HEDIS immunization rates, BCBSAL matched data with the state's immunization registry.



FFY 2012	FFY 2013	FFY 2014
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:            Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:            Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:            Additional notes on measure:</p>

**Screening**

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      Data for BMI assessments are not comprehensive in the claims data of the health plan administrator, BCBSAL. ALL Kids does not currently conduct medical chart reviews or surveys to collect such data.</p>	<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      Data for BMI assessments are not comprehensive in the claims data of the health plan administrator, BCBSAL. ALL Kids does not currently conduct medical chart reviews or surveys to collect such data.</p>	<p><b>Did you Report on this Measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered                      Explain the partial population not covered:  <input checked="" type="checkbox"/> Data not available                      Explain why data not available  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy                      Please explain:  <input checked="" type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input checked="" type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)                      Enter specific sample size:  <input type="checkbox"/> Other. Explain:</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
Specify year of annual report in which data previously reported:	Specify year of annual report in which data previously reported:	
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: Specify:
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the

FFY 2012		FFY 2013		FFY 2014	
				measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No	
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>		<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>		<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	
<b>Performance Measurement Data:</b> Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		<b>Performance Measurement Data:</b> Percentage of children ages 3 to 17 that had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile for age and gender		<b>Performance Measurement Data:</b> Percentage of children ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile (BMI) for age and gender	
<u>3-11 years</u> Numerator: Denominator: Rate:  <u>12-17 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:	<u>3-11 years</u> Numerator: Denominator: Rate:  <u>12-17 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:	<u>3-11 years</u> Numerator: Denominator: Rate:  <u>12-17 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	
Additional notes on measure:		Additional notes on measure:		Additional notes/comments on measure:	
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	

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

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CAHMI  <input type="checkbox"/> Other. <i>Explain:</i></p> <p><b>Data Source:</b>  <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>  Claims data</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> OHSU  <input type="checkbox"/> Other. <i>Explain:</i></p> <p><b>Data Source:</b>  <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>  Claims Data</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> OHSU  <input type="checkbox"/> Other. <i>Explain:</i></p> <p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input checked="" type="checkbox"/> Other. <i>Specify:</i> CHIP claims data  <input type="checkbox"/> Hybrid (Administrative and Medical Records Data)  From where is the Administrative Data coming?  <i>Must select one or more</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  From where is the Medical Records Data coming?  <i>Must select one:</i>  <input type="checkbox"/> Electronic Health Record (EHR) Data  <input type="checkbox"/> Paper  <input type="checkbox"/> Both (EHR and paper)  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Numerator 1: Children in Denominator 1 who had a claim with CPT code 96110 by their first birthday.</p> <p>Numerator 2: Children in Denominator 2 who had a claim with CPT code 96110 after their first &amp; before or on their second birthday.</p> <p>Numerator 3: Children in Denominator 3 who had a claim with CPT code 96110 after their second &amp; before or on their third birthday.</p> <p>Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Num 1: Children in Den 1 who had a claim with CPT code 96110 by their first birthday.  Num 2: Children in Den 2 who had a claim with CPT code 96110 after their first and before or on their second birthdays.  Num 3: Children in Den 3 who had a claim with CPT code 96110 after their second and before or on their third birthdays.  Num 4: Children in entire eligible population who had a claim with CPT code 96110 in the 12 months preceding their 1st, 2nd or 3rd birthday (sum of numerators 1, 2 and 3).  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p><b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input checked="" type="checkbox"/> No</p>

FFY 2012	FFY 2013	FFY 2014
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> Percentage of children screened for risk development behavioral and social delays using a standardized tool in the 12 months preceding their first, second, or third birthday.	<b>Performance Measurement Data:</b> Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.	<b>Performance Measurement Data:</b> Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.
Children screened by 12 months of age Numerator: 83 Denominator: 482 Rate: 17.2  Children screened by 24 months of age Numerator: 196 Denominator: 1022 Rate: 19.2  Children screened by 36 months of age Numerator: 54 Denominator: 1252 Rate: 4.3	Children screened by 12 months of age Numerator: 138 Denominator: 739 Rate: 18.7  Children screened by 24 months of age Numerator: 230 Denominator: 1115 Rate: 20.6  Children screened by 36 months of age Numerator: 174 Denominator: 1484 Rate: 11.7	Children screened by 12 months of age Numerator: 116 Denominator: 673 Rate: 17.2  Children screened by 24 months of age Numerator: 327 Denominator: 1068 Rate: 30.6  Children screened by 36 months of age Numerator: 216 Denominator: 1346 Rate: 16.0
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 checked="" type="checkbox"/> Other, <i>Explain.</i> The administrative method was used to calculate this measure; however, the recommended validity assessment of the claims data was not conducted.	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 checked="" type="checkbox"/> Other, <i>Explain.</i> The administrative method was used to calculate this measure; however, the recommended validity assessment of the claims data was not conducted.	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:





**MEASURE CHL-CH: Chlamydia Screening in Women**

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

FFY 2012	FFY 2013	FFY 2014
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS® used below:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <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> Claims Data	<b>Data Source:</b> <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> Claims Data	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Other. <i>Specify:</i> CHIP claims data <input type="checkbox"/> Other: <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: At least one Chlamydia test during the measurement year as documented through administrative data. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: At least one Chlamydia test during the measurement year as documented through administrative data. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year	<b>Performance Measurement Data:</b> Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year	<b>Performance Measurement Data:</b> Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
Numerator: 986 Denominator: 3304 Rate: 29.8	Numerator: 1099 Denominator: 3687 Rate: 29.8	Numerator: 950 Denominator: 3165 Rate: 30.0

FFY 2012	FFY 2013	FFY 2014
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

**Well-child Care Visits (WCV)**

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

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

FFY 2012	FFY 2013	FFY 2014
<input 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>	<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>	<i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <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> Claims data	<b>Data Source:</b> <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> Claims Data	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Other. <i>Specify: CHIP claims data</i> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Seven separate numerators are calculated corresponding to the number of members who received zero,one, two, three, four, five and six or more well-child visits with a PCP during their first 15 months of life. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Seven separate numerators are calculated, corresponding to the number of children who received 0,1,2,3,4,5,6 or more well-child visits with a PCP during their first 15 months of life. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit

FFY 2012		FFY 2013		FFY 2014	
				<input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No	
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>	
<b>Performance Measurement Data:</b> Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life		<b>Performance Measurement Data:</b> Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life		<b>Performance Measurement Data:</b> Percentage of children who turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life	
<u>0 visits</u> Numerator: 6 Denominator: 555 Rate: 1.1  <u>1 visits</u> Numerator: 8 Denominator: 555 Rate: 1.4  <u>2 visits</u> Numerator: 7 Denominator: 555 Rate: 1.3  <u>3 visits</u> Numerator: 21 Denominator: 555 Rate: 3.8	<u>4 visits</u> Numerator: 54 Denominator: 555 Rate: 9.7  <u>5 visits</u> Numerator: 152 Denominator: 555 Rate: 27.4  <u>6+ visits</u> Numerator: 307 Denominator: 555 Rate: 55.3	<u>0 visits</u> Numerator: 13 Denominator: 822 Rate: 1.6  <u>1 visits</u> Numerator: 8 Denominator: 822 Rate: 1.0  <u>2 visits</u> Numerator: 9 Denominator: 822 Rate: 1.1  <u>3 visits</u> Numerator: 27 Denominator: 822 Rate: 3.3	<u>4 visits</u> Numerator: 77 Denominator: 822 Rate: 9.4  <u>5 visits</u> Numerator: 168 Denominator: 822 Rate: 20.4  <u>6+ visits</u> Numerator: 520 Denominator: 822 Rate: 63.3	<u>0 visits</u> Numerator: 7 Denominator: 910 Rate: .8  <u>1 visits</u> Numerator: 12 Denominator: 910 Rate: 1.3  <u>2 visits</u> Numerator: 10 Denominator: 910 Rate: 1.1  <u>3 visits</u> Numerator: 28 Denominator: 910 Rate: 3.1	<u>4 visits</u> Numerator: 56 Denominator: 910 Rate: 6.2  <u>5 visits</u> Numerator: 142 Denominator: 910 Rate: 15.6  <u>6+ visits</u> Numerator: 655 Denominator: 910 Rate: 72.0

FFY 2012	FFY 2013	FFY 2014
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

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



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

FFY 2012	FFY 2013	FFY 2014
		<input checked="" type="checkbox"/> No
<b>Date Range:</b> From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011	<b>Date Range:</b> From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012	<b>Date Range:</b> From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013
<b>Performance Measurement Data:</b> 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.	<b>Performance Measurement Data:</b> Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.	<b>Performance Measurement Data:</b> Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.
<u>1+ visits</u> Numerator: 3551 Denominator: 7636 Rate: 46.5	<u>1+ visits</u> Numerator: 4593 Denominator: 9074 Rate: 50.6	<u>1+ visits</u> Numerator: 4346 Denominator: 7684 Rate: 56.6
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

**MEASURE AWC-CH: Adolescent Well-Care Visit**

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012  <input type="checkbox"/> Other. <i>Explain:</i></p> <p><b>Data Source:</b>  <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>  Claims data</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013  <input type="checkbox"/> Other. <i>Explain:</i></p> <p><b>Data Source:</b>  <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>  Claims Data</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014  <input type="checkbox"/> Other. <i>Explain:</i></p> <p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input checked="" type="checkbox"/> Other. <i>Specify:</i> CHIP claims data  <input type="checkbox"/> Hybrid (Administrative and Medical Records Data)  From where is the Administrative Data coming?  <i>Must select one or more</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  From where is the Medical Records Data coming?  <i>Must select one:</i>  <input type="checkbox"/> Electronic Health Record (EHR) Data  <input type="checkbox"/> Paper  <input type="checkbox"/> Both (EHR and paper)  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: At least one or more comprehensive well-care visits with a PCP or OB/GYN practitioner during the measurement year. The PCP does not have to be assigned to the child.  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p><b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input checked="" type="checkbox"/> No</p>

FFY 2012	FFY 2013	FFY 2014
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.	<b>Performance Measurement Data:</b> Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.	<b>Performance Measurement Data:</b> Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.
Numerator: 7920 Denominator: 31831 Rate: 24.9	Numerator: 9932 Denominator: 35487 Rate: 28.0	Numerator: 9268 Denominator: 29835 Rate: 31.1
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

**Dental**

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

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

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

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

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

FFY 2012	FFY 2013	FFY 2014
<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received preventive dental services	<b>Performance Measurement Data:</b> Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services	<b>Performance Measurement Data:</b> Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:



Access

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

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

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<i>reported:</i>
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <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> Claims data	<b>Data Source:</b> <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> Claims Data	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Other. <i>Specify:</i> CHIP claims data <input type="checkbox"/> Other: <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: For 12-24 months and 25 months-6 years: One or more visits with a PCP during the measurement year; For 7-11 years and 12-19 years: One or more visits with a PCP during the measurement year or the year prior to the measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: For ages 12 to 24 months, ages 25 months to 6 years: One or more visits with a PCP during the measurement year. For ages 7 to 11 years, ages 12 to 19 years: One or more visits with a PCP during the measurement year or the year prior to the measurement year. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>

FFY 2012		FFY 2013		FFY 2014	
<b>Performance Measurement Data:</b> Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: <ul style="list-style-type: none"> <li>Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year</li> <li>Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ul>		<b>Performance Measurement Data:</b> Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: <ul style="list-style-type: none"> <li>Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year</li> <li>Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ul>		<b>Performance Measurement Data:</b> Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: <ul style="list-style-type: none"> <li>Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year</li> <li>Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ul>	
<u>12-24 months</u> Numerator: 858 Denominator: 871 Rate: 98.5	<u>7-11 years</u> Numerator: 12245 Denominator: 13929 Rate: 87.9	<u>12-24 months</u> Numerator: 1182 Denominator: 1212 Rate: 97.5	<u>7-11 years</u> Numerator: 12791 Denominator: 14255 Rate: 89.7	<u>12-24 months</u> Numerator: 1123 Denominator: 1139 Rate: 98.6	<u>7-11 years</u> Numerator: 11296 Denominator: 11811 Rate: 95.6
<u>25 months-6 years</u> Numerator: 7544 Denominator: 8816 Rate: 85.6	<u>12-19 years</u> Numerator: 21911 Denominator: 25581 Rate: 85.7	<u>25 months-6 years</u> Numerator: 9424 Denominator: 10579 Rate: 89.1	<u>12-19 years</u> Numerator: 23736 Denominator: 26869 Rate: 88.3	<u>25 months-6 years</u> Numerator: 8617 Denominator: 9133 Rate: 94.4	<u>12-19 years</u> Numerator: 21016 Denominator: 22440 Rate: 93.7
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	
Additional notes on measure:		Additional notes on measure:		Additional notes/comments on measure:	
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	

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

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

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

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

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

FFY 2012	FFY 2013	FFY 2014
<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received dental treatment services	<b>Performance Measurement Data:</b> Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services	<b>Performance Measurement Data:</b> Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

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

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



FFY 2012		FFY 2013		FFY 2014	
<1 year Numerator: 571 Denominator: 14105 Rate:	10 to 19 years Numerator: 16885 Denominator: 633767 Rate: 26.6	<1 year Numerator: 771 Denominator: 16928 Rate: 45.5	10 to 19 years Numerator: 19182 Denominator: 666182 Rate: 28.8	<1 year Numerator: 803 Denominator: 16478 Rate: 48.7	10 to 19 years Numerator: 17264 Denominator: 615598 Rate: 28.0
1 to 9 years Numerator: 9541 Denominator: 386013 Rate: 24.7	Total Numerator: 26997 Denominator: 1033885 Rate: 26.11	1 to 9 years Numerator: 11609 Denominator: 413545 Rate: 28.1	Total Numerator: 31562 Denominator: 1096667 Rate: 28.8	1 to 9 years Numerator: 10988 Denominator: 390489 Rate: 28.1	Total Numerator: 29055 Denominator: 1022565 Rate: 28.4
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	
Additional notes on measure:		Additional notes on measure: Please note that a correction has been made to the rate for 10-19 year olds for the FY 2012 CARTS report. The rate has been corrected to 26.6.		Additional notes/comments on measure:	
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	

**Inpatient**

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

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

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

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

FFY 2012	FFY 2013	FFY 2014
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	<b>Performance Measurement Data:</b> Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	<b>Performance Measurement Data:</b> Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
Pediatric Intensive Care Unit Numerator: Denominator: Rate:  Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate:  Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate:  Neonatal Intensive Care Unit Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

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

FFY 2012	FFY 2013	FFY 2014
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <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> Claims data	<b>Data Source:</b> <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> Claims Data	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Other. <i>Specify:</i> CHIP claims data <input type="checkbox"/> Other: <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: One face-to-face outpatient, intensive outpatient, or partial hospitalization within 30 days after the Initiation Phase Start Date; Continuation and Maintenance Phase: All members who have an Initiation Phase Visit in the first 30 days, and at least two follow-up visits from 31-300 days after the Initiation Phase Start Date. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: One face-to-face outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSD. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase	<b>Performance Measurement Data:</b> Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase	<b>Performance Measurement Data:</b> Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase

FFY 2012	FFY 2013	FFY 2014
<p>Initiation Phase Numerator: 498 Denominator: 1271 Rate: 39.2</p> <p>Continuation and Maintenance (C&amp;M) Phase: Numerator: 124 Denominator: 264 Rate: 47.0</p>	<p>Initiation Phase Numerator: 671 Denominator: 1548 Rate: 43.4</p> <p>Continuation and Maintenance (C&amp;M) Phase: Numerator: 215 Denominator: 413 Rate: 52.1</p>	<p>Initiation Phase Numerator: 509 Denominator: 1412 Rate: 36.0</p> <p>Continuation and Maintenance (C&amp;M) Phase: Numerator: 122 Denominator: 290 Rate: 42.1</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 checked="" type="checkbox"/> Other, <i>Explain.</i> Many of the ADHD medications are also used in the treatment of narcolepsy. In order to have a precise ADHD measure, children with narcolepsy were removed from the denominator and both indicators as specified under optional exclusions for this 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 checked="" type="checkbox"/> Other, <i>Explain.</i> Many of the ADHD medications are also used in the treatment of narcolepsy. In order to have a precise ADHD measure, children with narcolepsy were removed from the denominator and both indicators as specified under optional exclusions for this 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 checked="" type="checkbox"/> Other, <i>Explain.</i> Many of the ADHD medications are also used in the treatment of narcolepsy. In order to have a precise ADHD measure, children with narcolepsy were removed from the denominator and both indicators as specified under optional exclusions for this measure.</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

**Mental Health**

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

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



FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<i>reported:</i>
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <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> Claims data	<b>Data Source:</b> <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> Claims Data	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input checked="" type="checkbox"/> Other. <i>Specify:</i> CHIP claims data <input type="checkbox"/> Other: <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: 30 day follow-up: An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days after discharge; 7 day follow-up: an outpatient, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days after discharge. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: 30 Day follow-up: An outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days after discharge. 7 Day Follow-up: An outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days after discharge. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>

FFY 2012	FFY 2013	FFY 2014
<p><b>Performance Measurement Data:</b> Percentage of discharges for children aged 6 years and older that were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner</p>	<p><b>Performance Measurement Data:</b> Percentage of discharges for children ages 6 to 20 that were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge</p>	<p><b>Performance Measurement Data:</b> Percentage of discharges for children ages 6 to 20 who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge</p>
<p>7 Day Follow-Up Numerator: 99 Denominator: 296 Rate: 33.5</p> <p>30 Day Follow-Up Numerator: 187 Denominator: 296 Rate: 63.2</p>	<p>7 Day Follow-Up (children ages 6 to 20) Numerator: 132 Denominator: 341 Rate: 38.7</p> <p>30 Day Follow-Up (children ages 6 to 20) Numerator: 229 Denominator: 341 Rate: 67.2</p>	<p>7 Day Follow-Up (children ages 6 to 20) Numerator: 74 Denominator: 355 Rate: 20.8</p> <p>30 Day Follow-Up (children ages 6 to 20) Numerator: 147 Denominator: 355 Rate: 41.4</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

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

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

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

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

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

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

	<b>FFY 2013</b>	<b>FFY 2014</b>
	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: At least three HPV vaccinations, with different dates of service, on or between the beneficiary's 9th and 13th birthdays. HPV vaccines administered prior to a beneficiary's 9th birthday cannot be counted.</p> <p>Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> <p><b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes            If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input checked="" type="checkbox"/> No</p>
	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>
	<p><b>Performance Measurement Data:</b>            Percentage of females that turned 13 years old during the measurement year and had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday</p>	<p><b>Performance Measurement Data:</b>            Percentage of females who turned 13 years old during the measurement year and who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday</p>
	<p>Numerator: 348            Denominator: 2569            Rate: 13.5</p>	<p>Numerator: 272            Denominator: 2107            Rate: 12.9</p>
	<p><b>Deviations from Measure Specifications:</b>  <input type="checkbox"/> Year of Data, Explain   <input type="checkbox"/> Data Source, Explain   <input type="checkbox"/> Numerator, Explain   <input type="checkbox"/> Denominator, Explain   <input type="checkbox"/> Other, Explain</p>	<p><b>Deviations from Measure Specifications:</b>  <input type="checkbox"/> Year of Data, Explain   <input type="checkbox"/> Data Source, Explain   <input type="checkbox"/> Numerator, Explain   <input type="checkbox"/> Denominator, Explain   <input type="checkbox"/> Other, Explain</p>

	<b>FFY 2013</b>	<b>FFY 2014</b>
	<p>Additional notes/comments on measure: Claims data alone are insufficient for applying HEDIS specifications. Alternatively, we calculated immunization rates by creating a list of children from CHIP enrollment data that meet the denominator definition to match against the state's immunization registry. This immunization information was used to calculate the separate and combination rates. Revised data is reported this year using the correct denominator.</p>	<p>Additional notes/comments on measure:</p>
	<p><b>Other Performance Measurement Data:</b>            (If reporting with another methodology)            Numerator:            Denominator:            Rate:            Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>            (If reporting with another methodology)            Numerator:            Denominator:            Rate:            Additional notes on measure:</p>



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

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

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

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

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

**MEASURE MMA-CH: Medication Management for People with Asthma**

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

	<b>FFY 2013</b>	<b>FFY 2014</b>
	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used below: 2013 <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used below: 2014 <input type="checkbox"/> Other. Explain:
	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: Claims Data	<b>Data Source:</b> <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input checked="" type="checkbox"/> Other: Specify: CHIP claims data
	<b>Definition of Population Included in the Measure:</b> Definition of numerator: The number of beneficiaries who achieved a PDC of at least: 50% for their asthma controller medications during the measurement year 75% for their asthma controller medications 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 the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input checked="" type="checkbox"/> No
	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>

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

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

	<u>Remained on Asthma Medication for 50 Percent of Treatment Period</u>  <u>5-11 Years</u> Numerator: 458 Denominator: 813 Rate: 56.3 <u>12-18 Years</u> Numerator: 369 Denominator: 715 Rate: 51.6 <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: 824 Denominator: 1523 Rate: 54.1	<u>Remained on Asthma Medication for 75 Percent of Treatment Period</u>  <u>5-11 Years</u> Numerator: 54.1 Denominator: 813 Rate: 31.4 <u>12-18 Years</u> Numerator: 196 Denominator: 715 Rate: 27.2 <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: 448 Denominator: 1523 Rate: 29.4	<u>Remained on Asthma Medication for 50 Percent of Treatment Period</u>  <u>5-11 Years</u> Numerator: 343 Denominator: 634 Rate: 54.1 <u>12-18 Years</u> Numerator: 286 Denominator: 597 Rate: 47.9 <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: 629 Denominator: 1231 Rate: 51.1	<u>Remained on Asthma Medication for 75 Percent of Treatment Period</u>  <u>5-11 Years</u> Numerator: 170 Denominator: 634 Rate: 26.8 <u>12-18 Years</u> Numerator: 140 Denominator: 597 Rate: 23.4 <u>19-20 Years</u> Numerator: Denominator: Rate: <u>Total</u> Numerator: 310 Denominator: 1231 Rate: 25.1
	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, Explain  <input type="checkbox"/> Data Source, Explain  <input type="checkbox"/> Numerator, Explain  <input type="checkbox"/> Denominator, Explain  <input type="checkbox"/> Other, Explain	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, Explain  <input type="checkbox"/> Data Source, Explain  <input type="checkbox"/> Numerator, Explain  <input type="checkbox"/> Denominator, Explain  <input type="checkbox"/> Other, Explain		
	Additional notes/comments on measure: Enrollees may be covered through the end of the month of their 19th birthday. Five enrollees aged 19 years were included among the 12-18 year age group.	Additional notes/comments on measure:		

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

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

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

Yes  No

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2013	FFY 2014	Percent change FFY 2013-2014
CHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	113490	76407	-32.68

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

Beginning January 2014, AL CHIP transitioned approximately 23,000 enrollees to Medicaid through a CHIP Medicaid expansion as required by the Affordable Care Act.

Also in January 2014, AL CHIP began using a new eligibility and enrollment system. CHIP Medicaid expansion ever-enrolled data are not available at this time.

- The table below shows trends in the three-year averages for the number and rate of uninsured children in your state based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2011-2013. Significant changes are denoted with an asterisk (\*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2012 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	115	22.4	10.5	2.0
1998 - 2000	86	19.1	7.5	1.6
2000 - 2002	82	14.3	6.9	1.2
2002 - 2004	66	12.9	5.7	1.1

2003 - 2005	48	11.4	4.2	1.0
2004 - 2006	46	11.0	4.0	1.0
2005 - 2007	51	12.0	4.4	1.0
2006 - 2008	51	12.0	4.4	1.0
2007 - 2009	56	13.0	4.8	1.0
2008 - 2010	67	16.0	5.6	1.3
2009-2011	74	13.0	6.2	1.1
2010-2012	69	13.0	5.7	0
2013	38	6.0	3.2	.5
Percent change 1996-1998 vs. 2011-2013	-35.7%	NA	-41.0%	NA

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

The large percent decrease between the 1996-1998 and 2013 estimate is in part a result of CMS using American Community Survey (ACS) data for 2013 instead of CPS.

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

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

Yes (please report your data in the table below)

No (skip the rest of the question)

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

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

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

## SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2012 and FFY 2013) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2014).

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

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

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

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

### Goal:

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

### Type of Goal:

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

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

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

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

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

- **Provisional:** Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2014.

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

- **Final:** Check this box if the data you are reporting are considered final for FFY 2014.
- **Same data as reported in a previous year’s annual report:** Check this box if the data you are reporting are the same data that your state reported for the goal in another annual report. Indicate in which year’s annual report you previously reported the data.

### **Measurement Specification:**

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

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

#### **HEDIS® Version:**

Please specify HEDIS® Version (example 2011, 2012). This field must be completed only when a user select the HEDIS® measurement specification.

#### **“Other” measurement specification explanation:**

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

#### **Data Source:**

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

#### **Definition of Population Included in Measure:**

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

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

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

- check one box to indicate whether the data are for the CHIP population only, or include both CHIP and Medicaid (Title XIX) children combined.
- If the denominator reported is not fully representative of the population defined above (the CHIP population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator. For example, denominator includes only children enrolled in managed care in certain counties, technological limitations preventing reporting on the full population defined, etc.). Please report information on exclusions in the definition of the denominator (including the proportion of children excluded), The provision of this information is important and will provide CMS with a context so that comparability of denominators across the states and over time can occur.

### **Deviations from Measure**

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

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

The five types (and examples) of deviations are:

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

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

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

### **Date Range: available for 2014 CARTS reporting period.**

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

### **Performance Measurement Data (HEDIS® or Other):**

In this section, please report the numerators and denominators, rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or other methodologies. The form fields have been set up to

facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the “additional notes” section.

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

### **Explanation of Progress:**

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2015, 2016 and 2017. Based on your recent performance on the measure (from FFY 2012 through 2014), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

### **Other Comments on Measure:**

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



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

FFY 2012	FFY 2013	FFY 2014
<p><b>Goal #1 (Describe)</b> The percentage of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</p>	<p><b>Goal #1 (Describe)</b> The percentage of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</p>	<p><b>Goal #1 (Describe)</b> The percentage of low-income uninsured children will be maintained at less than or equal to 4% of all children in the state.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Because of the larger sample size and smaller sampling errors, Census recommends using the American Community Survey (ACS) for estimating state-level uninsurance rates. This goal has been revised to account for the use of ACS data.</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      U.S. Census Bureau Current Population Survey 3 year average 2009-2011 (coverage year)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      U.S. Census Bureau Current Population Survey 3-year average 2010-2012 (coverage year)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      U.S. Census Bureau American Community Survey 1 year estimate 2013 (coverage year)</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe."                       Definition of numerator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" below 300% FPL who are uninsured.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe."                       Definition of numerator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" below 300% FPL who are uninsured.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: The number of children less than 18 years of age in Alabama in the "Persons in Poverty Universe."                       Definition of numerator: The number of children less than 18 years of age in Alabama in the "Persons in Poverty Universe" below 300% FPL who are uninsured.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The rate of low-income uninsured children who are potentially eligible for Alabama CHIP or Medicaid.                       Numerator: 85000</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" below 300% FPL who are uninsured.</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percentage of low-income uninsured children in Alabama.                       Numerator: 41324                      Denominator: 1094482</p>

FFY 2012	FFY 2013	FFY 2014
Denominator: 1198000 Rate: 7.1	Numerator: 85000 Denominator: 1207000 Rate: 7	Rate: 3.8
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> The rate reported in the 2011 Annual Report (6.3) was lower than the rate reported for 2012 (7.1) despite ALL Kids having a 3.29% increase in the number of "ever enrolled" children during FY 2012.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> N/A</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> The rate reported in the 2012 Annual Report (7.1) is not significantly different that the rate reported for 2013 (7.0).</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> N/A</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> Since this year's data source is different from the source used in prior years, comparisons of the reported rate for this year to recent reported rates are not appropriate.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> N/A</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of low-income uninsured children will be equal to or less than 5% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2014:</b> The percentage of low-income uninsured children will be equal to or less than 5% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2015:</b> The percentage of low-income uninsured children will be equal to or less than 5% of all children in the state.</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on historical data.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2014:</b> The percentage of low-income uninsured children will be equal to or less than 5% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2015:</b> The percentage of low-income uninsured children will be equal to or less than 5% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2016:</b> The percentage of low-income uninsured children will be equal to or less than 5% of all children in the state.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> The percentage of low-income uninsured children will be equal to or less than 4% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2016:</b> The percentage of low-income uninsured children will be equal to or less than 4% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2017:</b> The percentage of low-income uninsured children will be equal to or less than 4% of all children in the state.</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on historical ACS data</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b> Based on historical data.	<b>Other Comments on Measure:</b>

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

FFY 2012	FFY 2013	FFY 2014
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>

FFY 2012	FFY 2013	FFY 2014
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2012	FFY 2013	FFY 2014
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>

FFY 2012	FFY 2013	FFY 2014
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to CHIP Enrollment**

FFY 2012	FFY 2013	FFY 2014
<p><b>Goal #1 (Describe)</b> The percentage of enrollees who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3% annually.</p>	<p><b>Goal #1 (Describe)</b> The percentage of enrollees who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3% annually.</p>	<p><b>Goal #1 (Describe)</b> The percentage of enrollees who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3% annually.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Omitted the word “children’s” from the phrase, “...do not renew their children’s ALL Kids coverage...” to make the goal clearer.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i>                      The state does not feel that the data is complete enough to give a true picture of the situation.</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: The number of ALL Kids enrollees who are due to renew and returned a renewal form.                       Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids but who did not renew for non-payment of premium.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: The number of ALL Kids enrollees who are due to renew and returned a renewal form.                       Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids but who did not renew for non-payment of premium.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator:                       Definition of numerator:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2011 To: (mm/yyyy) 09/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2012 To: (mm/yyyy) 09/2013</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percentage of ALL Kids enrollees who did not renew coverage due to nonpayment of premiums.                       Numerator: 2628                      Denominator: 77601                      Rate: 3.4</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percentage of ALL Kids enrollees who did not renew coverage due to nonpayment of premiums.                       Numerator: 3039                      Denominator: 81647                      Rate: 3.7</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                       Numerator:                      Denominator:                      Rate:</p>

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> The FY 2012 rate (3.4%) was slightly better than the FY 2011 rate (3.9%).</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> N/A</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> The FY 2013 rate (3.7%) was slightly higher than the FY 2012 rate (3.4%).</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> N/A</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p><b>Annual Performance Objective for FFY 2014:</b> The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p><b>Annual Performance Objective for FFY 2015:</b> The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2014:</b> The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p><b>Annual Performance Objective for FFY 2015:</b> The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p><b>Annual Performance Objective for FFY 2016:</b> The percentage of eligible renewal applicants who return a renewal application, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> <b>Annual Performance Objective for FFY 2016:</b></p> <p><b>Annual Performance Objective for FFY 2017:</b></p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>



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

FFY 2012	FFY 2013	FFY 2014
<p><b>Goal #2 (Describe)</b> The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p>	<p><b>Goal #2 (Describe)</b> The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p>	<p><b>Goal #2 (Describe)</b> The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                  : Because of the larger sample size and smaller sampling errors, Census recommends using the American Community Survey (ACS) for estimating state-level uninsurance rates. This goal has been revised to account for the use of ACS data.</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  U.S. Census Bureau Current Population Survey, 3-year average 2009-2011 (coverage years)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  U.S. Census Bureau Current Population Survey, 3-year average 2010-2012 (coverage years)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  U.S. Census Bureau American Community Survey 1 year estimate 2013 (coverage year)</p>
<p><b>Definition of Population Included in the Measure:</b>                   Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 300% FPL.                   Definition of numerator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 300% FPL and uninsured.</p>	<p><b>Definition of Population Included in the Measure:</b>                   Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 300% FPL.                   Definition of numerator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 300% FPL and uninsured.</p>	<p><b>Definition of Population Included in the Measure:</b>                   Definition of denominator: The number of children less than 18 years of age in Alabama in the "Persons in Poverty Universe" who are 137% to below 300% FPL.                   Definition of numerator: The number of children less than 18 years of age in Alabama in the "Persons in Poverty Universe" who are 137% to below 300% FPL and uninsured.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Performance Measurement Data:</b> Described what is being measured: The percentage of children within the ALL Kids income eligibility limits who are uninsured.</p> <p>Numerator: 39000 Denominator: 484000 Rate: 8.1</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The percentage of children within the ALL Kids income eligibility limits who are uninsured.</p> <p>Numerator: 38000 Denominator: 459000 Rate: 8.3</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The percentage of Alabama children eligible for ALL Kids but not enrolled.</p> <p>Numerator: 16647 Denominator: 329433 Rate: 5.1</p>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> The rate reported in the 2011 Annual Report (7.1) was slightly lower than the rate reported for 2012 (8.1) despite a 3.29% increase in the number of "ever enrolled" children during FY 2012.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> N/A</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> The rate reported in the 2012 Annual Report (8.1) was slightly lower than the rate reported for 2013 (8.3).</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> N/A</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> Since this year's data source is different from the source used in prior years, comparisons of the reported rate for this year to recent reported rates are not appropriate.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> N/A</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p> <p><b>Annual Performance Objective for FFY 2014:</b> The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2014:</b> The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p> <p><b>Annual Performance Objective for FFY 2015:</b> The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> The percentage of low-income uninsured children within the ALL Kids income range will be equal to or less than 6% of all children in the state within the same income range.</p> <p><b>Annual Performance Objective for FFY 2016:</b> The percentage of low-income uninsured children within the ALL Kids income range will be equal to or less than 6% of all children in the state within the same income range.</p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Annual Performance Objective for FFY 2015:</b> The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data</p>	<p><b>Annual Performance Objective for FFY 2016:</b> The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p><b>Annual Performance Objective for FFY 2017:</b> The percentage of low-income uninsured children within the ALL Kids income range will be equal to or less than 6% of all children in the state within the same income range.</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on historical ACS data.</p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>

FFY 2012	FFY 2013	FFY 2014
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to Medicaid Enrollment**

FFY 2012	FFY 2013	FFY 2014
<p><b>Goal #1 (Describe)</b> The percentage of children in the Alabama Medicaid income eligibility range (below 100% FPL) who are uninsured will be equal to or less than 15%.</p>	<p><b>Goal #1 (Describe)</b> The percentage of children in the Alabama Medicaid income eligibility range (below 100% FPL) who are uninsured will be equal to or less than 15%.</p>	<p><b>Goal #1 (Describe)</b> The percentage of children in the Alabama Medicaid income eligibility range who are uninsured will be equal to or less than 6%.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Because of the larger sample size and smaller sampling errors, Census recommends using ACS for estimating state-level uninsurance rates. This goal has been revised to account for the use of ACS data.</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      U.S. Census Bureau Current Population Survey, 3-year average 2009-2011 (coverage years)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      U.S. Census Bureau Current Population Survey, 3-year average 2010-2012 (coverage years)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      U.S. Census Bureau American Community Survey 1 year estimate 2013 (coverage year)</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: The number of children less than 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL.</p> <p>Definition of numerator: The number of children under 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL and uninsured.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: The number of children less than 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL.</p> <p>Definition of numerator: The number of children under 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL and uninsured.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: The number of children less than 18 years of age in the "Persons in Poverty Universe" who are below 137% FPL.</p> <p>Definition of numerator: The number of children under 18 years of age in the "Persons in Poverty Universe" who are below 137% FPL and uninsured.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Performance Measurement Data:</b> Described what is being measured: The percentage of children within Alabama Medicaid income eligibility limits who are uninsured.</p> <p>Numerator: 46000 Denominator: 288000 Rate: 16</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The percentage of children within Alabama Medicaid income eligibility limits who are uninsured.</p> <p>Numerator: 47000 Denominator: 292000 Rate: 16.1</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The percentage of Alabama children who are eligible for Medicaid but who are uninsured.</p> <p>Numerator: 24677 Denominator: 413202 Rate: 6</p>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> The rate reported in the 2011 Annual Report (13.4) was lower than the rate reported for 2012 (16.0).</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> N/A</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> The rate reported in the 2012 Annual Report (16.0) is not significantly different from the rate reported for 2013 (16.1).</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> N/A</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> Since this year's data source is different from the source used in prior years, comparisons of the reported rate for this year to recent reported rates are not appropriate.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> N/A</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. <b>Annual Performance Objective for FFY 2014:</b> The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. <b>Annual Performance Objective for FFY 2015:</b> The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2014:</b> The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. <b>Annual Performance Objective for FFY 2015:</b> The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%. <b>Annual Performance Objective for FFY 2016:</b> The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> The percentage of children in the Alabama Medicaid income eligibility range (below 137% FPL) who are uninsured will be equal to or less than 6%. <b>Annual Performance Objective for FFY 2016:</b> The percentage of children in the Alabama Medicaid income eligibility range (below 137% FPL) who are uninsured will be equal to or less than 6%. <b>Annual Performance Objective for FFY 2017:</b> The percentage of children in the Alabama Medicaid income eligibility range (below 137% FPL) who are uninsured will be equal to or less than 6%.</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on historical ACS data.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:



FFY 2012	FFY 2013	FFY 2014
<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b>  <b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2012	FFY 2013	FFY 2014
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>

FFY 2012	FFY 2013	FFY 2014
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b>  <b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Goal #1 (Describe)</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p>	<p><b>Goal #1 (Describe)</b> At least 95% of ALL Kids families report satisfaction with the availability of Physicians</p>	<p><b>Goal #1 (Describe)</b> At least 95% of ALL Kids families report satisfaction with the availability of Physicians</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Based on customer satisfaction with the provider network.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Based on customer satisfaction with the provider network.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Based on customer satisfaction with the provider network.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Conducted by Blue Cross Blue Shield of Alabama (BCBSAL)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Conducted by Blue Cross Blue Shield of Alabama (BCBSAL)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Survey conducted by BCBSAL</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL satisfaction survey indicating satisfaction (satisfied, very satisfied, completely satisfied).                      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: The number of families who responded to the BCBSAL satisfaction survey from among those included in the sample to be surveyed.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL satisfaction survey indicating satisfaction (satisfied and very satisfied).                      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: The number of families who responded to the BCBSAL satisfaction survey from among those included in the sample to be surveyed.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL satisfaction survey indicating satisfaction (satisfied and very satisfied).                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 12/2012 To: (mm/yyyy) 01/2013</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 09/2013 To: (mm/yyyy) 10/2013</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 09/2014 To: (mm/yyyy) 10/2014</b></p>

FFY 2012	FFY 2013	FFY 2014
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>
<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 62 Denominator: 65 Rate: 95.4</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 78 Denominator: 84 Rate: 92.9</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 96 Denominator: 102 Rate: 94.1</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> Results are stable given small sample size.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.</p> <p><b>Please indicate how CMS might be of assistance in</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> The rate reported in the 2012 Annual Report (95.4) is not significantly different than the rate reported for 2013 (92.9).</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> The rate reported in the 2013 Annual Report (92.9) is not significantly different than the rate reported for 2014 (94.1).</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.</p>

FFY 2012	FFY 2013	FFY 2014
<p><b>improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2013:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p><b>Annual Performance Objective for FFY 2014:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p><b>Annual Performance Objective for FFY 2015:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2014:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p><b>Annual Performance Objective for FFY 2015:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p><b>Annual Performance Objective for FFY 2016:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p><b>Annual Performance Objective for FFY 2016:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p><b>Annual Performance Objective for FFY 2017:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p><i>Explain how these objectives were set:</i> Based on historical data</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Goal #2 (Describe)</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p>	<p><b>Goal #2 (Describe)</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p>	<p><b>Goal #2 (Describe)</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Based on customer satisfaction with the provider network.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Explain: Based on customer satisfaction with the provider network.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Based on customer satisfaction with the provider network.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Survey conducted by BCBSAL.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Survey conducted by BCBSAL.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Survey conducted by BCBSAL.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL satisfaction survey indicating satisfaction (satisfied, very satisfied, completely satisfied).                      Definition of denominator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL satisfaction survey indicating satisfaction (satisfied and very satisfied).                      Definition of denominator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL satisfaction survey indicating satisfaction (satisfied and very satisfied).                      Definition of denominator:</p>

FFY 2012	FFY 2013	FFY 2014
<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: The number of families who responded to the BCBSAL satisfaction survey from among those included in the sample to be surveyed.	<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: The number of families who responded to the BCBSAL satisfaction survey from among those included in the sample to be surveyed.	<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:
<b>Date Range:</b> <b>From: (mm/yyyy) 12/2012 To: (mm/yyyy) 01/2013</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 09/2013 To: (mm/yyyy) 10/2013</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 09/2014 To: (mm/yyyy) 10/2014</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:
<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional note/commentss on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 50 Denominator: 53 Rate: 94.3  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 69 Denominator: 76 Rate: 90.8  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 75 Denominator: 87 Rate:  Additional notes on measure: 86.2,
<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> Results are stable given small sample size.	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> The rate reported in the 2012 Annual Report (94.3) is not significantly different than the rate reported for 2013 (90.8).	<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> The rate reported in the 2013 Annual Report (90.8) is not significantly different than the rate reported for 2014 (86.2).



FFY 2012	FFY 2013	FFY 2014
<p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2013:</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><b>Annual Performance Objective for FFY 2014:</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><b>Annual Performance Objective for FFY 2015:</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2014:</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><b>Annual Performance Objective for FFY 2015:</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><b>Annual Performance Objective for FFY 2016:</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> : At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><b>Annual Performance Objective for FFY 2016:</b> : At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><b>Annual Performance Objective for FFY 2017:</b> : At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><i>Explain how these objectives were set:</i> Based on historical data</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Goal #3 (Describe)</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p>	<p><b>Goal #3 (Describe)</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p>	<p><b>Goal #3 (Describe)</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i> Based on customer satisfaction with the provider network.</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Based on customer satisfaction with the provider network.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Based on customer satisfaction with the provider network.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> Based on customer satisfaction with the provider network.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Survey conducted by BCBSAL.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Survey conducted by BCBSAL.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Survey conducted by BCBSAL.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL satisfaction survey indicating satisfaction (satisfied, very satisfied, completely satisfied).                      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: The number of families who responded to the BCBSAL satisfaction survey from among those included in the sample to be surveyed.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL satisfaction survey indicating satisfaction (satisfied and very satisfied).                      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: The number of families who responded to the BCBSAL satisfaction survey from among those included in the sample to be surveyed.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL satisfaction survey indicating satisfaction (satisfied and very satisfied).                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>From: (mm/yyyy)</b> 12/2012 <b>To: (mm/yyyy)</b> 01/2013</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 09/2013 <b>To: (mm/yyyy)</b> 10/2013</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy)</b> 09/2014 <b>To: (mm/yyyy)</b> 10/2014</p>

FFY 2012	FFY 2013	FFY 2014
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p><b>Other Performance Measurement Data:</b></p> <p>Numerator: 48 Denominator: 49 Rate: 98</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 74 Denominator: 75 Rate: 98.7</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 75 Denominator: 79 Rate: 94.9</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b> Results are stable.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.</p> <p><b>Please indicate how CMS might be of assistance in</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b> The rate reported in the 2012 Annual Report (98.0) is not significantly different that the rate reported for 2013 (98.7).</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b> The rate reported in the 2013 Annual Report (98.7) is not significantly different that the rate reported for 2014 (94.9).</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ? ALL Kids has monthly meetings with the BCBSAL account staff where provider issues may be addressed.</p>

FFY 2012	FFY 2013	FFY 2014
<p><b>improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2013:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p><b>Annual Performance Objective for FFY 2014:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p><b>Annual Performance Objective for FFY 2015:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2014:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p><b>Annual Performance Objective for FFY 2015:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p><b>Annual Performance Objective for FFY 2016:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2015:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p><b>Annual Performance Objective for FFY 2016:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p><b>Annual Performance Objective for FFY 2017:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2012	FFY 2013	FFY 2014
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:
<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b>  <b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b></p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2012	FFY 2013	FFY 2014
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>

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



FFY 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b>  <b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b></p> <p><i>Explain how these objectives were set:</i></p>
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**Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)**

FFY 2012	FFY 2013	FFY 2014
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>

FFY 2012	FFY 2013	FFY 2014
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
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<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
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FFY 2012	FFY 2013	FFY 2014
Rate:  Additional notes on measure:	Rate:  Additional notes on measure:	Rate:  Additional notes on measure:
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<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

N/A

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]**

N/A

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]**

ALL Kids has contracted with the University of Alabama at Birmingham (UAB) for quality studies. Multiple studies are in the design and implementation process. Several studies are in the submission and review process.

A study entitled, "Can Increases in CHIP Copayments Reduce Program Expenditures on Prescription Drugs?" was published in Medicare & Medicaid Research Review which examined the impact of copayments upon prescription drug expenditures.

The results of this study show that copayment increases reduce program expenditures on prescription drugs per enrollee and may be a useful tool for controlling program costs.

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]**

Other quality studies with UAB include: impact of adverse selection upon enrollment and re-enrollment in CHIP, relationship between having a usual source of care upon avoidable ED visits and unnecessary hospitalizations, impact of adherence to ADHD quality guidelines on injuries, impact of preventive dental care to improve long-term dental outcomes and characterizing high-cost infants and children.

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

The attached file pertains to the relationship between copayments and program expenditures on prescription drugs.

### SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

#### A. OUTREACH

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

No changes were made in outreach during this reporting period. The ALL Kids program continues to distribute applications and program materials.

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

Many families learn of the program through word-of-mouth. In addition, many community partners and agencies educate families about ALL Kids and Medicaid. Community partners continue to serve as a great resource in reaching low-income and uninsured children in the state.

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

Both word-of-mouth and community partner education.

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

Yes

No

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

5. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? [5] 93

(Identify the data source used). [7500]  
American Community Survey

#### B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Table 1.

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

	List all exemptions to imposing the period of uninsurance [1000]	
	<input type="checkbox"/>	N/A

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

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

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

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

4. Do you track the number of individuals who have access to private insurance? \_

- Yes  
 No

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

### C. ELIGIBILITY

This subsection should be completed by all states. Medicaid Expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A.

#### Section IIIC: Subpart A: Eligibility Renewal and Retention

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

If yes

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

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

2. Select the measures from those below that your state employ to simplify an eligibility renewal and retain eligible children in CHIP?

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families TEST
- How many notices are sent to the family prior to disenrolling the child from the program? [500]  
Families receive a renewal packet as well as one reminder letter.
  - 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]  
Families receive a renewal packet two months prior to the date of renewal as well as one reminder letter 30 days prior to the renewal date.

Other, please explain: [500]

To assist families further, ALL Kids offers the option to pay annual premiums in installments. Additionally, families may use a credit or debit card either on-line or by phone to pay premiums. Families who owe premiums receive an invoice every 3 months. Families may also renew by telephone.

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

Offering families the option to pay premiums on-line or by phone appears to be an effective strategy. While all of the above strategies assist families with renewal, ALL Kids has not conducted an evaluation to determine which strategy is the most effective.

**Section IIIC: Subpart B: Eligibility Data**

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

States are required to report on all questions (1,2,2.a.,2.b., and 2.c) in FFY 2014. Please enter the data requested in the table below and the template will tabulate the requested percentages.

	Number	Percent
1. Total number of title XXI applicants	000000	100
2. Total number of application denials		
a. Total number of procedural denials		
b. Total number of eligibility denials		
i. Total number of applicants denied for title XXI and enrolled in title XIX		
c. Total number of applicants denied for other reasons Please indicate: (Check here if there are no additional categories <input checked="" type="checkbox"/> )		



3. Please describe any limitations or restrictions on the data used in this table: Please disregard the "000000" figure in Table 1, #1 above. This figure was input in order to be able to provide the information in the next paragraph.
- 4.
5. Beginning January 2014, ALL Kids, Alabama's CHIP, began using a new enrollment and eligibility system to determine eligibility using MAGI methodology. Due to reporting limitations associated with this system, the state is not able to report eligibility data as specified at this time.

**Definitions:**

1. The "total number of title XXI applicants," including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2014. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI eligibility determination made in FFY 2014 (e.g., an application that was determined eligible in September 2014, but coverage was effective October 1, 2014 is counted in FFY 2014).
2. The "the total number of denials" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2014. This definition only includes denials for title XXI at the time of initial application (not redetermination).
  - a. The "total number of procedural denials" is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2014 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
  - b. The "total number of eligibility denials" is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2014 (i.e., income too high, income too low for title XXI referred for Medicaid eligibility determination/determined Medicaid eligible, obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.)
    - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
  - c. The "total number of applicants denied for other reasons" is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

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

For this table, reporting is required for FFY 2014.

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

	Number	Percent			
1. Total number of children who are eligible to be redetermined		100%			
2. Total number of children screened for redetermination			100%		
3. Total number of children retained after the redetermination process					
4. Total number of children disenrolled from title XXI after the redetermination process				100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures					

b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria					100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/> )					
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/> )					
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and this data is not relevant check here <input type="checkbox"/> )					
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/> )					
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/> )					

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data.
- Beginning January 2014, ALL Kids, Alabama's CHIP, began using a new enrollment and eligibility system to determine eligibility using MAGI methodology. Due to reporting limitations associated with this system, the state is not able to report eligibility data as specified at this time.

**Definitions:**

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2014, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total number may include children whose eligibility can be renewed through administrative redeterminations, whereby the State sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes. This total may also include ex parte redeterminations, the process when a State uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the State for redetermination in FFY 2014 (i.e., those children whose families have

returned redetermination forms to the State, as well as administrative redeterminations and ex parte redeterminations).

3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2014.
4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2014. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2014 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
  - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
  - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

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

**Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XXI, Second Quarter FFY 2014**

The purpose of this table is to measure title XXI enrollees’ duration, or continuity, of public coverage (title XIX and title XXI). This information is required by CHIPRA, Section 402(a). **Reporting is required in 2014, with states identifying newly enrolled children in the second quarter of FFY 2014 (January, February, and March of 2014). If your eligibility system already has the capability to track a cohort of enrollees over time, an additional “flag” or unique identifier may not be necessary.**

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

**Instructions:** For this prospective duration measure, please identify newly enrolled children in title XXI in the second quarter of FFY 2014, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2014 must have birthdates after July 1997 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18<sup>th</sup> month of coverage. Similarly, children enrolled in February 2014 must have birthdates after August 1997, and children enrolled in March 2014 must have birthdates after September 1997. Each child newly enrolled during this time frame needs a unique identifier or “flag” so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional “flag” or unique identifier may not be necessary. Please follow the child based on the child’s age category at the time of enrollment (e.g., the child’s age at enrollment creates an age cohort that does not change over the 18 month time span). Please enter the data requested in the table below and the template will tabulate the percentages. **Only enter a “0” (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

Specify how your “newly enrolled” population is defined:

**Not Previously Enrolled in CHIP or Medicaid**—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2014, he/she would not be enrolled in either title XXI or title XIX in December 2013, etc.)

**Not Previously Enrolled in CHIP**—“Newly enrolled” is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2014, he/she would not be enrolled in title XXI in December 2013, etc.)

Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2014	6820	100%	551	100%	2082	100%	2775	100%	1412	100%
<b>Enrollment Status 6 months later</b>										
2. Total number of children continuously enrolled in title XXI	6773	99.31	548	99.46	2065	99.18	2753	99.21	1407	99.65
3. Total number of children with a break in title XXI	1	0.01	0		0		1	0.04	0	

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	46	0.67	3	0.54	17	0.82	21	0.76	5	0.35
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"/> )										
<b>Enrollment Status 12 months later</b>										
5. Total number of children continuously enrolled in title XXI										
6. Total number of children with a break in title 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"/> )										
<b>Enrollment Status 18 months later</b>										
8. Total number of children continuously enrolled in title XXI										
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
10. Total number of children disenrolled from title XXI										
10.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )										

**Definitions:**

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2014” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
  
2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who were continuously enrolled through the end of June 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who were continuously enrolled through the end of July 2014

+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who were continuously enrolled through the end of August 2014

3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2014
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2014
- 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.
4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were disenrolled by the end of June 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were disenrolled by the end of July 2014
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were disenrolled by the end of August 2014
- 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.
5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of December 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of January 2015
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of February 2015
6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and then re-enrolled in title XXI by the end of December 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and then re-enrolled in title XXI by the end of January 2015
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and then re-enrolled in title XXI by the end of February 2015
- 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.
7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1997, who were enrolled in January 2014 and were disenrolled by the end of December 2014
  - + the number of children with birthdates after August 1997, who were enrolled in February 2014 and were disenrolled by the end of January 2015

- + the number of children with birthdates after September 1997, who were enrolled in March 2014 and were disenrolled by the end of February 2015
- 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.
8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
- the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of June 2015
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of July 2015
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of August 2015
9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
- the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2015
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2015
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2015
- 9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.
10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
- the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and disenrolled by the end of June 2015
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and disenrolled by the end of July 2015
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and disenrolled by the end of August 2015
- 10.a. From the population in #10, provide the total number of children who are enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.



## D. COST SHARING

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?
  - a. Cost sharing is tracked by:
    - Enrollees (shoebox method)  
If the state uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**  
CHIP staff and partners are trained to educate families about the limit on out of pocket expenses. Families are encouraged to keep receipts for all copayments and premiums so that once the out of pocket maximum is reached they will have the necessary documentation to stop cost-sharing. If a family reaches this limit and notifies the ALL Kids program, ALL Kids will review the case and if the limit has been reached new insurance cards are issued stating that the child(ren) are not subject to further co-pays for the coverage period.
    - Health Plan(s)
    - State
    - Third Party Administrator
    - N/A (No cost sharing required)
    - Other, please explain. **[7500]**
2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? **[7500]**  Yes  No
3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**  
] Enrollees who have met the out-of-pocket expense maximum are issued new insurance cards on which the words "NO FEE" are printed. Providers generally ask for insurance cards to be presented at the time of service. In addition, providers may access online benefit information for enrollees to obtain cost-sharing information.
4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the state's CHIP program during the federal fiscal year. **[500]**  
Zero
5. Has your state undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?  
 Yes  
 No  
  
If so, what have you found? **[7500]**
6. Has your state undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?  
 Yes  
 No  
  
If so, what have you found? **[7500]**
7. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment,

disenrollment, and utilization of children's health services in CHIP. If so, what have you found? **[7500]**

No increases or decreases were made to cost-sharing during the reporting period.

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

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

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

#### **Children**

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

#### **Adults**

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

6. Does the program provide wrap-around coverage for benefits?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes  No

If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum [7500]?

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

\_\_\_\_\_ Number of childless adults ever-enrolled during the reporting period  
\_\_\_\_\_ Number of adults ever-enrolled during the reporting period  
\_\_\_\_\_ Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2014

Children \_\_\_\_\_  
Parents \_\_\_\_\_

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

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

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

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

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

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

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

Children	Low	High
Parents	Low	High

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

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

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

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

- Yes
- No

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

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

- Yes
- No

22. Can you cap enrollment for your program?

- Yes  
 No

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

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

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

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

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

Please explain: **[7500]**

Written complaints of fraud and abuse in the applicant enrollment process are addressed by the ALL Kids Program Integrity Unit. With regard to fraud and abuse within the provider sector, CHIP contracts with BCBSAL, its sole health plan administrator, to prevent fraud and abuse, and investigate cases of suspected fraud and abuse.

Written complaints of fraud and abuse in the applicant enrollment process are addressed on a case by case basis, as these occur very infrequently and usually each case has its own unique circumstances. When a case is referred to ALL Kids, the complaint is received and the initial, internal research on the applicant or enrollee is conducted by the ALL Kids Program Integrity Unit. This research is conducted within a ten business day time period. Some suspected fraud and abuse cases are subject to a committee type review by the Director of Program Integrity, Director of Program Operations and Professional Services Division, Director of Program Services, and/or the Director of the Eligibility Unit. The office of ADPH General Counsel is involved as needed.

There are several general steps which are relevant to each case investigated:

1. Conduct research in the CHIP Eligibility System to determine eligibility standards to enroll the applicant/enrollee.
2. Review the most current application on file.
3. Review the MSIQ Medicaid database for any applicable information.
4. Complete a summary of events to include complete names and dates.
5. Maintain a file of written complaints received by fiscal year.

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

- Yes

No

Please Explain: **[500]**

ALL Kids does not contract with any managed health care plans. BCBSAL has written plans, however, BCBSAL is not a managed health care plan.

2. For the reporting period, please report the

<u>2</u>	Number of fair hearing appeals of eligibility denials
<u>1</u>	Number of cases found in favor of beneficiary

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

a. Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

b. Provider Billing

66 Number of cases investigated

7 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

13 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

Written complaints of fraud and abuse in the applicant enrollment process are addressed by the ALL Kids Program Integrity Unit. However, for the provider sector, ALL Kids contracts with BCBSAL, its sole health plan administrator, to prevent fraud and abuse, and investigate cases of suspected fraud

and abuse. Monthly meetings are held with the contractor where issues are discussed.

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

Yes

No

Please explain: [500]

BCBSAL has an active anti-fraud and abuse program to ensure the integrity of benefit administration. The mission of the Network Integrity and Healthcare Analytics unit is to develop and continuously improve upon a comprehensive anti-fraud function, which will focus on the prevention, detection, investigation and resolution of fraud and abuse.

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

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

Explain: [7500]

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

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

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

State: AL	Age Group							
	FFY: 2014	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total individuals enrolled for at least 90 continuous	80726	858	4772	8957	17240	26651	22248	

days <sup>1</sup>							
<b>Total Enrollees Receiving Any Dental Services<sup>2</sup> [7]</b>	41322	2	977	5040	10431	14327	10545
<b>Total Enrollees Receiving Preventive Dental Services<sup>3</sup></b>	38830	1	778	4789	9944	13667	9651
<b>Total Enrollees Receiving Dental Treatment Services<sup>4</sup></b>	15774	0	78	1435	4424	5103	4734

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

<sup>2</sup> **Total Eligibles Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days 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).

<sup>3</sup> **Total Eligibles Receiving Preventive Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days 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).

<sup>4</sup> **Total Eligibles Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days and receiving at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (CDT codes D2000 - D9999).

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

**b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth<sup>5</sup>? [7]**



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

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

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

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

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

## H. CHIPRA CAHPS REQUIREMENT

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

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

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

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

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

If No, Explain Why:

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

- Service not covered
- Population not covered

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

- Data not available

Explain why data not available

- Budget constraints
- Staff constraints
- Data inconsistencies/accuracy

Please explain:

- Data source not easily accessible

*Select all that apply:*

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

- Information not collected.

*Select all that apply:*

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

- Other:

- Small sample size (less than 30).

*Enter specific sample size:*

- Other. *Explain:*

### **Definition of Population Included in the Survey Sample:**

Definition of Population Included in the Survey Sample:

- Denominator includes CHIP (Title XXI) population only.
  - Survey sample includes CHIP Medicaid Expansion population.
  - Survey sample includes Separate CHIP population.
  - Survey sample includes Combination CHIP population.

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

No M-CHIP enrollees met the sampling criteria.

### **Which Version of the CAHPS® Survey was Used?**

- CAHPS® 5.0
- CAHPS® 5.0H
- Other.

*Explain:*

### **Which Supplemental Item Sets were Included in the Survey?**

- No supplemental item sets were included
- CAHPS Item Set for Children with Chronic Conditions
- Other CAHPS Item Set. Explain: CAHPS Item Set for Children with Chronic Conditions; Dental; Access to Specialist Care; Care Coordination

**Which Administrative Protocol was Used to Administer the Survey?**

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

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = Federal Fiscal Year 2014. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED CHIP PLAN

	2014	2015	2016
<b>Benefit Costs</b>			
Insurance payments			
Managed Care			
Fee for Service	153362639	144218381	159341304
<b>Total Benefit Costs</b>	153362639	144218381	159341304
(Offsetting beneficiary cost sharing payments)	-3802841	-3856264	-4099913
<b>Net Benefit Costs</b>	\$ 149559798	\$ 140362117	\$ 155241391

### Administration Costs

Personnel	4130272	4242244	4454356
General Administration	2196066	2400823	2145864
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	200567	500000	500000
Other (e.g., indirect costs)	393536	856933	899780
Health Services Initiatives			
<b>Total Administration Costs</b>	6920441	8000000	8000000
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	16617755	15595791	17249043

<b>Federal Title XXI Share</b>	121553850	116152701	127801685
<b>State Share</b>	34926389	32209416	35439706

<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	156480239	148362117	163241391
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2. What were the sources of non-federal funding used for state match during the reporting period?

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

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

No

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

	2014		2015		2016	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care		\$		\$		\$
Fee for Service	57930	\$ 195	63661	\$ 198	64622	\$ 207

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

Expenditures are for the separate CHIP Program. Federal funds for M-CHIP are awarded to the Medicaid program. PMPM in #4 above reflects rounded figures.

## SECTION V: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

During FY 2014, the State Health Officer continued to lead transformation activities for the Alabama Medicaid Agency as well direct the Alabama Department of Public Health (ADPH) in which ALL Kids is located. To meet requirements of the Affordable Care Act, ADPH implemented a new joint CHIP/Medicaid eligibility and enrollment system. This system interacts with the Federally Facilitated Marketplace and the Federal Data Hub. To ensure "no wrong door" application processing, eligibility determinations for both ALL Kids and Medicaid are performed by staff in both agencies. In addition, call center staff in both agencies provide information on both programs and have the ability to assist the caller with completion of a telephone application.

Although state budgets were lean, CHIP received sufficient state funding for FY 2014.

Alabama CHIP has implemented all of the mandated Affordable Care Act changes. However, the state chose not to implement the optional adult Medicaid expansion.

Medicaid is currently preparing to transition to a new delivery/payment system of care.

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

The three greatest challenges faced by CHIP during FY 2014 were:

- Implementing the changes in eligibility and enrollment mandated by the Affordable Care Act.
- Implementing the new, joint CHIP/Medicaid Eligibility and Enrollment System which interacts with the FFM.
- Meeting the increased demand in the area of customer service.

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

- Implementation of Affordable Care Act required changes.
- Implementation of a new, joint CHIP/Medicaid Eligibility and Enrollment System and new paper application.
- Meeting vastly increased demands for customer service assistance.
- Continued, beyond grant funding, Covering Alabama Kids and Families Project.

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]**

Continue to enhance and refine the new, joint CHIP/Medicaid Eligibility and Enrollment System and move forward with inclusion of the Medicaid Elderly and Disabled Program.

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