

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

## **Preamble**

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

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

The framework is designed to:

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

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

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

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

**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: 2010 *Note: Federal Fiscal Year 2009 starts 10/1/08 and ends 9/30/09.*

Contact Person/Title: Cathy Caldwell

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Submission Date: 12/30/2010

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

		CHIP Medicaid Expansion Program				Separate Child Health Program				
* Upper % of FPL are defined as <u>Up to and Including</u>										
<b>Gross or Net Income: ALL Age Groups as indicated below</b>										
		Is income calculated as gross or net income?	<input type="checkbox"/>	Income Net of Disregards	Is income calculated as gross or net income?	<input type="checkbox"/>		Gross Income		
						<input checked="" type="checkbox"/>		Income Net of Disregards		
Eligibility					From		% of FPL conception to birth		% of FPL *	
	From		% of FPL for infants		% of FPL *	From	134	% of FPL for infants	300	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	134	% of FPL for children ages 1 through 5	300	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	101	% of FPL for children ages 6 through 16	300	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	101	% of FPL for children ages 17 and 18	300	% of FPL *
					From		% of FPL for pregnant women ages 19 and above		% of FPL *	

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

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? <b>[1000]</b>	<input checked="" type="checkbox"/>	Yes, for whom and how long? <b>[1000]</b> If a parent submits an application for an eligible newborn within 60 days after the birth, coverage can be retroactive to the date of birth.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Please check all the methods of application utilized by your state.	<input type="checkbox"/>	Mail-in application	<input checked="" type="checkbox"/>	Mail-in application
	<input type="checkbox"/>	Phoned-in application	<input type="checkbox"/>	Phoned-in application
	<input type="checkbox"/>	Program has a web-based application that can be printed, completed, and mailed in	<input checked="" type="checkbox"/>	Program has a web-based application that can be printed, completed, and mailed in
	<input type="checkbox"/>	Applicant can apply for your program on-line	<input checked="" type="checkbox"/>	Applicant can apply for your program on-line
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input checked="" type="checkbox"/>	Electronic signature is required
		<input type="checkbox"/>	No Signature is required	

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			3	
			<p>To which groups (including FPL levels) does the period of uninsurance apply? <b>[1000]</b></p> <p>All</p> <p>List all exemptions to imposing the period of uninsurance <b>[1000]</b></p> <p>1. Involuntary loss of group coverage.  2. Termination of individual coverage policy.  3. Termination of COBRA policy.  4. Exhaustion of benefits in a group plan.</p>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

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

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			12	
	Explain circumstances when a child would lose eligibility during the time period in the box below [1000]		Explain circumstances when a child would lose eligibility during the time period in the box below [1000]	
		1. If termination is requested by a parent. 2. If the child moves out of the state; 3. If the child turns 19 years of age; or, 4. If the child becomes enrolled in Medicaid.		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No			<input type="checkbox"/>	No		
	<input type="checkbox"/>	Yes			<input checked="" type="checkbox"/>	Yes		
	Enrollment fee amount				Enrollment fee amount			
	Premium amount				Premium amount			
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Premium Amount				Premium Amount			
	Range from	Range to	From	To	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL	\$50	\$ 50	% of FPL 101	% of FPL 150
	\$	\$	% of FPL	% of FPL	\$50	\$ 50	% of FPL 134	% of FPL 150
	\$	\$	% of FPL	% of FPL	\$100	\$ 100	% of FPL 151	% of FPL 300
	\$	\$	% 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	\$150	\$150	% of FPL 101	% of FPL 150
	\$	\$	% of FPL	% of FPL	\$150	\$150	% of FPL 134	% of FPL 150
	\$	\$	% of FPL	% of FPL	\$300	\$300	% of FPL 151	% of FPL 300
	\$	\$	% 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]			

		Children in families with incomes up to and including 150% FPL pay an annual premium of \$50/child not to exceed \$150/family. Children in families with incomes above 150% FPL pay an annual premium of \$100/child not to exceed \$300/family. Native Americans pay no premiums or co-pays.
<input type="checkbox"/>	N/A	<input type="checkbox"/> N/A

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

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

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

Does your program require income disregards? <b>(Note: if you checked off net income in the eligibility question, you must complete this question)</b>	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
	If Yes, please describe below <b>[1000]</b>	
	If Yes, please describe below <b>[1000]</b>	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Three disregards are applied to the monthly family income when applicable: (1) \$90 for each working adult applied to earned income; (2) up to \$50 of child support payments received; and, (3) up to \$200 and \$175 for each child or dependent adult in day care for ages 0-23 months and 2 years and over, respectively.

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 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 providers receive a fee for service reimbursement except for federally qualified health centers and rural health clinics which are reimbursed using a prospective payment system.
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Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input checked="" type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

**Comments on Responses in Table:**

- 2. Is there an assets test for children in your Medicaid program?  Yes  No  N/A
- 3. Is it different from the assets test in your separate child health program?  Yes  No  N/A
- 4. Are there income disregards for your Medicaid program?  Yes  No  N/A
- 5. Are they different from the income disregards in your separate child health program?  Yes  No  N/A
- 6. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program?  Yes  No  N/A
- 7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP?  Yes  No  N/A
- 8. Indicate what documentation is required at initial application for

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



Use of Income Disregards




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

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

t) Expansion to "Lawfully Residing" pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Pregnant Women State Plan Expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
x) Other – please specify						
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Application documentation requirements	
d) Benefits	
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process	

i) Implementing an enrollment freeze and/or cap	
j) Eligibility levels / target population	Beginning October 1, 2009, the upper level for income eligibility was raised from 200% FPL to 300% FPL.
k) Assets test in Medicaid and/or CHIP	
l) Income disregards in Medicaid and/or CHIP	
m) Eligibility redetermination process	
n) Enrollment process for health plan selection	
o) Family coverage	
p) Outreach	Beginning October 1, 2009, the upper level for income eligibility was raised from 200% FPL to 300% FPL. In response to this increase, ALL Kids directed more targeted outreach and education toward families in the new eligibility range (200% FPL-300% FPL).
q) Premium assistance	
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
s) Expansion to "Lawfully Residing" children	
t) Expansion to "Lawfully Residing" pregnant women	
u) Pregnant Women State Plan Expansion	
v) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	

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

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

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

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

### SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

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

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



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

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

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

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

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

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

**Status of Data Reported:**

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

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

**Measurement Specification:**

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

**Data Source:**

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

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

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

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

**Year of Data:**

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

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

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

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

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

**Explanation of Progress:**

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2011, 2012, and 2013. Based on your recent performance on the measure (from FFY 2008 through 2010), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

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

**Other Comments on Measure:**

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

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

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

**Category I - PREVENTION AND HEALTH PROMOTION**  
**Prenatal/Perinatal**

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

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 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 goal?</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 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 goal?</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 the timeliness of prenatal visits are not comprehensive in the claims data of our health plan administrator, Blue Cross Blue Shield of Alabama(BCBSAL). ALL Kids does not currently conduct medical chart reviews or surveys to collect such data.</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>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>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"/> 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 version of HEDIS used:</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 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 (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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>

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

**MEASURE 2: Frequency of Ongoing Prenatal Care**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 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 goal?</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 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 goal?</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 the frequency of prenatal visits are not available through administrative data (claims data) and ALL Kids does not currently conduct medical chart reviews or surveys to collect such data.</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>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>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"/> 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 version of HEDIS used:</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 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 (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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>

FFY 2008	FFY 2009	FFY 2010
<p><b>HEDIS Performance Measurement Data:</b>            Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits:</p> <ul style="list-style-type: none"> <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>	<p><b>HEDIS Performance Measurement Data:</b>            Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits:</p> <ul style="list-style-type: none"> <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>	<p><b>HEDIS Performance Measurement Data:</b>            Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits:</p> <ul style="list-style-type: none"> <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>
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> Additional notes on measure:	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> Additional notes on measure:	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> Additional notes on measure:
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b> Recommendations and/or guidance from CMS would be welcomed to assist in enhancing ALL Kids' ability to report on this measure.</p>		

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

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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 on low birth weight are not available through claims data and ALL Kids does not currently conduct medical record reviews or surveys to collect such data.</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>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>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"/> 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 version of HEDIS used:</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 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 (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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>
<p><b>Performance Measurement Data:</b>                      Percent of live births weighing less than 2,500 grams</p>	<p><b>Performance Measurement Data:</b>                      Percent of live births weighing less than 2,500 grams</p>	<p><b>Performance Measurement Data:</b>                      Percent of live births weighing less than 2,500 grams</p>
<p>Numerator:                      Denominator:                      Rate:</p>	<p>Numerator:                      Denominator:                      Rate:</p>	<p>Numerator:                      Denominator:                      Rate:</p>



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

**MEASURE 4: Cesarean rate for nulliparous singleton vertex**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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 regarding nulliparas cesarean sections with vertex presentations are not available in claims data and ALL Kids does not currently conduct medical record reviews or surveys to collect such data.</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>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>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"/> 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 version of HEDIS used:</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 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 (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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>

FFY 2008	FFY 2009	FFY 2010
<b>Performance Measurement Data:</b> Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	<b>Performance Measurement Data:</b> Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	<b>Performance Measurement Data:</b> Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2011:</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<b>Other Comments on Measure:</b> Recommendations and/or guidance from CMS would be welcomed to assist in enhancing ALL Kids' ability to report on this measure.		

**Immunizations**

**MEASURE 5: Childhood Immunization Status**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>                      BCBSAL tracks immunizations provided to ALL Kids enrollees in previous BCBSAL plans in which the children may have been enrolled. However, BCBSAL cannot track immunizations that are administered by providers and public health facilities, which do not bill BCBSAL. Due to the fact that so many ALL Kids enrollees may receive immunizations in public health facilities or through providers which do not bill BCBSAL, ALL Kids is not able to provide an inclusive numerator for this measure.</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>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>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"/> 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 version of HEDIS used:</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 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 (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>

FFY 2008	FFY 2009	FFY 2010
<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). Definition of numerator:	<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). Definition of numerator:	<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). Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>HEDIS Performance Measurement Data:</b> Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	<b>HEDIS Performance Measurement Data:</b> Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	<b>HEDIS Performance Measurement Data:</b> Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>		

FFY 2008	FFY 2009	FFY 2010
<b>Other Comments on Measure:</b>		

**MEASURE 6: Immunizations for Adolescents**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>                      BCBSAL tracks immunizations provided to ALL Kids enrollees in previous BCBSAL plans in which the children may have been enrolled. However, BCBSAL cannot track immunizations that are administered by providers and public health facilities, which do not bill BCBSAL. Due to the fact that so many ALL Kids enrollees may receive immunizations in public health facilities or through providers which do not bill BCBSAL, ALL Kids is not able to provide an inclusive numerator for this measure.</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>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>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"/> 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 version of HEDIS used:</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 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 (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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator:</p>

FFY 2008	FFY 2009	FFY 2010
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>HEDIS Performance Measurement Data:</b> Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.	<b>HEDIS Performance Measurement Data:</b> Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.	<b>HEDIS Performance Measurement Data:</b> Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<b>Other Comments on Measure:</b>		



**Screening**

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

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>                      BMI assessments are not available in the claims data and ALL Kids does not currently conduct medical record reviews or surveys to collect such data.</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>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>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"/> 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 version of HEDIS used:</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 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 (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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>

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

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

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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 type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      This measure is not being reported because the state would like additional guidance from CMS regarding the specific codes to include in the numerator.</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>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>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"/> 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 version of HEDIS used:</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 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 (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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>

FFY 2008	FFY 2009	FFY 2010
<b>Performance Measurement Data:</b> Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP	<b>Performance Measurement Data:</b> Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP	<b>Performance Measurement Data:</b> Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<b>Other Comments on Measure:</b>		

**MEASURE 9: Chlamydia Screening**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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 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 checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      Version 2010</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 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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator: Number of 16-20 year old females who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>
<p><b>HEDIS Performance Measurement Data:</b>                      Percent of 16-20 year old females wgi were identified as sexually active and who had at least one test for chlamydia during the measurement year</p>	<p><b>HEDIS Performance Measurement Data:</b>                      Percent of 16-20 year old females wgi were identified as sexually active and who had at least one test for chlamydia during the measurement year</p>	<p><b>HEDIS Performance Measurement Data:</b>                      Percent of 16-20 year old females wgi were identified as sexually active and who had at least one test for chlamydia during the measurement year</p>

FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 577 Denominator: 2643 Rate: 21.8
Additional notes on measure:	Additional notes on measure:	Additional notes on measure: Sexually active is defined as having a contraceptive prescription or contraceptive procedure during the measurement year.
<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 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new measure for 2010 and was not reported in the 2009 Annual Report.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b> The percentage of 16-20 year old females who were indentified as sexually active and who had at least one test for chlamydia during the measurement year will be at least 22%.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of 16-20 year old females who were indentified as sexually active and who had at least one test for chlamydia during the measurement year will be at least 22.2%.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of 16-20 year old females who were indentified as sexually active and who had at least one test for chlamydia during the measurement year will be at least 22.4%.</p> <p><i>Explain how these objectives were set:</i> Based on 2010 baseline data.</p>		
<b>Other Comments on Measure:</b> The rate reported for this measure may not accurately reflect the prevalence of risk among the ALL Kids' female population or the number of screenings performed due to the availability of these services from public health clinics. Services provided in these clinics are not included within the BCBSAL claims database as these providers are not in the BCBSAL provider network.		

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

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

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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>  <input type="checkbox"/> Other. <i>Explain:</i>                  2008</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  Version 2010</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>                  The data are from our vendor, Blue Cross Blue Shield of Alabama</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></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>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).                  Definition of numerator: Seven separate numerators are calculated, corresponding to the number of members who had received: zero, one, two, three, four, five, six ore more well-child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member.</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).                  Definition of numerator: Seven separate numerators are calculated, corresponding to the number of members who had received: zero, one, two, three, four, five, six ore more well-child visits with a PCP during their first 15 months of life. The PCP is assigned to the member.</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).                  Definition of numerator: Seven separate numerators are calculated, corresponding to the number of members who had received: zero, one, two, three, four, five, and six or more well-child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member.</p>

FFY 2008		FFY 2009		FFY 2010	
Year of Data: 2008		Year of Data: 2009		Year of Data: 2010	
HEDIS Performance Measurement Data: Percent with specified number of visits		HEDIS Performance Measurement Data: Percent with specified number of visits		HEDIS Performance Measurement Data: Percent with specified number of visits	
<u>0 visits</u> Numerator: 13 Denominator: 269 Rate: 4.8	<u>4 visits</u> Numerator: 44 Denominator: 269 Rate: 16.4	<u>0 visits</u> Numerator: 13 Denominator: 311 Rate: 4.2	<u>4 visits</u> Numerator: 49 Denominator: 311 Rate: 15.8	<u>0 visits</u> Numerator: 15 Denominator: 318 Rate: 4.7	<u>4 visits</u> Numerator: 42 Denominator: 318 Rate: 13.2
<u>1 visits</u> Numerator: 6 Denominator: 269 Rate: 2.2	<u>5 visits</u> Numerator: 68 Denominator: 269 Rate: 25.3	<u>1 visits</u> Numerator: 7 Denominator: 311 Rate: 2.3	<u>5 visits</u> Numerator: 84 Denominator: 311 Rate: 27	<u>1 visits</u> Numerator: 11 Denominator: 318 Rate: 3.5	<u>5 visits</u> Numerator: 71 Denominator: 318 Rate: 22.3
<u>2 visits</u> Numerator: 13 Denominator: 269 Rate: 4.8	<u>6+ visits</u> Numerator: 100 Denominator: 269 Rate: 37.2	<u>2 visits</u> Numerator: 9 Denominator: 311 Rate: 2.9	<u>6+ visits</u> Numerator: 130 Denominator: 311 Rate: 41.8	<u>2 visits</u> Numerator: 12 Denominator: 318 Rate: 3.8	<u>6+ visits</u> Numerator: 141 Denominator: 318 Rate: 44.3
<u>3 visits</u> Numerator: 25 Denominator: 269 Rate: 9.3		<u>3 visits</u> Numerator: 19 Denominator: 311 Rate: 6.1		<u>3 visits</u> Numerator: 26 Denominator: 318 Rate: 8.2	
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	



**Explanation of Progress:**

**How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?** The percent of children who had 4 and 5 visits went down while the percent of children who had 0, 1, 2, 3, and 6 or more visits went up during FY 2010.

**What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** ALL Kids publications have encouraged parents to utilize the well child visit benefits. There have been improvements in the ALL Kids program's ability to capture well child visit information through claims data. See sections in this report on outreach activities for other quality improvement measures.

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

**Annual Performance Objective for FFY 2011:** Increase the percentage of children who receive 6 or more visits in the first 15 months of life to at least 45%.

**Annual Performance Objective for FFY 2012:** Increase the percentage of children who receive 6 or more visits in the first 15 months of life to at least 45.2%.

**Annual Performance Objective for FFY 2013:** Increase the percentage of children who receive 6 or more visits in the first 15 months of life to at least 45.4%.

*Explain how these objectives were set:* Based on historical data.

**Other Comments on Measure:**

**MEASURE 11: Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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>  <input type="checkbox"/> Other. <i>Explain:</i>                  2008</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  Version 2010</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>                  Data are from our vendor, from Blue Cross Blue Shield of Alabama.</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></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>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).                  Definition of numerator: Members who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the member.</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).                  Definition of numerator: Members who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the member.</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).                  Definition of numerator: The number of members who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the member.</p>
<p><b>Year of Data:</b> 2008</p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b> 2010</p>
<p><b>HEDIS Performance Measurement Data:</b>                  (If reporting with HEDIS/HEDIS-like methodology)                  Percent with specified number of visits</p>	<p><b>HEDIS Performance Measurement Data:</b>                  (If reporting with HEDIS/HEDIS-like methodology)                  Percent with specified number of visits</p>	<p><b>HEDIS Performance Measurement Data:</b>                  (If reporting with HEDIS/HEDIS-like methodology)                  Percent with specified number of visits</p>

FFY 2008	FFY 2009	FFY 2010
<u>1+ visits</u> Numerator: 2444 Denominator: 5683 Rate: 43	<u>1+ visits</u> Numerator: 2290 Denominator: 5302 Rate: 43.2	<u>1+ visits</u> Numerator: 2737 Denominator: 5898 Rate: 46.4
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> The percentage of members who had at least one well-child visit with a PCP during the measurement year increased from 43.2% in 2009 to 46.4% in 2010.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ALL Kids publications have encouraged parents to utilize the well child visit benefits. There have been improvements in the ALL Kids program's ability to capture well child visit information through claims data. See sections in this report on outreach activities for other quality improvement measures.</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 2011:</b> The percentage of members who had at least one well-child visit with a PCP during the measurement year will be at least 47%.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of members who had at least one well-child visit with a PCP during the measurement year will be at least 48%.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of members who had at least one well-child visit with a PCP during the measurement year will be at least 49%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>		
<b>Other Comments on Measure:</b>		

**MEASURE 12: Adolescent Well-Care Visits**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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 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 checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      Version 2010</p>

FFY 2008	FFY 2009	FFY 2010
<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 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>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). Definition of numerator:	<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). Definition of numerator:	<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). Definition of numerator: Number of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b> 2010
<b>HEDIS Performance Measurement Data:</b> Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	<b>HEDIS Performance Measurement Data:</b> Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	<b>HEDIS Performance Measurement Data:</b> Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 6194 Denominator: 25579 Rate: 24.2
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new measure for 2010 and was not reported in the 2009 Annual Report.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ALL Kids publications have encouraged parents to utilize the well child visit benefits. There have been improvements in the ALL Kids program's ability to capture well child visit information through claims data. See sections in this report on outreach activities for other quality improvement measures.</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 2011:</b> The percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year will be at least 25%.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year will be at least 26%.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year will be at least 27%.</p> <p><i>Explain how these objectives were set:</i> Based on 2010 baseline data.</p>		
<p><b>Other Comments on Measure:</b></p>		

**Dental**

**MEASURE 13: Total Eligibles who Received Preventive Dental Services**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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 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 version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Data were gleaned from claims-based tools.</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 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>                      Data from claims data.</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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator: Total number of CHIP eligibles who received preventive dental services.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>
<p><b>Performance Measurement Data:</b>                      Total EPSDT eligibles who received preventive dental services</p>	<p><b>Performance Measurement Data:</b>                      Total EPSDT eligibles who received preventive dental services</p>	<p><b>Performance Measurement Data:</b>                      Total EPSDT eligibles who received preventive dental services</p>

FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<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: 57332 Denominator: 98150 Rate: 58.4  Additional notes on measure: It should be noted that a portion of the enrollees in the denominator are newborns and therefore under age for dental visits and another portion may have been enrolled in the program for as little as 1 month and may not be due yet for their semi-annual preventive dental appointment.
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new measure for 2010 and was not reported in the 2009 Annual Report.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b> At least 58.5% of eligibles will have received preventive dental services.</p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 58.6% of eligibles will have received preventive dental services.</p> <p><b>Annual Performance Objective for FFY 2013:</b> At least 58.7% of eligibles will have received preventive dental services.</p> <p><i>Explain how these objectives were set:</i> Based on FY 2010 baseline data.</p>		
<b>Other Comments on Measure:</b>		



Access

**MEASURE 14: Child and Adolescent Access to Primary Care Practitioners**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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>  <input type="checkbox"/> Other. <i>Explain:</i>                  2008</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  Version 2010</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>                  Data were provided by our vendor, Blue Cross Blue Shield of Alabama.</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></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>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).                  Definition of numerator: Age 12-24 months and 25 months-6 years of age with at least one visit with a PCP in the measurement year, 7-11 and 12-19 years of age with at least one visit with a PCP in the measurement year or in the year prior to the measurement year. The visit must be with an identified PCP.</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).                  Definition of numerator: Age 12-24 months and 25 months-6 years of age with at least one visit with a PCP in the measurement year, 7-11 and 12-19 years of age with at least one visit with a PCP in the measurement year or in the year prior to the measurement year. The visit must be with an identified PCP.</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).                  Definition of numerator: Number of enrollees age 12-24 months and 25 months-6 years of age with at least one visit with a PCP in the measurement year, 7-11 and 12-19 years of age with at least one visit with a PCP in the measurement year or in the year prior to the measurement year. The visit must be with an identified PCP.</p>

FFY 2008		FFY 2009		FFY 2010	
<b>Year of Data:</b> 2008		<b>Year of Data:</b> 2009		<b>Year of Data:</b> 2010	
<b>HEDIS Performance Measurement Data:</b> Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none"> <li>• Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement year</li> <li>• Children 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ul>		<b>HEDIS Performance Measurement Data:</b> Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none"> <li>• Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement year</li> <li>• Children 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ul>		<b>HEDIS Performance Measurement Data:</b> Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none"> <li>• Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement year</li> <li>• Children 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ul>	
<u>12-24 months</u> Numerator: 578 Denominator: 597 Rate: 96.8	<u>7-11 years</u> Numerator: 8062 Denominator: 8781 Rate: 91.8	<u>12-24 months</u> Numerator: 550 Denominator: 571 Rate: 96.3	<u>7-11 years</u> Numerator: 8477 Denominator: 9089 Rate: 93.3	<u>12-24 months</u> Numerator: 630 Denominator: 646 Rate: 97.5	<u>7-11 years</u> Numerator: 8901 Denominator: 9520 Rate: 93.5
<u>25 months-6 years</u> Numerator: 6075 Denominator: 6723 Rate: 90.4	<u>12-19 years</u> Numerator: 14217 Denominator: 15868 Rate: 89.6	<u>25 months-6 years</u> Numerator: 5652 Denominator: 6281 Rate: 90	<u>12-19 years</u> Numerator: 14478 Denominator: 16014 Rate: 90.4	<u>25 months-6 years</u> Numerator: 6272 Denominator: 6890 Rate: 91	<u>12-19 years</u> Numerator: 15598 Denominator: 17072 Rate: 91.4
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> The percentage of enrollees who had a visit with a primary care practitioner increased in all age categories from 2009 to 2010.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> See sections on outreach in this report.</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 2011:</b> Percent with a PCP visit will be at least:            12 - 24 months            7 - 11 years            Rate: 98%                    Rate: 94%</p> <p>25 months - 6 years            12 - 19 years</p>					

FFY 2008	FFY 2009	FFY 2010
Rate: 92%	Rate: 92%	
<p><b>Annual Performance Objective for FFY 2012:</b> Percent with a PCP visit will be at least:</p>		
12 - 24 months	7 - 11 years	
Rate: 98%	Rate: 94%	
25 months - 6 years	12 - 19 years	
Rate: 92%	Rate: 92%	
<p><b>Annual Performance Objective for FFY 2013:</b> Percent with a PCP visit will be at least:</p>		
12 - 24 months	7 - 11 years	
Rate: 98%	Rate: 94%	
25 months - 6 years	12 - 19 years	
Rate: 92%	Rate: 92%	
<p><i>Explain how these objectives were set:</i> These objectives were based on historical data. If, at the end of FFY 2011, the percentages set for the FFY 2011 objective are met, ALL Kids will consider increasing the percentages for the FFY 2012 and 2013 objectives at that time.</p>		
<p><b>Other Comments on Measure:</b></p>		

**Category II - MANAGEMENT OF ACUTE CONDITIONS**

**Upper Respiratory -- Appropriate Use of Antibiotics**

**MEASURE 15: Appropriate Testing for Children with Pharyngitis**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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 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 checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      Version 2010</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 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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator: Number of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>

FFY 2008	FFY 2009	FFY 2010
<b>HEDIS Performance Measurement Data:</b> Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	<b>HEDIS Performance Measurement Data:</b> Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	<b>HEDIS Performance Measurement Data:</b> Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 3031 Denominator: 4350 Rate: 69.7
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new measure for 2010 and was not reported in the 2009 Annual Report.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b> The percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode will be at least 70%.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode will be at least 71%.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode will be at least 72%.</p> <p><i>Explain how these objectives were set:</i> Based on 2010 baseline data.</p>		
<b>Other Comments on Measure:</b>		

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

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>                      The CPT II quality codes, specified by the measure steward, are not in our claims-based tools.</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>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>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"/> 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 version of HEDIS used:</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 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 (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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>
<p><b>Performance Measurement Data:</b>                      Percentage of patients who aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials</p>	<p><b>Performance Measurement Data:</b>                      Percentage of patients who aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials</p>	<p><b>Performance Measurement Data:</b>                      Percentage of patients who aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials</p>

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

**Dental**

**MEASURE 17: Total Eligibles who Received Dental Treatment Services**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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 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 version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Data were gleaned from claims-based tools.</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 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>                      Data from claims data</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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator: Number of CHIP eligibles who received dental treatment services</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>
<p><b>Performance Measurement Data:</b>                      Total EPSDT eligibles who received preventive dental services</p>	<p><b>Performance Measurement Data:</b>                      Total EPSDT eligibles who received preventive dental services</p>	<p><b>Performance Measurement Data:</b>                      Total EPSDT eligibles who received preventive dental services</p>



FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 21337 Denominator: 98150 Rate: 21.7
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new measure for 2010 and was not reported in the 2009 Annual Report.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b> The percent of CHIP eligibles who received a dental treatment services will be at least 21.8%.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percent of CHIP eligibles who received a dental treatment services will be at least 21.9%.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percent of CHIP eligibles who received a dental treatment services will be at least 22%.</p> <p><i>Explain how these objectives were set:</i> Based on FY 2010 baseline data.</p>		
<b>Other Comments on Measure:</b>		

**Emergency Department**

**MEASURE 18: Ambulatory Care: Emergency Department Visits**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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 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 checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      Version 2010</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 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>                      Data from administrative claims data.</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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator: The number of emergency department visits per year as a function of all child and adolescent members enrolled and eligible during the measurement year.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>

FFY 2008	FFY 2009	FFY 2010
<b>HEDIS Performance Measurement Data:</b> the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.	<b>HEDIS Performance Measurement Data:</b> the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.	<b>HEDIS Performance Measurement Data:</b> the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 24486 Denominator: 7382 Rate: 331.7
Additional notes on measure:	Additional notes on measure:	Additional notes on measure: The CARTS template does not allow for the reporting of a rate/1000; it calculates a rate/100. The HEDIS measure should be reported as a rate/1000. Therefore, the denominator has been adjusted to reflect the correct HEDIS numerator and HEDIS rate/1000.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new measure for 2010 and was not reported in the 2009 Annual Report.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b> The percent of emergency department visits per year as a function of all child and adolescent members enrolled and eligible during the measurement year will be no higher than 331.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percent of emergency department visits per year as a function of all child and adolescent members enrolled and eligible during the measurement year will be no higher than 330.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percent of emergency department visits per year as a function of all child and adolescent members enrolled and eligible during the measurement year will be no higher than 330.</p> <p><i>Explain how these objectives were set:</i> Based on 2010 baseline data.</p>		
<b>Other Comments on Measure:</b>		

**Inpatient**

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

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>                      ALL Kids does not have access to hospital surveillance data necessary to calculate this measure.</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>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>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"/> 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 version of HEDIS used:</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 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 (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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>

FFY 2008	FFY 2009	FFY 2010
<b>Performance Measurement Data:</b> Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	<b>Performance Measurement Data:</b> Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	<b>Performance Measurement Data:</b> Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<b>Other Comments on Measure:</b> Recommendations and/or guidance from CMS would be welcomed to assist in enhancing ALL Kids' ability to report on this measure.		

**Category III - MANAGEMENT OF CHRONIC CONDITIONS**

**Asthma**

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

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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 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 version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Data were gleaned from claims-based tools for asthma patients (≥ 1 yo) with &gt; 1 asthma-related emergency room visits.</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 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>                      Data from claims data.</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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator: Annual number of asthma patients (≥ 1 year-old) with &gt; 1 asthma related ER visit.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>

FFY 2008	FFY 2009	FFY 2010
<b>Performance Measurement Data:</b> Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit	<b>Performance Measurement Data:</b> Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit	<b>Performance Measurement Data:</b> Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 51 Denominator: 6275 Rate: 0.8  Additional notes on measure: There seems to be a discrepancy between the title of the measure and the definition in the "Performance Measurement Data."
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new measure for 2010 and was not reported in the 2009 Annual Report.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b> The percentage of asthma patients (<math>\geq</math> 1 year-old) with &gt; 1 asthma related ER visit will be no more than 0.75%.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of asthma patients (<math>\geq</math> 1 year-old) with &gt; 1 asthma related ER visit will be no more than 0.74%.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of asthma patients (<math>\geq</math> 1 year-old) with &gt; 1 asthma related ER visit will be no more than 0.73%.</p> <p><i>Explain how these objectives were set:</i> Based on FY 2010 baseline data.</p>		
<b>Other Comments on Measure:</b>		

**Attention-Deficit/Hyperactivity Disorder**

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

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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 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 checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      Version 2010</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 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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator: Initiation Phase: # of children 6- 12 years of age as of the IPSD date with an ambulatory prescription dispensed who had one follow up visit. Continuation and Maintenance Phase: # of members 6-12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least</p>



FFY 2008	FFY 2009	FFY 2010
		two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b> 2010
<p><b>HEDIS Performance Measurement Data:</b> Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit.</p> <p>Continuation and Maintenance (C&amp;M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p><b>HEDIS Performance Measurement Data:</b> Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit.</p> <p>Continuation and Maintenance (C&amp;M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p><b>HEDIS Performance Measurement Data:</b> Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit.</p> <p>Continuation and Maintenance (C&amp;M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>
<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&amp;M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&amp;M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: 436 Denominator: 1207 Rate: 36.1</p> <p>Continuation and Maintenance (C&amp;M) Phase: Numerator: 114 Denominator: 297 Rate: 38.4</p>
Additional notes on measure:	Additional notes on measure:	Additional notes 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>

FFY 2008	FFY 2009	FFY 2010
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new measure for 2010 and was not reported in the 2009 Annual Report.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b> Initiation Phase: The percentage of children 6- 12 years of age as of the IPSD date with an ambulatory prescription dispensed who had one follow up visit will be at least 36.5%.</p> <p>Continuation and Maintenance Phase: The percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended will be at least 38.5%.</p> <p><b>Annual Performance Objective for FFY 2012:</b> Initiation Phase: The percentage of children 6- 12 years of age as of the IPSD date with an ambulatory prescription dispensed who had one follow up visit will be at least 36.7%.</p> <p>Continuation and Maintenance Phase: The percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended will be at least 38.7%.</p> <p><b>Annual Performance Objective for FFY 2013:</b> Initiation Phase: The percentage of children 6- 12 years of age as of the IPSD date with an ambulatory prescription dispensed who had one follow up visit will be at least 36.9%.</p> <p>Continuation and Maintenance Phase: The percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended will be at least 38.9%.</p> <p><i>Explain how these objectives were set:</i> Based on 2010 baseline data.</p>		
<p><b>Other Comments on Measure:</b></p>		

**Diabetes**

**MEASURE 22: Annual Pediatric hemoglobin A1C testing**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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 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 version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Data were gleaned from claims-based tools using parameters derived from the reference documents used by the Subcommittee on Children's Healthcare Quality Measures for Medicaid and CHIP Programs, the national workgroup that proposed the core set of CHIP and Medicaid quality healthcare measures. Therefore, the ages of the children included were 5 years through 17 years.</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 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>                      Data source is claims data.</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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator: Number of pediatric patients with</p>

FFY 2008	FFY 2009	FFY 2010
		diabetes (also counted in the denominator) with a HBA1c test in a 12-month measurement period
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b> 2010
<b>HEDIS Performance Measurement Data:</b> Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period	<b>HEDIS Performance Measurement Data:</b> Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period	<b>HEDIS Performance Measurement Data:</b> Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 158 Denominator: 257 Rate: 61.5  Additional notes on measure:
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new measure for 2010 and was not reported in the 2009 Annual Report.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b> The percentage of pediatric patients with diabetes (also counted in the denominator) with a HBA1c test in a 12-month measurement period will be at least 61.6.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of pediatric patients with diabetes (also counted in the denominator) with a HBA1c test in a 12-month measurement period will be at least 61.7.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of pediatric patients with diabetes (also counted in the denominator) with a HBA1c test in a 12-month measurement period will be at least 61.8.</p> <p><i>Explain how these objectives were set:</i> Based on 2010 baseline data.</p>		
<b>Other Comments on Measure:</b>		

Mental Health

**MEASURE 23: Follow-up after hospitalization for mental illness**

FFY 2008	FFY 2009	FFY 2010
<p><b>Did you report on this goal?</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 goal?</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 goal?</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>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>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>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 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 checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      Version 2010.</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 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>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).                      Definition of numerator:</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).                      Definition of numerator:</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).                      Definition of numerator: The number of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization and had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2010</p>

FFY 2008	FFY 2009	FFY 2010
<b>HEDIS Performance Measurement Data:</b> Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	<b>HEDIS Performance Measurement Data:</b> Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	<b>HEDIS Performance Measurement Data:</b> Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 89 Denominator: 279 Rate: 31.9
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new measure for 2010 and was not reported in the 2009 Annual Report.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2011:</b> The percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization and had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner will be at least 32%.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization and had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner will be at least 32.5%.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization and had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner will be at least 33%.</p> <p><i>Explain how these objectives were set:</i> Based on 2010 baseline data.</p>		
<b>Other Comments on Measure:</b>		

## 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 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 2009	FFY 2010	Percent change FFY 2009-2010
CHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	110158	137545	24.86

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

As of October 1, 2009, ALL Kids increased the upper level of its income eligibility range from 200% of the Federal Poverty Level (FPL) to 300% FPL.

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	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
Percent change 1996-1998 vs. 2006-2010	-51.3%	NA	-54.3%	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]**

There were no significant changes.

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

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

Yes (please report your data in the table below)

No (skip to Question #4)

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

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

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

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

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

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



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

It is difficult to estimate the number of children enrolled in Medicaid due to CHIP outreach. All of the extensive outreach conducted through CHIP is targeted towards all uninsured children.

Families are encouraged to submit an application if they have uninsured children. Upon processing the application, the children are enrolled in the program for which they are eligible.

In FY 2010, CHIP referred 41,321 children to Medicaid through the joint web application and the Automated Data Integration system.

## SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

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

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

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

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

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

### Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 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 2010.
- Final: Check this box if the data you are reporting are considered final for FFY 2010.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

### **Measurement Specification:**

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2008). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

### **Data Source:**

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

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

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

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

### **Year of Data:**

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

### **Performance Measurement Data:**

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

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

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

### **Explanation of Progress:**

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. Any quality improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2011, 2012 and 2013. Based on your recent performance on the measure (from FFY 2008 through 2010), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

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

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

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

FFY 2008	FFY 2009	FFY 2010
<p><b>Goal #1 (Describe)</b> The number 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 number 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 number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</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>                      The goal to reduce the percentage of uninsured children to less than 5% was achieved in 2007.</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>                      Beginning Oct. 1, 2009, ALL Kids raised the upper income eligibility from 200% FPL to 300% FPL. Therefore, the definition for the numerator has been updated to include this expansion.</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>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>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>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS Report Analysis 3 year average 2005-2007 coverage</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS Report Analysis 3 year average 2006-2008 (coverage year)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS Report Analysis 3 year average 2007-2009 (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 AL (the CPS "Persons in Poverty Universe") data.                       Definition of numerator: The number of children, less than 19 years of age, at or below 200% 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 200% 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 uninsured children less than 19 years of age in Alabama in the "Persons in Poverty Universe" below =300% FPL</p>
<p><b>Year of Data:</b> 2008</p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b> 2010</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percent of low-income uninsured children who are potentially eligible for AL CHIP or Medicaid.                       Numerator: 51000                      Denominator: 1165000                      Rate: 4.4                       Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percent of low-income uninsured children who are potentially eligible for AL CHIP or Medicaid.                       Numerator: 53000                      Denominator: 1187000                      Rate: 4.5                       Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percent of low-income uninsured children who are potentially eligible for AL CHIP or Medicaid.                       Numerator: 67000                      Denominator: 1182000                      Rate: 5.7                       Additional notes on measure: Due to the ALL Kids income</p>

FFY 2008	FFY 2009	FFY 2010
		eligibility expansion, the numerator includes not only a much wider range of children than in 2009, the families of these children are not historically families who have been eligible for governmental health and social services.
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b> The percentage of uninsured children increased by 0.4% since FY 2007. However, the goal of having a rate of uninsured children less than or equal to 5% of those in the state was met.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> CHIP piloted 3 activities in an effort to increase the number of children who renewed their ALL Kids coverage: (1) Telephone calls were made to families that had begun the renewal process but had not yet completed it; (2) A change in the premium notice was made to try to encourage families to pay in a more timely fashion; and, (3) A change in the renewal letter was made which stated more clearly the steps that families need to take in order to renew.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> The percentage increased slightly but was still maintained at less than 5%.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Please refer to outreach sections.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new/revised measure for 2010 and therefore was not reported on in 2009.</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> See sections on Outreach activities.</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 2009:</b> The number of low-income uninsured children in AL will be maintained at less than or equal to 5% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2010:</b> The number of low-income uninsured children in AL will be maintained at less than or equal to 5% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2011:</b> The number of low-income uninsured children in AL will be maintained at less than or equal to 5% of all children in the state.</p> <p><i>Explain how these objectives were set:</i> Objectives were 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 2010:</b> The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2011:</b> The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</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 2011:</b> The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</p> <p><b>Annual Performance Objective for FFY 2013:</b> The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</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 Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)**

FFY 2008	FFY 2009	FFY 2010
<p><b>Goal #2 (Describe)</b> Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%.</p>	<p><b>Goal #2 (Describe)</b> Goal #2 was discontinued as mentioned in the FY2008 Annual Report</p>	<p><b>Goal #2 (Describe)</b></p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <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 type="checkbox"/> Final.  <input type="checkbox"/> Same 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>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      A sample of applicants that were referred to Medicaid was reviewed to determine how many were subsequently enrolled in Medicaid. The data in the sample reflect a 3 month lag period from the month the sample is drawn. For example, for the January 2008 file, data reflect October 2007. Therefore, data prepared for this report reflect a sample period from Oct. 2007 - Feb. 2008.</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>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 denominator represents the number of applicants who were referred to Medicaid (150*5=750).                       Definition of numerator: The numerator represents the number of applicants referred to Medicaid that enrolled in the program.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator:                       Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator:                       Definition of numerator:</p>
<p><b>Year of Data:</b> 2008</p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The degree to which referrals made by the ALL Kids eligibility staff to the Medicaid Agency are ultimately enrolled in Medicaid.</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                       Numerator:                      Denominator:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                       Numerator:                      Denominator:</p>

FFY 2008	FFY 2009	FFY 2010
Numerator: 314 Denominator: 750 Rate: 41.9  Additional notes on measure:	Rate:  Additional notes on measure:	Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b> The percentage of applicants referred to Medicaid from ALL Kids who ultimately enrolled in Medicaid slightly decreased in FY 2008 from FY 2007.  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>
<b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2009:</b> This goal will be discontinued after FY 2008 as an annual goal. The status of this goal may be reviewed in the future but not as an annual activity. <b>Annual Performance Objective for FFY 2010:</b> This goal will be discontinued after FY 2008 as an annual goal. The status of this goal may be reviewed in the future but not as an annual activity. <b>Annual Performance Objective for FFY 2011:</b> This goal will be discontinued after FY 2008 as an annual goal. The status of this goal may be reviewed in the future but not as an annual activity.  <i>Explain how these objectives were set: N/A</i>	<b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2010:</b> <b>Annual Performance Objective for FFY 2011:</b>  <b>Annual Performance Objective for FFY 2012:</b>  <i>Explain how these objectives were set:</i>	<b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2011:</b> <b>Annual Performance Objective for FFY 2012:</b>  <b>Annual Performance Objective for FFY 2013:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>



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

FFY 2008	FFY 2009	FFY 2010
<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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>

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

**Objectives Related to CHIP Enrollment**

FFY 2008	FFY 2009	FFY 2010
<p><b>Goal #1 (Describe)</b> The percentage of eligible renewal applicants who return a renewal form, 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>Goal #1 (Describe)</b> The percentage of enrollees who do not renew their children’s 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 children’s 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>                      The core of the goal remained the same but the wording was refined in order to better encapsulate its real meaning.</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>                      The core of the goal remained the same but the wording was refined in order to better encapsulate its real meaning.</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.  <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>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>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: The number of ALL Kids enrollees who were due to renew.                       Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids who disenrolled 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 return 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 return a renewal application.                       Definition of numerator: The number of ALL Kids enrollees due to renew and who were found to be otherwise eligible for ALL Kids but could not be renewed due owing past premiums.</p>
<p><b>Year of Data:</b> 2008</p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b> 2010</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The magnitude to which financial barriers prohibit renewal in ALL Kids.                       Numerator: 1865                      Denominator: 67384                      Rate: 2.8                       Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The magnitude to which financial barriers prohibit renewal in ALL Kids.                       Numerator: 1855                      Denominator: 56000                      Rate: 3.3                       Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The magnitude to which financial barriers prohibit renewal in ALL Kids.                       Numerator: 1527                      Denominator: 48399                      Rate: 3.2                       Additional notes on measure:</p>

FFY 2008	FFY 2009	FFY 2010
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b> The rate for non-payment of premium of payment for enrollees who did not renew decreased by 0.4% since FY 2007.</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> During FY 2008, CHIP piloted 2 activities aimed at positively impacting this goal: (1) A change in the premium notice was made to try to encourage families to pay in a more timely fashion; and, (2) A change in the renewal letter was made which stated more clearly the steps that families need to take in order to renew.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> The population's denominator has been changed since last year to only include those ALL Kids enrollees who attempted to renew. Therefore, this year's rate is not comparable to the 2008 rate, but will be used as a baseline for future comparison.</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> The program has changed its premium balance notices to look more like invoices. It is hoped that this change will encourage parents to pay the premiums.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> The percentage in FY 2009 was 3.3%. The FY 2010 percentage was slightly lower.</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 staff has increased the number of social workers in the Central Office who can assist families by helping to find sources to assist them in paying their outstanding premiums.</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 2009:</b> The percentage of eligible renewal applicants who return a renewal form, 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 2010:</b> The percentage of eligible renewal applicants who return a renewal form, 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 2011:</b> The percentage of eligible renewal applicants who return a renewal form, 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 2010:</b> The percentage of eligible renewal applicants who return a renewal form, 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 2011:</b> The percentage of eligible renewal applicants who return a renewal form, 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 2012:</b> The percentage of eligible renewal applicants who return a renewal form, 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 2011:</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 2012:</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 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><i>Explain how these objectives were set:</i> Based on historical 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 2008	FFY 2009	FFY 2010
<p><b>Goal #2 (Describe)</b> A higher percentage of families with ALL Kids enrolled child(ren) report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.</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 checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input 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>                      Beginning Oct. 1, 2009, ALL Kids raised the upper income eligibility level from 200% FPL to 300% FPL. Therefore the definitions of the numerator and denominator have been updated to include this expansion.</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>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>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>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></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS Report Analysis 3 year average 2006-2008 (coverage year).</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS Report Analysis 3 year average 2007-2009 (coverage year).</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Enrollees who completed the applicable questions on the New Enrollees Survey and Continuous Enrollees Survey.</p> <p>Definition of numerator: Enrollees who report on the New Enrollees Survey and on the Continuous Enrollees Survey financial barriers to accessing care since enrollment in ALL Kids</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 Alabama in the "Persons in Poverty Universe" who are 100% to below 200% FPL.</p> <p>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 200% 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 Alabama in the "Persons in Poverty Universe" who are 100% to below 300% FPL.</p> <p>Definition of numerator: The number of uninsured children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 300% FPL.</p>
<p><b>Year of Data:</b> 2008</p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b> 2010</p>

FFY 2008	FFY 2009	FFY 2010
<p><b>Performance Measurement Data:</b> Described what is being measured: The number of enrollees who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment.</p> <p>Numerator: 18 Denominator: 20 Rate: 90</p> <p>Additional notes on measure: Before enrollment, 20% (63/312) of the families reported that they could not afford care. After enrollment 2% (7/447) reported that they could not afford care. This reflects a 90% reduction in non-affordability of health care.</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The percentage of low-income uninsured children who are potentially eligible for Alabama CHIP (children with family incomes between 100% FPL -200% FPL).</p> <p>Numerator: 16000 Denominator: 243000 Rate: 6.6</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The percentage of low-income uninsured children who are potentially eligible for Alabama CHIP (children with family incomes between 100% FPL -300% FPL).</p> <p>Numerator: 33000 Denominator: 500000 Rate: 6.6</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b> The percentage of families with ALL Kids enrolled children who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment was reduced further in 2008 than in 2007.</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>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> No comparison is available. The goal is new and will be used as a baseline for comparison in future years.</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Please see sections detailing changes in outreach.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> This is a new/revised goal for 2010. Therefore we did not report on it in 2009.</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> See sections on Outreach activities.</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 2009:</b> This goal is being discontinued. <b>Annual Performance Objective for FFY 2010:</b> This goal is being discontinued.</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 2010:</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%. <b>Annual Performance Objective for FFY 2011:</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 2011:</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%. <b>Annual Performance Objective for FFY 2012:</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>

FFY 2008	FFY 2009	FFY 2010
<p><b>Annual Performance Objective for FFY 2011:</b> This goal is being discontinued.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2012:</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> The levels for these objectives were based on baseline data.</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><i>Explain how these objectives were set:</i> Based on historical data.</p>
<p><b>Other Comments on Measure:</b> The information by which this goal was measured was derived from the New and Continuous Enrollee Surveys. Because the New, Continuous, and Adolescent Supplement surveys have yielded the same positive information since their inception, these surveys are being discontinued in favor of the the development of new surveys to be conducted by the third party insurance vendor. It is anticipated that new goals will be developed for this objective.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2008	FFY 2009	FFY 2010
<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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>



FFY 2008	FFY 2009	FFY 2010
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
<p><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 2008	FFY 2009	FFY 2010
<p><b>Goal #1 (Describe)</b> The percentage of Medicaid eligible but uninsured children will be less than 5%.</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 (below 100% FPL) who are uninsured will be equal to or less than 15%.</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></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.  <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>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>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS Data Report 3 year analysis (2006-2008)</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS Data Report 3 year analysis 2006-2008 (coverage year).</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS Data Report 3 year analysis 2007-2009 (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" in CPS data.</p> <p>Definition of numerator: The number of uninsured children under 19 years of age who are at or below 100%FPL.</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 uninsured children under 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL.</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 uninsured children under 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL.</p>
<p><b>Year of Data:</b> 2008</p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b> 2010</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The number of children who are potentially eligible for Medicaid insurance but who are uninsured.</p> <p>Numerator: 38000                      Denominator: 1165000                      Rate: 3.3</p> <p>Additional notes on measure: As stated over the last two years, the measure will be reviewed annually and the the target may be revised.</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: 37000                      Denominator: 256000                      Rate: 14.5</p> <p>Additional notes on measure:</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: 34000                      Denominator: 284000                      Rate: 12</p> <p>Additional notes on measure:</p>

FFY 2008	FFY 2009	FFY 2010
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b> The rate of children who were potentially eligible for Medicaid insurance but who were uninsured increased by 0.7% since FY 2007, however, the goal to remain below 5% was maintained.</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>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> Due to the revision of this year's goal, no comparison is available.</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> Please see sections related to changes in outreach.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> Compared to 2009, the rate of uninsured children within the Alabama Medicaid income eligibility range decreased by 2.5 percentage points for 2010. The 2010 rate remained within the performance goal.</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> See Sections on Outreach.</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 2009:</b> The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p><b>Annual Performance Objective for FFY 2010:</b> The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p><b>Annual Performance Objective for FFY 2011:</b> The percentage of Medicaid eligible but uninsured children will be less than 5%.</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 2010:</b> The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%.</p> <p><b>Annual Performance Objective for FFY 2011:</b> The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%.</p> <p><b>Annual Performance Objective for FFY 2012:</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 2011:</b> The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%.</p> <p><b>Annual Performance Objective for FFY 2012:</b> The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%.</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%.</p> <p><i>Explain how these objectives were set:</i> Based on historical 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 Medicaid Enrollment (Continued)**

FFY 2008	FFY 2009	FFY 2010
<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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b></p>

FFY 2008	FFY 2009	FFY 2010
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</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 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b>  <b>Annual Performance Objective for FFY 2011:</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 2010:</b>  <b>Annual Performance Objective for FFY 2011:</b>  <b>Annual Performance Objective for FFY 2012:</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 2011:</b>  <b>Annual Performance Objective for FFY 2012:</b>  <b>Annual Performance Objective for FFY 2013:</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 2008	FFY 2009	FFY 2010
<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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>

FFY 2008	FFY 2009	FFY 2010
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b>  <b>Annual Performance Objective for FFY 2011:</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 2010:</b>  <b>Annual Performance Objective for FFY 2011:</b>  <b>Annual Performance Objective for FFY 2012:</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 2011:</b>  <b>Annual Performance Objective for FFY 2012:</b>  <b>Annual Performance Objective for FFY 2013:</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 2008	FFY 2009	FFY 2010
<p><b>Goal #1 (Describe)</b> A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</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 checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      The old measure was discontinued because the data source was discontinued. This measure is based on a new data source.</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.  <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>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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      This is a state-defined goal.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Based on customer satisfaction with the provider network survey.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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>                      Data was retrieved from the New Enrollee and Continuing Enrollee surveys.</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</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 BCBSAL</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 CHIP and Medicaid (Title XIX).                      Definition of numerator: The number of families surveyed who answered relevant questions on the New Enrollee survey eith answers on the Continuous Enrollee survey.</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 CHIP and Medicaid (Title XIX).                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating that they were satisfied and very satisfied.</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 CHIP and Medicaid (Title XIX).                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating satisfaction (satisfied, very satisfied, completely satisfied).</p>
<p><b>Year of Data:</b> 2008</p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b> 2010</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:</p>



FFY 2008	FFY 2009	FFY 2010
Rate:  Additional notes on measure:	Rate:  Additional notes on measure:	Rate:  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 11 Denominator: 92 Rate: 12  Additional notes on measure: The results of the New Enrollee survey show that before enrollment in ALL Kids, 81% (253/312) of the children/families said that the child had one provider that was usually seen for routine care. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, 92% (410/447) of the children/families said that the child had one provider that was usually seen for routine care.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 879 Denominator: 899 Rate: 97.8  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 527 Denominator: 532 Rate: 99.1  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b> In 2008, there was a 12% improvement in the number of families that reported a usual source of care after enrollment in ALL Kids than before. In 2007, there was an 11% improvement in this measure. In comparison, 1% more families reported a usual source of care in 2008 than did in 2007.  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>  <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2009:</b> A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids. <b>Annual Performance Objective for FFY 2010:</b> A higher percentage of families report that their ALL Kids	<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of ALL Kids families who are satisfied with the availability of physicians.  <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  <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2010:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians. <b>Annual Performance Objective for FFY 2011:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> Results are stable.  <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. <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2011:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.  <b>Annual Performance Objective for FFY 2012:</b> At least 95% of ALL Kids families report satisfaction with the availability of physicians.

FFY 2008	FFY 2009	FFY 2010
<p>enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p><b>Annual Performance Objective for FFY 2011:</b> A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2012:</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>Annual Performance Objective for FFY 2013:</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 2008	FFY 2009	FFY 2010
<p><b>Goal #2 (Describe)</b> A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</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/revise. <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/revise. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      The old measure was discontinued because the data source was discontinued. This measure is based on a new data source.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revise. <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.  <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>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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      This is a state-defined goal.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      The data are derived from surveys of customer satisfaction with the provider network.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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>                      Data was retrieved from New Enrollee surveys and Continuous Enrollee surveys.</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 Blue Cross Blue Shield of Alabama.</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 denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      Definition of numerator: Enrollees who complete the appropriate question on the Continuous Enrollee survey.</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 CHIP and Medicaid (Title XIX).                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating that they were satisfied and very satisfied.</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 CHIP and Medicaid (Title XIX).                      Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating satisfaction (satisfied, very satisfied, completely satisfied).</p>
<p><b>Year of Data:</b> 2008</p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b> 2010</p>

FFY 2008	FFY 2009	FFY 2010
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 13 Denominator: 43 Rate: 30.2</p> <p>Additional notes on measure: According to the New Enrollee survey, in the 12 months prior to having ALL Kids, 43% (135/312) of the children had an ER visit. According to the Continuous Enrollee survey, after enrollment in ALL Kids, in the most recent 12 month period, only 30%(136/447) of the children had used the ER.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 744 Denominator: 765 Rate: 97.3</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 451 Denominator: 459 Rate: 98.3</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b> The decrease in ER visits between new and renewing enrollees was 13 percentage points in '08 compared to 6 percentage points in '07.</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 2009:</b> A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p><b>Annual Performance Objective for FFY 2010:</b> A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of ALL Kids families who are satisfied with the availability of specialty physicians.</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?N/A</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 2010:</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><b>Annual Performance Objective for FFY 2011:</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 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 improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2011:</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p>

FFY 2008	FFY 2009	FFY 2010
<p>since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p><b>Annual Performance Objective for FFY 2011:</b> A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p><i>Explain how these objectives were set:</i> Based on historical data</p>	<p><b>Annual Performance Objective for FFY 2012:</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>Annual Performance Objective for FFY 2013:</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 2008	FFY 2009	FFY 2010
<p><b>Goal #3 (Describe)</b> Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</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>                      The old measure was discontinued because the data source was discontinued. This measure is based on a new data source.</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.  <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>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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      State-defined objective</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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 type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      The sources for the measurement of this goal are administrative files showing contracts (for the provision of specialty services) between the ADPH (for ALL Kids) and other state agencies which provide specialty services for children with special health care needs, claims data, and provider reimbursement data.</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 Blue Cross Blue Shield of Alabama.</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 denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      Definition of numerator:</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 CHIP and Medicaid (Title XIX).                      Definition of numerator: The number of families surveyed</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 CHIP and Medicaid (Title XIX).                      Definition of numerator: The number of families surveyed</p>

FFY 2008	FFY 2009	FFY 2010
	who answered relevant questions on the BCBSAL Customer satisfaction survey indicating that they were satisfied and very satisfied.	who answered relevant questions on the BCBSAL Customer satisfaction survey indicating satisfaction (satisfied, very satisfied, completely satisfied).
<b>Year of Data:</b> 2008	<b>Year of Data:</b> 2009	<b>Year of Data:</b> 2010
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:
<b>Other Performance Measurement Data:</b>  Numerator: Denominator: Rate:  Additional notes on measure: During FY 2008, ALL Kids maintained contracts with the Department of Rehabilitation and the Department of Mental Health and Mental Retardation for the provision of services to ALL Kids enrollees with special health care needs.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 742 Denominator: 753 Rate: 98.5  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 436 Denominator: 440 Rate: 99.1  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b> same  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>  <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of families who are satisfied with the availability of hospital care.  <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	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> Results are stable.  <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.

FFY 2008	FFY 2009	FFY 2010
<p><b>Annual Performance Objective for FFY 2009:</b> Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p><b>Annual Performance Objective for FFY 2011:</b> Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p><i>Explain how these objectives were set:</i> 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 2010:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care. <b>Annual Performance Objective for FFY 2011:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care. <b>Annual Performance Objective for FFY 2012:</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 2011:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care. <b>Annual Performance Objective for FFY 2012:</b> At least 95% of ALL Kids families report satisfaction with the availability of hospital care. <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><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 2008	FFY 2009	FFY 2010
<p><b>Goal #1 (Describe)</b> A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p><b>Goal #1 (Describe)</b> At least 50% of children aged 2 years and older with continuous enrollment during the report year will have received dental services.</p>	<p><b>Goal #1 (Describe)</b> At least 70% of children aged 2 years and older with continuous enrollment during the report year will have received dental services.</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>                      This new measure provides an indication of the extent to which dental benefits are utilized.</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>                      The goal was reset from a level of 50% to 70% due to the high percentage of children, aged 2 years and older with continuous enrollment, who had received dental services in FY 2009 and FY 2010.</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>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>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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      This is a state-defined goal.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      To give a clear picture of the access to dental care in ALL Kids, we used parameters that restrict analysis to children who were continuously enrolled and were at least two years of age.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      To give a clear picture of the access to dental care in ALL Kids, parameters used restrict analysis to children who were continuously enrolled and were at least two years of age.</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>                      Data from the New Enrollee and Continuous Enrollee surveys.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Data is from claims data.</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 CHIP and Medicaid (Title XIX).                      Definition of numerator: The measure is the percentage of enrollees/families who, on the New Enrollee survey, indicated that they had a well child check-up in the past year, compared with the percentage of children/families who, on the Continuous Enrollee survey (children who had been</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 CHIP and Medicaid (Title XIX).                      Definition of numerator: The number of children aged 2 years and older with continuous enrollment during the report year who received dental services.</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 CHIP and Medicaid (Title XIX).                      Definition of numerator: The number of children aged 2 years and older with continuous enrollment during the report year who received dental services.</p>

FFY 2008	FFY 2009	FFY 2010
enrolled at least 12 months), answered this same question since enrollment in ALL Kids.		
<b>Year of Data:</b> 2008	<b>Year of Data:</b> 2009	<b>Year of Data:</b> 2010
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 6 Denominator: 81 Rate: 7.4  Additional notes on measure: Before ALL Kids, 81%(253/312) said they always or usually got needed routine preventive care. After ALL Kids, 87%(388/447) said they always or usually got needed routine preventive care.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 14283 Denominator: 20545 Rate: 69.5  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 16418 Denominator: 23432 Rate: 70.1  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</b> In 2008, there was a 7.4% increase in families that reported always or usually getting routine preventive care after enrollment in ALL Kids. In 2007, there was a 13% increase in families that reported always or usually getting routine preventive care after enrollment in ALL Kids. There was less of an improvement observed. However, this may be the result of Alabama's coordinated effort to retain children in health insurance programs.  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure,</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of children aged 2 years and older who have had a dental encounter in the reporting year.  <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> Please see sections in this report on outreach.	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> The rate is stable.  <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> Please see sections in this report on outreach.

FFY 2008	FFY 2009	FFY 2010
<p><b>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 2009:</b> This goal is being discontinued.  <b>Annual Performance Objective for FFY 2010:</b> This goal is being discontinued.  <b>Annual Performance Objective for FFY 2011:</b> This goal is being discontinued.</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 2010:</b> At least 70% of children aged 2 years and older with continuous enrollment during the report year will have received dental services.  <b>Annual Performance Objective for FFY 2011:</b> At least 70% of children aged 2 years and older with continuous enrollment during the report year will have received dental services.  <b>Annual Performance Objective for FFY 2012:</b> At least 70% of children aged 2 years and older with continuous enrollment during the report year will have received dental services.</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 2011:</b> At least 70% of the children aged 2 years and older with, continuous enrollment during the report year, will have received dental services.  <b>Annual Performance Objective for FFY 2012:</b> At least 70% of the children aged 2 years and older with, continuous enrollment during the report year, will have received dental services.  <b>Annual Performance Objective for FFY 2013:</b> At least 70% of the children aged 2 years and older with, continuous enrollment during the report year, will have received dental services.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
<p><b>Other Comments on Measure:</b> The information by which this goal was measured was derived from the New and Continuous Enrollee Surveys. Because the New, Continuous, and Adolescent Supplement surveys have yielded the same positive information since their inception, these surveys are being discontinued in favor of the development of new surveys to be conducted by the third party insurance vendor. It is anticipated that new goals will be developed for this objective.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2008	FFY 2009	FFY 2010
<p><b>Goal #2 (Describe)</b></p>	<p><b>Goal #2 (Describe)</b> At least 60% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday.</p>	<p><b>Goal #2 (Describe)</b> At least 60% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      This new measure provides an indication of the percentage of children who utilize preventive care benefits.</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>                      This goal is included as #5 in the core measures.</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>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>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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      2009</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      See core measures.</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 checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input 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 denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      Definition of numerator:</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 CHIP and Medicaid (Title XIX).                      Definition of numerator: Children aged 24 months, whose birthday fell during the measurement year and who had received at least one MMR vaccination anytime on or before the second birthday.</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 CHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 502                      Denominator: 823                      Rate: 61</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:</p>

FFY 2008	FFY 2009	FFY 2010
Additional notes on measure:	Additional notes on measure:	Additional notes 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 2008 compare with the Annual Performance Objective documented in your 2007 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 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</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 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? Due to the revision of this year's goal, no comparison is available.</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? Please see sections in this report on Outreach.</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 2010:</b> At least 62% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday.</p> <p><b>Annual Performance Objective for FFY 2011:</b> At least 62% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday.</p> <p><b>Annual Performance Objective for FFY 2012:</b> At least 62% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 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 2011: Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>

<b>FFY 2008</b>	<b>FFY 2009</b>	<b>FFY 2010</b>
<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 2008	FFY 2009	FFY 2010
<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. <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. <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. <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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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 denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	<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 CHIP and Medicaid (Title XIX). Definition of numerator:	<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 CHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
<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 2008 compare with the Annual Performance Objective documented in your 2007 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 2009:</b> <b>Annual Performance Objective for FFY 2010:</b> <b>Annual Performance Objective for FFY 2011:</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 2009 compare with the Annual Performance Objective documented in your 2008 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 2010:</b> <b>Annual Performance Objective for FFY 2011:</b> <b>Annual Performance Objective for FFY 2012:</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 2010 compare with the Annual Performance Objective documented in your 2009 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 2011:</b> <b>Annual Performance Objective for FFY 2012:</b> <b>Annual Performance Objective for FFY 2013:</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>



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]**

ALL Kids receives pediatric HEDIS measures from Blue Cross Blue Shield of Alabama (BCBSAL) its sole health plan administrator. Additionally, BCBSAL conducts a customer service satisfaction survey. BCBSAL surveys found that a very high percentage of enrollees were either satisfied, very satisfied, or completely satisfied with the availability of physicians, specialty care physicians, and hospital care. These surveys also showed that 99.5% of the enrolled families indicated satisfaction with the overall service they received from BCBSAL.

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]**

ALL Kids plans to implement the Consumer Assessment of Healthcare Providers and Systems, Child Medicaid Questionnaire which includes questions for children with chronic conditions along with selections from among the supplemental items for the Child Questionnaire. The survey will be conducted in early spring 2011 with results to be submitted to the National Benchmark Database in June 2011.

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 contracted with the University of Alabama at Birmingham for quality studies but final data and conclusions are not yet available.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please list attachments here and summarize findings or list main findings. **[7500]**

Attached is the ALL Kids Customer Satisfaction Survey results table. The ALL Kids Satisfaction Survey is administered annually as part of the BCBSAL Performance Guarantees. A valid random sample is used for the Group Specific Surveys. Sample sizes are selected to achieve a 95% confidence level with +/- 3% precision based on the survey responses received from subscribers. The group's population and prior period performance are used to determine the number of survey responses needed to achieve the desired confidence level and precision.

The survey along with a pre-paid postage return envelope is sent to the subscriber. The surveys are returned directly to the BCBSAL Plan Performance unit. A report is produced and delivered to ALL Kids.

Results from the survey conducted August 2010 show that families of enrollees are extremely satisfied with the level of service received from BCBSAL.

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

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

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

### **A. OUTREACH**

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

ALL Kids raised the upper level of income eligibility from 200% to 300% Federal Poverty Level (FPL) effective October 1, 2009. Following this expansion, one of ALL Kids' insuring partners, The Alabama Child Caring Program (ACCP), announced closure of its program, effective January 1, 2011. In an effort to outreach to the ACCP enrolled families, ALL Kids initiated several waves of written communication (attached) informing families about ALL Kids eligibility and how to apply. Parents were encouraged to call the ALL Kids toll-free number with any questions.

ALL Kids revitalized its outreach materials by updating the program logo and colors and developing fresh, new materials (attached). The materials were designed to promote one cohesive look and one consistent message (e.g. if your child is uninsured, apply now). Emphasis was also placed on applying online through prominent placement of the web address (adph.org).

ALL Kids initiated an outreach campaign containing some new strategies and outlets to reach all uninsured children including those whose family incomes would fall into the 200%-300%FPL expansion category (heretofore ineligible for ALL Kids). The program partnered with sports marketing groups for the two largest universities in Alabama to target all families in Alabama who may have uninsured children. Outreach packages for both schools included the sponsorship of a home game that included a pre-game tent setup to distribute ALL Kids materials and talk with families, LED signage, on-field promotions, extensive sports radio coverage, and promotions in all print materials. Additionally, there were promotions during football programming and television and radio advertisements by the head football and head basketball coaches. These partnerships include the same outreach exposure during basketball, baseball, and gymnastics events. ALL Kids also received the same outreach opportunities at two additional state universities. The collegiate sports outreach campaign was complimented with use of billboards and electronic media, including websites, television and radio.

To reinforce this outreach on the high school level, ALL Kids participated in the Alabama Friday Night Live Tailgate Tour produced by A.E. Engine, FUEL Football. Friday Night Football (FNF) targets rivalries and key match-ups providing opportunities for outreach not only to the players and high school students but their families and fans in the communities as well. This outreach package was comprised of 20 high school football games statewide. The ALL Kids logo was incorporated into all official Tailgate Tour collateral as well as the on-site presence of a wrapped vehicle and trailer, music, signage, P.A. announcements, and a tent setup at the gate entrance to distribute ALL Kids materials and provide an opportunity to talk with families. FNF promoted each game-stop on their websites and produced media releases distributed in the local market and respective home and away high schools.

ALL Kids developed outreach strategies to provide healthcare coverage information to those families affected by the BP crude oil spill with job loss. Specialized efforts included providing ALL Kids information to new resource centers developed for this population and attending a community recovery resource fair. ALL Kids also coordinated with community partners to include ALL Kids information in a "tool kit" (attached) provided to families directly impacted by this crisis.

ALL Kids also collaborated with the two Alabama recipients of CHIPRA Outreach Grants, the Alabama Primary Healthcare Association and Tombigbee Regional Medical Authority. ALL Kids staff initially met with each group to insure outreach messages would be consistent with the current messages utilized by ALL Kids. ALL Kids staff continues close coordination with both entities as they move forward in implementing outreach and evaluation activities.

ALL Kids gained preapproval from the Commission on Dietetic Registration to provide one hour of Continuing Professional Education to Registered Dietitians and Dietetic Technicians. The Commission is the credentialing agency for the American Dietetic Association.

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]**

ALL Kids continued to make significant progress in reaching low-income, uninsured children through several avenues. Regional staff based around the state worked with other human service agencies, schools, providers and community based organizations "to teach the people who reach the people."

ALL Kids staff continues to implement outreach strategies to reach children known to be eligible for other income based programs. One strategy involves reaching out to uninsured students that are eligible for the free & reduced lunch program.

Alabama continued to target uninsured children with a focus on the newly uninsured due to a reduction of family income or insurance benefits related to job loss and a downturn in the economy. ALL Kids staff continued to participate in Rapid Response events; providing people who are losing their jobs, due to layoffs and plant closings, with information about health coverage programs for their children.

ALL Kids continued to participate in the "Kid Check" initiative of the Alabama Rural Action Commission (ARAC), which provides health screenings for children through schools. Through the partnership of many state and community resources, thousands of Alabama children have benefited from these health screenings which included assessments for health insurance coverage. Targeted outreach was provided to the families of uninsured children identified through this effort and applications were shared with every identified uninsured child participating in these screenings.

Responses from applicants using the web application reveal that family/friends and providers are the most common sources for learning about the program (approximately 70%).

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

ALL Kids considers the strategy of "teach the people who reach the people" a best practice. Regional staff based around the state work with other human service agencies, schools, providers and community based organizations. These are the people who work on the front lines with families who may have uninsured children and are able to connect them with the application process.

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]**

Most of Alabama is considered to be rural, though many children live in the urban areas. For both groups, the outreach efforts that were most successful were those which utilized partnerships with school systems, health care providers, faith organizations, and other human service organizations. It is difficult to attribute success to one strategy over another since many efforts overlap; however as a reflection of outreach successes, ALL Kids experienced record enrollment for the months of March 2010 through September 2010.

ALL Kids continued specific efforts to reach the state's growing Hispanic population. Through a partnership with the University of Alabama in Birmingham, Division of Preventive Medicine, the ALL Kids bilingual regional coordinator continued to train Hispanic volunteers to assist with outreach and application completion. The coordinator also trained volunteers who worked with seasonal migrant families. Information was also provided to families who visited the Mexican and Guatemalan Consulates in various parts of the state.

Regional staff have attempted to strengthen their partnerships with Native American tribes and tribal leaders. Native American enrollment has remained steady.

Another effort to reach Alabama's minorities, immigrants and children living in rural areas, was the use of AVAA (Audio Visual Application Assistor) kiosks. These kiosks allow families to apply for ALL Kids and Medicaid through a web based application which minimizes barriers due to language and literacy. Spanish-speaking applicants have been able to apply at these kiosks as well as people whose primary language is English but have low literacy skills.

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] 77

(Identify the data source used). [7500]

CPS data

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

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

1. Do you have substitution prevention policies in place?

- Yes  
 No

If yes, indicate if you have the following policies:

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

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

ALL Kids application materials require that the parent provide detailed information on current health insurance coverage for children and explain any coverage that has ended in the previous three months. This information is captured in the CHIP eligibility and enrollment data system and is reviewed at initial eligibility determination and renewal by Enrollment Division staff to ensure that children ineligible for CHIP coverage due to having or recently voluntarily terminating other health insurance are not enrolled. If a child appears eligible for ALL Kids coverage, and is uninsured or meets one of the criteria for exception to the ALL Kids crowd-out policy, the information is transmitted to the insurance vendor for enrollment in the program.

This nightly enrollment transmittal to BCBSAL is then matched against other BCBSAL policies in order to identify children with other BCBSAL coverage in effect or that has been terminated less than 90 days from the date of enrollment indicated on the file. This is a highly effective strategy because BCBSAL is the largest private insurer in the state. A system generated report is returned from BCBSAL daily to the CHIP Enrollment Division indicating those potential enrollees matched as insured. Each case

is investigated and the family notified of the indicated other coverage and appropriate waiting periods for enrollment. If enrollment in other insurance is dropped voluntarily, there is a 3 month waiting period (during which the child must be uninsured under group coverage) before the child can be enrolled in CHIP. Exceptions to this waiting period are made for children who have had group health insurance involuntarily terminated, an individual policy terminated, had a COBRA policy terminated, and/or exhausted their lifetime benefits under their other policy.

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

If enrollment in other insurance is dropped voluntarily, there is a 3 month waiting period (during which the child must be uninsured under group coverage) before the child can be enrolled in CHIP. Exceptions to this waiting period are made for children who have had group health insurance involuntarily terminated, an individual policy terminated, had a COBRA policy terminated, and/or exhausted their lifetime benefits under their other policy.

**All States must complete the following questions**

4. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) \* 100] **[5]** 11 and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) \* 100] **[5]**? 4.1 Provide a combined percent if you cannot calculate separate percentages. **[5]**

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

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

1.3

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

- Yes  
 No

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

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

- Yes  
 No

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

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

premium for employee-only coverage and the amount of the premium for family coverage? Other approach?) [7500]

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

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

- Yes  
 No

If yes, please provide relevant findings. [7500]

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

No

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

- Yes  
 No

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

- Yes  
 No

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

## C. ELIGIBILITY

*(This subsection should be completed by all States)*

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

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

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

- Yes  
 No

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

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

Upon receipt of the enrollees' renewal application, all renewal information is entered into the respective system's data base. If a child is determined to be ineligible for his current program (CHIP or Medicaid) and probably eligible for the other program (CHIP or Medicaid), the application information is sent electronically, through the Automated Data Information (ADI) system, to the other program along with all denial documentation. This is explained to the family. Upon receipt of the paper application from the originating program, the new program pulls up the renewal information from the ADI system and processes the information as a new application. Monthly CHIP/Medicaid meetings have identified a few minor problems that have been successfully resolved. Such issues have included miscommunications, individual district caseworker problems, inconsistent interpretations, clarifying what the other program needed in the way of documentation, paperwork, etc. Regular data bounces between both programs' current enrollments occur. When a child has been enrolled in Medicaid during his CHIP coverage period, CHIP terminates the coverage.

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

- Yes  
 No

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

Medicaid uses a unique provider network which the Medicaid Agency manages. ALL Kids uses a preferred provider, discounted fee-for-service network developed by BCBSAL.

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

If yes

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

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

**Table B1**

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

Program Feature	Question	Medicaid	CHIP
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Continuous Eligibility	<p>1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below:</p> <p>a. child is no longer a resident of the State;</p> <p>b. death of the child;</p> <p>c. child reaches the age limit;</p> <p>d. child/representative requests disenrollment;</p> <p>e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.</p>	<p>In accordance with section 1902(e)(12) of the Act</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
Liberalization of Asset (or Resource Test) Requirements	<p>2. Does the State have an assets test?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	<p>3. If there is an assets test, does the State allow administrative verification of assets?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
Elimination of In-Person Interview	<p>4. Does the State require an in-person interview to apply?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	<p>5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	<p>6. Does the State use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>7. Does the State use the same application form, supplemental forms, and information verification process for establishing eligibility for Medicaid and CHIP?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	



Automatic/Administrative Renewal	8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		If exparte is used, is it used for All applicants <input type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No	If exparte is used, is it used for All applicants <input type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No
Presumptive Eligibility	10. Does the State provide presumptive eligibility to children who appear to be eligible for Medicaid and CHIP to enroll pending a full determination of eligibility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Express Lane Eligibility	11. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			If yes, which Express Lane Agencies are you using? <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps <input type="checkbox"/> Tax/Revenue Agency <input type="checkbox"/> Unemployment Compensation Agency <input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Free, Reduced School Lunch Program <input type="checkbox"/> Subsidized Child Care Program <input type="checkbox"/> Other, please explain. [7500]
			If yes, what information is the Express Lane Agency providing? <input type="checkbox"/> Income <input type="checkbox"/> Resources <input type="checkbox"/> Residency <input type="checkbox"/> Age <input type="checkbox"/> Citizenship <input type="checkbox"/> Other, please explain. [7500]

Premium Assistance	12. Has the State implemented premium assistance as added or modified by CHIPRA?	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Section IIIC: Subpart C: Eligibility Renewal and Retention**

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

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

Conducts follow-up with clients through caseworkers/outreach workers

Sends renewal reminder notices to all families

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

At the beginning of FY 2010 three pieces of correspondence were sent to the family. In May of 2010, two of the pieces were discontinued and one letter is now sent to the family.

- 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]**

At the beginning of FY 2010 a notice was sent six weeks prior to the renewal date. At two weeks prior to the renewal date a reminder was sent to the family. In May of 2010, two of the pieces were discontinued and one letter is now sent to the family 30 days prior to the renewal date.

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

ALL Kids conducts informational campaigns to increase awareness of the need to renew as well as providing a partially pre-printed renewal form for parents' ease in renewing. To assist families further, ALL Kids offers the option to pay their annual premiums in installments. This option is known as Pay\$mart. Additionally, families may use a credit or debit card either on-line or by phone to pay their premiums. Families who owe premiums receive an invoice every 3 months.

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

All of the measures noted above continue to be effective and are continually monitored.

**Section IIIC: Subpart D: Eligibility Data**

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

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

	Number	Percent
1. Total number of title XXI applicants	84481	100
2. Total number of application denials	35835	42.4
a. Total number of procedural denials	3540	4.2

b. Total number of eligibility denials	32295	38.2
i. Total number of applicants denied for title XXI and enrolled in title XIX	13832	16.4
(Check here if there are no additional categories <input checked="" type="checkbox"/> ) c. Total number of applicants denied for other reasons Please indicate:		

3. Please describe any limitations or restrictions on the data used in this table: The number of new and reapplying applicants who are denied for incomplete applications or missing data are not available from our administrative data and are not included in item 2a.
- 4.
5. The number and percent in item 2bi above, represents new and reapplying applicants who are denied ALL Kids for meeting Medicaid income-eligibility.

**Definitions:**

1. The “total number of title XXI applicants,” including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2010. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI eligibility determination made in FFY 2010 (e.g., an application that was determined eligible in September 2010, but coverage was effective October 1, 2010 is counted in FFY 2010).
2. The “the total number of denials” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2010. This definition only includes denials for title XXI at the time of initial application (not redetermination).
  - a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2010 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
  - b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2010 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your State’s specified waiting period, etc.)
    - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
  - c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

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

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2. What percentage of children in the program are disenrolled at redetermination (i.e., (# children disenrolled/total # children who may remain eligible for CHIP) \* 100). [5] 38
3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in CHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

Yes

- No
- N/A

a. When was the monthly report or assessment last conducted? **[7500]**

The last disenrollment reports for FY 2010 were conducted on November 15, 2010.

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

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

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other (specify)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
41503	542	1.0			3240	8.0	568	1.0	37153	90.0

c. Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

CHIP administrative data were obtained from the Eligibility Division's determination processes via incoming telephone requests, paper and web application submissions, income verification, and demographic data.

In the table above "Obtain other public or private coverage" includes those children who either were found to be covered under Medicaid, State Employees Insurance, State Teacher's Insurance, or Other Insurance.

There is no mechanism in place to track the number of children who remain uninsured once they disenroll from the ALL Kids program.

Those in the "Other" category include children who were disenrolled either by request from the parent, for non-payment of premium, no return of the renewal form from the enrollee, found to be under or over the ALL Kids income eligibility range, or for other reasons. The two largest, specific denial reasons were (1) no return of renewal form [13,645] and (2) under income [8,022]. Those determined to be under income were referred to Medicaid.

**D. COST SHARING**

1. Describe how the State tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?

a. Cost sharing is tracked by:

- Enrollees (shoebox method)
- Health Plan(s)
- State
- Third Party Administrator
- N/A (No cost sharing required)
- Other, please explain. **[7500]**

If the State uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**

Families of each enrollee receive a Summary Plan Description which contains the following verbiage regarding calendar year out-of-pocket maximums:

According to Alabama Department of Public Health policy, no family will be required to pay more than \$500 in out-of-pocket expenses (premiums and copayment) annually. Should a family's annual out-of-pocket expenses (premiums and copayment) approach this \$500 maximum, the family should send the receipts for these expenses to the ALL Kids administrative office with a note explaining the receipts are for one family during one year's time and total nearly \$500.

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.

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]**  
One

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]**

ALL Kids contracted with the University of Alabama at Birmingham to conduct studies on utilization of health services but final data and conclusions are not yet available.

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]**

ALL Kids contracted with the University of Alabama at Birmingham to conduct studies on utilization of health services but final data and conclusions are not yet available.

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]**

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

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

## Children

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

## Adults

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

- Yes
- No

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

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

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

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

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2010

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

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

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

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

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

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

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

Children

Parent

State:

State:

Employer:

Employer:

Employee:

Employee:

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

Children	Low	High
----------	-----	------

Parents	Low	High
---------	-----	------

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

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

- Yes
- No

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

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

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

- Yes
- No

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

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

- Yes
- No

24. Can you cap enrollment for your program?

- Yes
- No



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

Enter any Narrative text below. [7500]

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

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

(1) prevention:  Yes  No

(2) investigation:  Yes  No

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

Please explain: [7500]

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 Director of Program Integrity. This research is conducted within a ten business day time period. Most 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 data 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 hard copy file of written complaints received by fiscal year, and record selected information into a database for historical reference.

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. BCBSAL maintains operating policies, including but not limited to the following areas:

Maintenance of Network Integrity Unit

Network Integrity Training

Referral to Network Integrity

Collaboration with Law Enforcement

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

Yes

No

Please Explain: **[500]**

BCBSAL has written plans, however, BCBSAL is not a managed health care plan.

2. For the reporting period, please report the

0 Number of fair hearing appeals of eligibility denials

0 Number of cases found in favor of beneficiary

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

a. Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

b. Provider Billing

7 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

0 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]**

Monthly meetings are held with the contractors 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 Analysis 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 – Reporting is required in 2010 CARTS**

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

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

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

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

Medicaid Expansion

Separate CHIP

Both Medicaid Expansion and Separate CHIP

State _____ FFY _____	Age Group						
	Total	< 1	1-2*	3-5	6-9	10-14	15-18
<b>Total Enrollees Receiving Any Dental Services<sup>1</sup></b>	47189	11	1129	4717	13401	17524	11863
<b>Total Enrollees Receiving Preventive Dental Services<sup>2</sup></b>	44483	2	894	4442	12803	16652	10716
<b>Total Enrollees Receiving</b>	20244	1	151	1571	5858	6862	6060

Dental Treatment Services <sup>3</sup>							
--	--	--	--	--	--	--	--

\*Includes 12-month visit

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

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

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

**b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a protective sealant on at least one permanent molar tooth<sup>4</sup>? [7]**

2392

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

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

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

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

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = Federal Fiscal Year 2010. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED CHIP PLAN

	2010	2011	2012
<b>Benefit Costs</b>			
Insurance payments			
Managed Care			
Fee for Service	163775404	186808248	207937909
<b>Total Benefit Costs</b>	163775404	186808248	207937909
(Offsetting beneficiary cost sharing payments)	-4389974	-4577307	-4736684
<b>Net Benefit Costs</b>	\$ 159385430	\$ 182230941	\$ 203201225

### Administration Costs

Personnel	4990702	5372994	5641644
General Administration	1065589	2180963	1500119
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	1678884	2100000	2100000
Other (e.g., indirect costs)	532730	723409	758237
Health Services Initiatives			
<b>Total Administration Costs</b>	8267905	10377366	10000000
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	17709492	20247882	22577914

<b>Federal Title XXI Share</b>	130115753	150195958	166254315
<b>State Share</b>	37537582	42412349	46946910

<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	167653335	192608307	213201225
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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 cost rounded to a whole number. If you have CHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2010		2011		2012	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care		\$		\$		\$
Fee for Service	75842	\$ 185	80378	\$ 199	80378	\$ 216

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

## SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

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

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

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

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

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

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

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

\_\_\_\_\_ Number of **childless adults** ever enrolled during the reporting period in the demonstration (\*Only report for 1<sup>st</sup> Quarter of the FFY)

- What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. **[1000]**

- Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2010 starts 10/1/08 and ends 9/30/09).*

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

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

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

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

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

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

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

<b>Total Benefit Costs</b>					
(Offsetting Beneficiary Cost Sharing Payments)					
<b>Net Benefit Costs</b> (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)					

**Administration Costs**

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

<b>Federal Title XXI Share</b>					
<b>State Share</b>					

<b>TOTAL COSTS OF DEMONSTRATION</b>					
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When was your budget last updated (please include month, day and year)? [500]



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

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

## SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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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]**

Alabama is very fortunate in the support that the Legislature and the Governor's Office provide to CHIP. Amidst the state's austere economic environment, the legislature approved funds for ALL Kids to broaden eligibility limits from 200% FPL to 300% FPL beginning in FY 2010. Funding of children's health insurance programs continues to be supported by advocacy, provider and state groups drawing collaborative support from a variety of areas. In light of the broadening of the ALL Kids income eligibility, the Alabama Child Caring Foundation, which insures children who are not eligible for Medicaid or ALL Kids up to 235% FPL, decided to end its program as of January 1, 2011.

While Alabama is still experiencing a number of plant closings, the number is lower than the previous year. In FY 2010, 49 businesses either closed or had layoffs (impacting 7,257 individuals). During calendar year 2009, through September, 91 businesses either closed or had layoffs (affecting 17,053 individuals). ALL Kids regional staff participate in Rapid Response meetings for employees of businesses which are about to close or have significant layoffs to inform them of services that could help them during this time. The Rapid Response meetings are coordinated by the Alabama Department of Economic and Community Affairs.

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

During FY 2010, continued implementation of CHIPRA has been the greatest challenge. Three major activities associated with CHIPRA implementation include: (1) citizenship verification; (2) prospective payments for federally qualified health centers (FQHCs) and rural health centers (RHCs); and, (3) mental health parity.

The methodology designed to verify citizenship relies heavily on coordination with the federal Social Security Administration, follow-up with parents and internal tracking. Once established, this system has worked very well.

Establishing a prospective payment system (PPS) for FQHCs and RHCs was very time-consuming and required a substantial amount of programming for BCBSAL, as well as coordination with the FQHC's and RHC's. BCBSAL implemented this new claims payment system on August 25, 2010, for claims submitted from that date forward as well as implementing a process to address claims retroactive to October 1, 2009.

Determining necessary actions for ALL Kids to become compliant with mental health parity requirements was another activity undertaken by ALL Kids and BCBSAL during the fiscal year. BCBSAL researched current program benefits and conducted appropriate analysis to assure readiness for ALL Kids compliance with mental health parity which was required as of October 1, 2010.

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

Implementing an increase in the upper limit of the ALL Kids income range from 200% FPL to 300% FPL. This implementation included the management of an increased number of applications, conducting outreach to an entirely new sector of the population (one that probably had never relied on a government program for such services before), and developing IT programs to distinguish this new population's enrollment, and service utilization.

Continued implementation of a Robert Wood Johnson, Maximizing Enrollment Grant.

Continuation, beyond grant funding, of the Covering Alabama Kids and Families Project.

Coordination with the Alabama recipients of the CHIPRA outreach grants.

Continuation/Expansion of AVAA Kiosks (stand alone kiosks placed within county health departments which provide consumers with an audible Spanish and English translation for applying for Medicaid/ALL Kids via the online web application).

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]**

ALL Kids plans to implement document imaging for all applications and supporting documentation by the end of summer, 2011.

ALL Kids has submitted a State Plan Amendment to allow enrollment of eligible public employee dependents.

ALL Kids plans to conduct a telephone renewal pilot study in spring 2011.

ALL Kids plans to start the development of an online renewal system (including a Spanish-language version) during FY 2011.

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