

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

**Preamble**

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

The framework is designed to:

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

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

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

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

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



## SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

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

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

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

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

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No							<input type="checkbox"/>	No						
	<input type="checkbox"/>	Yes							<input 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		<b>From</b>		To		Range from		Range to		<b>From</b>		To	
	\$ _____		\$ _____		% of FPL		% of FPL		\$ _____		\$ _____		% of FPL		% of FPL	
	\$ _____		\$ _____		% of FPL		% of FPL		\$ _____		\$ _____		% of FPL		% of FPL	
	\$ _____		\$ _____		% of FPL		% of FPL		\$ _____		\$ _____		% of FPL		% of FPL	
	\$ _____		\$ _____		% of FPL		% of FPL		\$ _____		\$ _____		% of FPL		% of FPL	
	If 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		<b>From</b>		To		Range from		Range to		<b>From</b>		To	
\$ _____		\$ _____		% of FPL		% of FPL		\$ _____		\$ _____		% of FPL		% of FPL		

	\$_____	\$_____	% of FPL	% of FPL	\$_____	\$_____	% of FPL	% of FPL
	\$_____	\$_____	% of FPL	% of FPL	\$_____	\$_____	% of FPL	% of FPL
	\$_____	\$_____	% of FPL	% of FPL	\$_____	\$_____	% of FPL	% of FPL
	If yes, briefly explain fee structure in the box below				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include federal poverty levels where appropriate)			
	<b>[500]</b>				<b>[500]</b>			
	<input type="checkbox"/> N/A				<input type="checkbox"/> N/A			

Which delivery system(s) does your program use?	<input checked="" type="checkbox"/> Managed Care	<input type="checkbox"/> Managed Care
	<input type="checkbox"/> Primary Care Case Management	<input type="checkbox"/> Primary Care Case Management
	<input checked="" type="checkbox"/> Fee for Service	<input type="checkbox"/> Fee for Service
	<p>Please describe which groups receive which delivery system <b>[500]</b></p> <p>Managed Care: All children eligible for CHIP, except those children receiving foster care maintenance or adoption assistance or in the BCMH program and have opted out of managed care.</p> <p>Fee-for-service: All children initially eligible for CHIP are fee-for-service for two weeks to 45 days prior to their enrollment into Managed Care. Also, children enrolled in CHIP who receive foster maintenance, or adoption assistance, or are in the BCMH program and have opted out of Managed Care.</p>	
<p>Please describe which groups receive which delivery system <b>[500]</b></p>		

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

**For FFY 2015, please include only the program changes that are in addition to and/or beyond those required by the Affordable Care Act.**

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)

Medicaid Expansion CHIP Program			Separate Child Health Program		
Yes	No Change	N/A	Yes	No Change	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Expansion to "Lawfully Residing" children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Expansion to "Lawfully Residing" pregnant women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Pregnant Women state plan expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Other – please specify						
a. [50]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [50]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. [50]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) 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) 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	
m) Eligibility redetermination process	
n) Enrollment process for health plan selection	
p) Outreach	
q) Premium assistance	
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
s) Expansion to “Lawfully Residing” children	

t) Expansion to "Lawfully Residing" pregnant women	
u) Pregnant Women state plan expansion	
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
x) Other – please specify	
a. [50]	
b. [50]	
c. [50]	

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

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

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

## SECTION IIA: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2014	FFY 2015	Percent change FFY 2014-2015
CHIP Medicaid Expansion Program	136169	181100	33%
Separate Child Health Program			

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

Effective January 1, 2014, Ohio Medicaid implemented a new eligibility system. Due to a system error, children that should have been categorized as CHIP eligible were misclassified as Medicaid eligible, causing the appearance of a large decrease in CHIP enrollment in FFY14. The system error was fixed as of November 2014, and is reflected in the 33% increase in CHIP enrollment seen above. Since eligibility records that existed prior to the implementation of the fix are still affected by the system error, it may still have lingering effects on the data.

**[7500]**

2. The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in this information automatically, and significant changes are denoted with an asterisk (\*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. .

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Std. Error	Rate	Std. Error
1996-1998	189	28.7	6.0	.9
1998-2000	186	28.5	5.8	.9
2000-2002	157	21.8	5.4	.7
2002-2004	156	21.7	5.2	.7
2003-2005	153	21.6	5.2	.7
2004-2006	131	20.0	4.5	.7
2005-2007	134	20.0	4.6	.7
2006-2008	122	19.0	4.3	.7
2007-2009	154	21.0	5.3	.7
2008-2010	159	15.0	5.6	.5
2009-2011	170	16.0	6.0	.5
2010-2012	151	15.0	5.4	0

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Margin of Error	Rate	Margin of Error
2013	94	8.0	3.4	.3
2014	83	6.0	3.0	.2
Percent change 2013 vs. 2014	0	N/A	0	N/A

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

**[7500]**

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

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

Yes (please report your data in the table below)

No (skip 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)	Ohio Family Health Survey (1998-2010)/ Ohio Medicaid Assessment Survey (2012, 2015)
Reporting period (2 or more points in time)	1998, 2004, 2008, 2010, 2012, and 2015
Methodology	Phone Sample
Population (Please include ages and income levels)	Ohio Residents (households)
Sample sizes	1998: (16,000; 2004: 40,000; 2008: 51,000; 2010: 8,276; 2012: 22,929. 2015: 42,876 The sample included household with children: In 1998: 6,000; in 2004: 15,000; in 2008: 14,000; in 2010: 2,002; in 2012; 5,515. In 2015; 10,122
Number and/or rate for two or more points in time	Children with insurance at any time in the past year; in 1998: 94.4%; in 2004: 97.0%; in 2008: 97.0%; in 2010: 96.9%; in 2012: 96.8% ; in 2015: 98.8%
Statistical significance of results	See below

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]**

The Ohio Department of Medicaid (ODM) has the Ohio Medicaid Assessment Survey (OMAS), previously known as the Ohio Family Health Survey (OFHS), as an additional source of data. Since this survey is not administered yearly, it does not supplement the use of the Current Population survey. However, due to its size and scope, it validates the CPS and provides additional information for policy planning.

B. What is your state's assessment of the reliability of the estimate? Please provide standard errors, confidence intervals, and/or p-values if available.

**[7500]**

The OMAS is significantly larger in sample size compared to the CPS. The sample and weighting are more representative of Ohio's population.

The 1998 OFHS had a standard error of 0.5% with a 95% lower and upper CL at 93.4% and 95.3% respectively. T

The 2004 OFHS had a standard error of 0.2% with the 95% lower and upper CL at 96.7% and 97.3% respectively.

The 2008 OFHS had a standard error of 0.2% with the lower CL at 96.7% and the upper CL at 97.0%.

The 2010 OFHS had a standard error of 0.5% with a 95.0% lower and upper CL at 95.9% and 97.9%, respectively.

The 2012 OMAS had a standard error of 0.3% with a 95% lower and upper CL at 96.3% and 97.4% respectively.

The 2015 OMAS had a standard error of 0.13% with a 95% lower and upper CL at 98.5% and 99.0% respectively.

- C.** What are the limitations of the data or estimation methodology?

**[7500]**

The most significant limitation is that this survey cannot be produced annually.

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

**[7500]**

ODM has used it to better understand the uninsured population and to estimate the fiscal impact for projected growth and new programming. This information has also been made available to others for analysis and is available to communities (via a website) for grant writing.

## SECTION IIB: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2013 and FFY 2014) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2015).

In this section, the term performance measure is used to refer to any data your state provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are state-specific, and should be listed in the appropriate subsections within the space provided for each objective.

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

**In addition, please do not report the same data that were reported in Section IIA above or for Child Core Set Reporting. The intent of this section is to capture goals and measures that your state did not report elsewhere.**

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 2015.

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

- Final: Check this box if the data you are reporting are considered final for FFY 2015.
- Same data as reported in a previous year’s annual report: Check this box if the data you are reporting are the same data that your state reported for the goal in another annual report. Indicate in which year’s annual report you previously reported the data.

### **Measurement Specification:**

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

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

#### **HEDIS® Version:**

Please specify HEDIS® Version (example 2014). This field must be completed only when a user select the HEDIS® measurement specification.

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

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

### **Data Source:**

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

## Definition of Population Included in Measure:

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

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

For measures related to increasing access to care and use of preventative care, please

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

## Deviations from Measure Specification

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

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

The five types (and examples) of deviations are:

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

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

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

## Date Range: available for 2015 CARTS reporting period.

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

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

CHIP Annual Report Template – FFY 2015

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

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

### **Explanation of Progress:**

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 21016, 2017 and 2018. Based on your recent performance on the measure (from FFY 2013 through 2015), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

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

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

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

FFY 2013	FFY 2014	FFY 2015
<p><b>Goal #1 (Describe)</b> Percent of Medicaid/SCHIP children with medical coverage for the entire year whose family income is below 200% FPL will be 95% or greater.</p>	<p><b>Goal #1 (Describe)</b></p>	<p><b>Goal #1 (Describe)</b></p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. Explain:  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. Explain:</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. Explain:  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. Explain:</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. Explain:  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. Explain:</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.                  Explanation of Provisional Data:  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.                  Specify year of annual report in which data previously reported: 2012</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.                  Explanation of Provisional Data:  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.                  Specify year of annual report in which data previously reported:</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.                  Explanation of Provisional Data:  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.                  Specify year of annual report in which data previously reported:</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input checked="" type="checkbox"/> Survey data. Specify: 2012 Ohio Medicaid Assessment Survey  <input type="checkbox"/> Other. Specify:</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. Specify:  <input type="checkbox"/> Other. Specify:</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. Specify:  <input type="checkbox"/> Other. Specify:</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>Definition of Population Included in the Measure:</b>                   Definition of denominator:                   Definition of numerator:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>Performance Measurement Data:</b>                  Describe what is being measured: Measurement from Ohio Medicaid Assessment Survey for 2012 (please see section IIB).                  Numerator: 0                  Denominator: 0                  Rate: 0</p>	<p><b>Performance Measurement Data:</b>                  Describe what is being measured:                  Numerator:                  Denominator:                  Rate:</p>	<p><b>Performance Measurement Data:</b>                  Describe what is being measured:                  Numerator:                  Denominator:                  Rate:</p>

FFY 2013	FFY 2014	FFY 2015
<p>Additional notes on measure: Ohio has calculated a rate of 96.8%. Percent of children enrolled is based upon the 2012 OMAS (please see IIB, response #3). The U.S. Census estimates that the number of children in Ohio age 0 thru 18 as of July 1, 2011 is 2,853,220. Thus, 2,761,917 children were insured.</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 2015 compare with the Annual Performance Objective documented in your 2014 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 2016:</b></p> <p><b>Annual Performance Objective for FFY 2017:</b></p> <p><b>Annual Performance Objective for FFY 2018:</b></p> <p>Explain how these objectives were set:</p>		
<p><b>Other Comments on Measure:</b></p>		

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

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

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

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

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

FFY 2013	FFY 2014	FFY 2015
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b></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 2016:</b></p> <p><b>Annual Performance Objective for FFY 2017:</b></p> <p><b>Annual Performance Objective for FFY 2018:</b></p> <p>Explain how these objectives were set:</p>		
<p><b>Other Comments on Measure:</b></p>		

**Objectives Related to CHIP Enrollment**

FFY 2013	FFY 2014	FFY 2015
<p><b>Goal #1 (Describe)</b> Ohio has a Medicaid expansion program and these goals are identified under Medicaid enrollment.</p>	<p><b>Goal #1 (Describe)</b></p>	<p><b>Goal #1 (Describe)</b></p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. Explain:  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. Explain:</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. Explain:  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. Explain:</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. Explain:  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. Explain:</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.              Explanation of Provisional Data:  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.          Specify year of annual report in which data previously reported:</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.              Explanation of Provisional Data:  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.          Specify year of annual report in which data previously reported:</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.              Explanation of Provisional Data:  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.          Specify year of annual report in which data previously reported:</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. Specify:  <input type="checkbox"/> Other. Specify:</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. Specify:  <input type="checkbox"/> Other. Specify:</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. Specify:  <input type="checkbox"/> Other. Specify:</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>Definition of Population Included in the Measure:</b>           Definition of denominator:           Definition of numerator:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>Performance Measurement Data:</b>          Describe what is being measured:          Numerator:          Denominator:          Rate:</p>	<p><b>Performance Measurement Data:</b>          Describe what is being measured:          Numerator:          Denominator:          Rate:</p>	<p><b>Performance Measurement Data:</b>          Describe what is being measured:          Numerator:          Denominator:          Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

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

**Objectives Related CHIP Enrollment (Continued)**

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

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

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

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

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

**Objectives Related to Medicaid Enrollment**

FFY 2013	FFY 2014	FFY 2015
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revise. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revise. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revise. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Describe what is being measured: Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Describe what is being measured: Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Describe what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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

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

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

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

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

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

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

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

FFY 2013	FFY 2014	FFY 2015
<p><b>Goal #1 (Describe)</b> To increase the Use of Appropriate Medications for People with Asthma (Age 5 to 11).</p>	<p><b>Goal #1 (Describe)</b></p>	<p><b>Goal #1 (Describe)</b></p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. Explain:  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. Explain:</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. Explain:  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. Explain:</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. Explain:  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. Explain:</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.                  Explanation of Provisional Data:  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.                  Specify year of annual report in which data previously reported:</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.                  Explanation of Provisional Data:  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.                  Specify year of annual report in which data previously reported:</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.                  Explanation of Provisional Data:  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.                  Specify year of annual report in which data previously reported:</p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. Specify version of HEDIS used: 2013  <input type="checkbox"/> Other. Explain:</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. Specify version of HEDIS used:  <input type="checkbox"/> Other. Explain:</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. Specify HEDIS® Version used:  <input type="checkbox"/> Other. Explain:</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. Specify:  <input type="checkbox"/> Other. Specify:</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. Specify:  <input type="checkbox"/> Other. Specify:</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. Specify:  <input type="checkbox"/> Other. Specify:</p>
<p><b>Definition of Population Included in the Measure:</b>                  Definition of numerator:                  Per HEDIS, Medicaid/SCHIP                  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                   If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of numerator:                   Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                   If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of numerator:                   Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                   If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>

FFY 2013	FFY 2014	FFY 2015
<b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)  Numerator: 13878 Denominator: 15509 Rate: 89.5	<b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS)  Numerator: Denominator: Rate:
<b>Deviations from Measure Specifications;</b> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	<b>Deviations from Measure Specifications;</b> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	<b>Deviations from Measure Specifications;</b> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> (If reporting with another methodology) Describe what is being measured: Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b> <b>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</b>  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>  <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</b>  <b>Annual Performance Objective for FFY 2018:</b>  Explain how these objectives were set:		
<b>Other Comments on Measure:</b>		

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

FFY 2013	FFY 2014	FFY 2015
<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. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify Version of HEDIS used: <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
<b>Definition of Population Included in the Measure:</b> Definition of numerator:  Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator:  Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator:  Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>

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

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

FFY 2013	FFY 2014	FFY 2015
<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. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
<b>Definition of Population Included in the Measure:</b> Definition of numerator:  Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator:  Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator:  Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>

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

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

FFY 2013	FFY 2014	FFY 2015
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify Version of HEDIS used: <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
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<b>Date Range:</b> <b>From: (mm/yyyy)      To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy)      To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy)      To: (mm/yyyy)</b>

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

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

FFY 2013	FFY 2014	FFY 2015
<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. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify version of HEDIS used:  <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
<b>Definition of Population Included in the Measure:</b> Definition of numerator:  Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator:  Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator:  Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
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FFY 2013	FFY 2014	FFY 2015
<b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS)  Numerator: Denominator: Rate:
<b>Deviations from Measure Specifications;</b> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	<b>Deviations from Measure Specifications;</b> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	<b>Deviations from Measure Specifications;</b> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
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<b>Explanation of Progress:</b> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2016:</p> <p>Annual Performance Objective for FFY 2017:</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Explain how these objectives were set:</p>		
<b>Other Comments on Measure:</b>		

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

FFY 2013	FFY 2014	FFY 2015
<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. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. Explain: <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify HEDIS® Version version of HEDIS used: <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:
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<b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)  Numerator: Denominator:	<b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)  Numerator: Denominator:	<b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS)  Numerator: Denominator:

FFY 2013	FFY 2014	FFY 2015
Rate:	Rate:	Rate:
<b>Deviations from Measure Specifications;</b> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	<b>Deviations from Measure Specifications;</b> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	<b>Deviations from Measure Specifications;</b> <input type="checkbox"/> Year of Data, Explain <input type="checkbox"/> Data Source, Explain <input type="checkbox"/> Numerator, Explain <input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
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<b>Other Comments on Measure:</b>		

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

Ohio uses a number of mechanisms to measure and report data pertaining to access, quality, and outcomes attained by the CHIP population. These include HEDIS measures and results of the Quality of Life and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

The Quality Strategy, which is implemented across delivery systems and Ohio Medicaid populations, serves as a framework for communicating Ohio's approach to ensuring that individuals have timely access to high quality services in a cost-effective, coordinated manner.

Ohio's efforts to improve quality are consistent with the National Strategy's broad aims which focus on reliable, person-centered care, proven interventions to treat manageable conditions, and the reduction of the cost of quality health care for everyone. Furthermore, the Quality Strategy supports the Governor's Office of Health Transformation's (OHT) work to modernize Medicaid and foster greater quality and efficiency in Ohio's health care landscape.

Priorities for Ohio Medicaid's Quality Strategy have been established to advance these goals and are based on the latest research to improve health outcomes and increase effectiveness of care. These priorities will continue to guide Ohio's efforts over the next year and are as follows:

- a) Make care safer by eliminating preventable hospital-acquired conditions and errors;
- b) Improve care coordination by creating a system that is less fragmented where communication is clear, and patients and providers have access to information in order to optimize care;
- c) Promote evidence based prevention and treatment practices by preventing and reducing harm associated with high cost, prevalent conditions;
- d) Support person and family centered care by integrating patient/family feedback into all care settings and modes of care delivery; and
- e) Ensure effective and efficient administration of the Medicaid program by sustaining a quality-focused, continuous learning organization.

Over the last year's reporting period, ODM further refined its Quality Strategy so that measures and initiatives align across four population streams: maternal and infant health; behavioral health; chronic care (child and adult) and healthy individuals. Reframing the quality strategy into population streams assists in shifting the focus from individual disease focused metrics to a longitudinal person-centered approach.

Given that the majority of children eligible for Medicaid are enrolled in a Managed Care Plan (MCP), all of the MCPs are expected to participate in the State's efforts to meet the associated requirements and expected outcomes established in the Ohio Medicaid Quality Strategy. To ensure that MCPs are operating within the framework of the Quality Strategy, ODM created a comprehensive accountability system for assessing and improving the quality of care provided to its consumers. MCP performance is evaluated through a system of internal compliance reviews, monitoring in key areas (e.g., clinical quality, access, consumer satisfaction), and independent reviews by an external quality review organization. The following provides an overview of the findings:

A. MCPs are held accountable for quality improvement which is measured against nationally recognized quality benchmarks and indicators. MCPs must meet minimum performance standards established in key clinical focus areas that are part of the Quality Strategy and relevant (i.e., high cost, high prevalence) to the Ohio Medicaid child population. These clinical focus areas are premature births, behavioral health, asthma, and upper respiratory infections. Financial penalties and incentives are used for both program compliance and continuous quality improvement.

From FFY 2014 to FFY 2015, the percent of children who completed a visit with a primary care provider remained relatively unchanged across all age groups. In the area of well child care, the number of children who received a visit in the first 15 months of life remained relatively unchanged. However, children in the third through sixth year of life there was approximately a six percent decline in the number of children who received six or more visits.

B. Annual CAHPS surveys are used to collect information on members' experiences with health plans and their services. Survey results are used to evaluate MCP performance, identify opportunities for improvement, aid consumers in plan selection, and increase program transparency through public reporting. Each MCP contracts with an NCQA-certified HEDIS Survey vendor to administer the CAHPS Health Plan survey to both the adult and child populations. The survey includes several items specifically related to access to health care and services, service utilization, service providers, and health plan administration.

In both 2014 and 2015, ratings for the general child population tended to be higher than those of the adult population, and 50% of general child mean scores improved between 2014 and 2015.

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]**

In FFY 2015, ODM continued to enhance the accountability strategy for our managed care program in order to improve access, quality, and health outcomes for children. Additionally, ODM continued to advance priorities related to its Quality Strategy while also focusing on the creation of a more balanced portfolio of quality measurement and reporting across all delivery systems for the child population.

One-third of the 21 contract measures for SFY 2015 focus on the child population in the areas of premature births, behavioral health, asthma, and upper respiratory infections. ODM has committed to reviewing and analyzing Medicaid data to ensure that areas of clinical focus continue to reflect the highest cost and most prevalent conditions for the child population, as well as the greatest opportunities for improving health outcomes and quality of care. Efforts to monitor MCP performance on key clinical quality indicators will continue on an annual basis.

For CY 2015, MCPs began reporting three new HEDIS-audited rates on an annual basis: annual dental visits, childrens' immunization status (combo 2), and childrens' immunization status (combo 3). ODM continues to focus MCP performance on the child population by using standardized clinical quality measures that are used to determine incentive payments. In SFY 2015, these measures included Appropriate Treatment for Children with an Upper Respiratory Infection, and Prenatal and Postpartum Care: Timeliness of Prenatal Care. Moving into SFY 2016, ODM will add two measures to the Pay for Performance Incentive System to focus efforts on strengthening interconception care strategies/interventions: Adolescent Well Visits, and Prenatal and Postpartum Care: Postpartum Care.

In 2015, ODM began publishing a managed care report card to encourage improvement among MCPs and assist beneficiaries in choosing a plan. The information used for this report card was collected from the managed care plans and their members, and was reviewed for accuracy by independent organizations. Areas of scoring included "Getting Care" (based on member access to care and member self-reports regarding getting needed care); "Doctors' Communication and Service" (based on members' satisfaction with their providers, member assessment of provider communication, and to what degree providers involve members in health care decision making when appropriate); "Keeping Kids Healthy" (based on if children receive preventive healthcare); "Living with Illness" (based on how well the plan provides care and services for management of chronic health conditions); and "Women's Health" (based on receipt of screenings and perinatal care). MCPs were assigned one to three stars in each performance area based statistically significant differences between the plans' score and the Ohio Medicaid average.

In addition to formal measures, ODM administered a Quality of Life (QoL) survey in CY 2014 to evaluate the health-related QoL experiences of children with chronic or disabling health conditions who were enrolled in the Ohio Medicaid Managed Care Program. The survey was conducted to better understand this population's healthcare needs and identify potential areas to target quality improvement activities. Data was collected by population (i.e., Aged, Blind, or Disabled (ABD) and Covered Families and Children (CFC) child members). ABD children were surveyed at the MCP-level to provide detailed data for a baseline assessment, while CFC child members were surveyed at the program-level to allow for a comparative analysis of the two populations.

ODM also intends to broaden the focus of quality assessment and improvement efforts by addressing children who are not enrolled in an MCP (e.g., children on waivers or in institutions) or relatively new to managed care (i.e., 37,000 children with an Aged, Blind, or Disabled aid category were enrolled in an MCP effective July 1, 2013).

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]**

A. Independent Assessment of Ohio's Section 1915(b) waiver for SSI Children: The assessment, conducted in calendar year 2015, resulted in a report finding that "ODM demonstrated a robust, ongoing monitoring process assessing the access and quality of care and services provided to its Medicaid managed care population as a whole, and subsequently, to its SSI child waiver population". The report also revealed that consumers were offered a choice of MCPs and provided with multiple sources of information about the MCPs to aid in enrollment decisions. The extensive stakeholder outreach and education that occurred in advance of the inclusion of children with special health care needs in managed care was also highlighted. The independent assessment commended MCP websites on providing user-friendly comprehensive information on the managed care program and noted that access is assured through ODM's continual review of MCP informational and educational materials, provider directories, call centers and 24-hour advice lines.

B. Care Management: Continuing the state's focus on improving systems of care by strengthening care coordination efforts, ODM is currently working to transform its care management strategy towards a population-level health management approach with four population streams. Each stream will align with a quality strategy and care management model that facilitates the connection between community workers and beneficiaries to influence behavior change and better support existing community-based care management models. Each population stream will include the following components: health and wellness, preventive care, primary care, access to specialists, transitions of care, and care management that includes physical, behavioral and social determinants of health. Care management stratification will be increased to five levels (intensive, high, medium, low, and monitoring) based on assessed need and will be used to determine the intensity of interventions and follow-up care. All members will receive at least a monitoring level of care, and outcome measures will be calculated for each population stream.

In addition, beginning January 2016, ODM will be requiring MCPs to provide enhanced care management services for women of reproductive age. These enhanced services are to be provided in a manner intended to reduce disparate birth outcomes, as well as improve the overall health of women of reproductive age.

C. The Ohio Psychotropic Medication Quality Improvement Collaborative (Minds Matter): Approximately 70 to 80 percent of youth in foster care have mental health issues and psychotropics are prescribed for them at a rate that is 2 to 3 times higher than for other Medicaid children who are not in foster care. The Ohio Psychotropic Medication Quality Improvement Collaborative is raising awareness of the issue, increase timely access to safe and effective psychotropic medications, develop guidelines for usage, improve health outcomes for these children, and reduce potential medication-related adverse effects. Serving as a model for shared decision-making, a toolkit has been developed and is available at [ohiomindsmatter.org](http://ohiomindsmatter.org).

SMART aims were established at the onset of the initiative to monitor its impact on prescribing practices. They included a 25% reduction in three high risk prescribing patterns: (1) the use of antipsychotic (AP) medication in children less than 6 years; (2) two or more concomitant AP medications by children under 18 years; and (3) four or more concomitant psychotropic medications by children under 18 years. Using administrative pharmacy claims data, prescribing trends among the 44 practices and 119 prescribers who participated in the collaborative were compared with statewide prescribing trends among non-participating providers during the same timeframe. A 23.8% reduction in AP polypharmacy was observed among children served by providers in Wave 1 of the collaborative, which was composed primarily of prescribers from children's hospitals, pediatric practices, and community behavioral health centers. A 29.8% reduction in AP polypharmacy was observed among children served by providers in Wave 2 of the collaborative, which was composed primarily of prescribers in community behavioral health centers and residential treatment centers. In contrast, no significant change in AP polypharmacy was identified among in the statewide comparison group. Providers in Wave 2 also demonstrated significant reductions in psychotropic polypharmacy (18.8%) and the use of AP medications among children between 2 and 5 years of age (47.5%), relative to the statewide comparison group.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please include any analyses or descriptions of any efforts designed to reduce the number of uncovered children in the state through a state health insurance connector program or support for innovative private health coverage initiatives. **[7500]**

Enter any Narrative text below.

**A. Reduction in uncovered children**

The Ohio Medicaid Assessment Survey (OMAS) is conducted through a partnership among Ohio's colleges and universities, state and local government, and private sector organizations to provide health services research expertise and assist in improving the health of Ohio's Medicaid and Medicaid-eligible population. It provides data to assess the impact of health care reform over time, and is conducted specifically for the efficient administration of the Ohio Medicaid program. Results presented in August of 2015 revealed that although Medicaid eligibility for children remained unchanged between 2012 and 2015, aggressive enrollment efforts resulted in Medicaid coverage of insured children increasing from 42 percent in 2012 to 46.1 percent in 2015.

**B. Efforts to increase and simplify enrollment**

During FFY 2015, Ohio Medicaid began work to transition from operating as a 209(b) state to becoming a 1634 state. In light of recent changes, this transition is appropriate given changes to Medicaid and health care at the federal level, including the introduction of the Modified Adjusted Gross Income (MAGI) adult population. When complete, this conversion will simplify Medicaid eligibility determinations and bring greater efficiency to the state's Medicaid program.

The following are current initiatives targeted at improving the access and quality of health care for the Medicaid child population.

**C. Efforts to Reduce Infant Mortality**

Infant mortality, as defined by the Centers for Disease Control and Prevention, is the death of a baby before his or her first birthday. Nationally, most infant deaths are attributable to preterm births, poor maternal health, serious birth defects, and Sudden Infant Death Syndrome (SIDS). According to 2013 data released by the Ohio Department of Health, Ohio's infant mortality rate was 7.4 deaths per 1,000 live births compared to a national rate of 6 deaths per 1,000 live births.

Ohio Medicaid and its partners are committed to ensuring that all Ohio babies are born and remain

healthy, especially throughout their first year of life. Ongoing initiatives, such as eliminating payments for medically unnecessary scheduled deliveries and improving the administration of progesterone for mothers at risk for pre-term birth, aim to lower Ohio's infant mortality rate. The extension of Medicaid coverage to previously uninsured individuals is also helping to ensure that prospective mothers may tend to their health care needs prior to becoming pregnant. This aggressive approach to combatting infant mortality will carry into the following fiscal year.

The Ohio Perinatal Quality Collaborative (OPQC), a statewide consortium of perinatal clinicians, hospitals, policy makers, and governmental entities, aims to reduce preterm births and improve birth outcomes across Ohio through the use of improvement science. This has been accomplished through spreading the success of early elective delivery efforts to suburban and rural maternity hospitals, by achieving better compliance with a catheter care maintenance bundle aimed at reducing the late onset of infections in 22-29 week gestation infants, increasing the use of antenatal steroids, and the increased consumption of human milk to reduce infection and rates of necrotizing enterocolitis. Additionally, ODM has partnered with OPQC on the Neonatal Abstinence Syndrome (NAS) Program, which aims to decrease the length of opiate treatment during newborn hospital stays, as well as newborn hospital length of stay. Length of opiate treatment has decreased from 16.3 days to 14 days for participating hospitals. Length of hospital stay has decreased from 20.6 days to 18.5 days for participating hospitals. In SFY2015, 2312 infants were observed and treated for NAS through the OPQC project. Fifty-four Level 2 and Level 3 neonatal intensive care units have been engaged to participate in the NAS project to date, which accounts for all care facilities that provide support to babies born with NAS. OPQC recently launched an electronic data portal for the phase-2 NAS using an Orchestrated Testing form. Using the new data collection form, the project teams will use the electronic database to submit data for all babies monitored for NAS born after October 1, 2015.

In CY 2015, ODM's MCPs partnered with OPQC to reduce barriers to Progesterone (17P) delivery as part of their annually required performance improvement project. Initial efforts have been focused on removing administrative burdens, building relationships between the MCPs and provider sites, increasing bi-directional communication to meet patients' needs, and ensuring that patients' Medicaid coverage continues uninterrupted throughout pregnancy.

Ohio's SFY 2016 budget also highlights ODM's infant mortality efforts in urban and rural zip codes that exhibit the state's highest infant mortality rates. A corner stone of this effort includes requiring Ohio's MCPs to work within nine high-risk communities to identify what efforts currently exist and where need is greatest in order to construct a targeted, community-specific plan to reduce infant mortality. ODM, along with its managed care plans, have traveled throughout the state since August of 2015 hosting community meetings focused on garnering and sharing information on infant mortality reduction efforts. The MCPs will receive \$13.4 million in SFYs 2016 and 2017 to build upon community efforts to reduce infant mortality.

#### D. Children in the Vanguard project

ODM continues to participate in the national Children in the Vanguard project. State partners include Voices for Ohio's Children and the Children's Defense Fund of Ohio (CDF). Through support of Children in the Vanguard, agreements were established between ODM and both Voices for Ohio's Children and CDF. The agreements encompassed specified goals and included a concerted effort to enroll eligible children in Medicaid at levels above targets specified in the law. The goals included, but were not limited to: Identifying and employing best practices for outreach and enrollment, and developing a marketing and outreach plan facilitated by a statewide multi-prong outreach and communications effort with separate and distinct approaches to target Ohio's Asian, Latino, and Somali racial and ethnic minority communities.

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

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

Please note that the numbers in brackets, e.g., [7500] are character limits in the State Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

#### A. OUTREACH

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

Outreach efforts have not been redirected/changed during the reporting period.

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?

Ohio is working with Children in the Vanguard project on outreach efforts and to promote a positive image and messaging for Medicaid. Our partners are Voices for Ohio's Children and Children's Defense Fund of Ohio. Due to limited resources, Ohio works with sister state agencies and community partners to reach families, and low-income uninsured children through community organizations, activities, and referrals. Ohio does not have an effective way to measure these methods.

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

Ohio considers sister state agency and state partner referrals as the best practice. Ohio works with and has educated sister state agencies and numerous community partners that work with low-income families.

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]

Ohio does not have an effective way to measure the targeted outreach to specific populations through our sister state agencies and state partners.

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

(Identify the data source used). [7500]

Outreach activities occur through our sister state agencies, state partners, and county agencies. The state office does not have access to information to make this type of assessment.

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

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

1. Table 1.

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes
	Specify number of months	
	To which groups (including FPL levels) does the period of uninsurance apply? <b>[1000]</b>	
	List all exemptions to imposing the period of uninsurance <b>[1000]</b>	
	<input type="checkbox"/>	N/A
Does your program match prospective enrollees to a database that details private insurance status?	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes
	If yes, what database? <b>[1000]</b>	
	<input type="checkbox"/>	N/A

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

A percentage cannot be determined. Ohio uses a joint application to simultaneously explore eligibility for both Medicaid and CHIP.

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

A percentage cannot be determined. Ohio uses a joint application to simultaneously explore eligibility for both Medicaid and CHIP.

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

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

Yes  No

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

## C. ELIGIBILITY

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

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

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

If yes

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

2. Select the measures from those below that your state employs 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 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]**

A reminder notice is mailed at least 10 days

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

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

The strategy that appears to be most effective for Ohio is the use of the renewal reminder notice.

### Section IIIC: Subpart B: Eligibility Data

**Table 1. Data on Denials of Title XXI Coverage in FFY 2015**

States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2015. Please enter the data requested in the table below and the template will tabulate the requested percentages.

Measure	Number	Percent
1. Total number of denials of title XXI coverage		100%
a. Total number of procedural denials		
b. Total number of eligibility denials		

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

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

Ohio's eligibility system (CRIS-E) does not appropriately represent applications and denials; therefore the above table cannot be completed. Ohio is currently working on developing a new eligibility system that may include this capability for future reporting.

**Definitions:**

1. The "the total number of denials of title XXI coverage" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2015. 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 2015 (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 2015 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.)
    - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
  - c. The "total number of applicants denied for other reasons" is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

**Table 2. Redetermination Status of Children**

For tables 2a and 2b, reporting is required for FFY 2015.

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

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

	Number	Percent			
	Must be > 0	100%			
1. Total number of children who are enrolled in title XXI and eligible to be redetermined		100%			
2. Total number of children screened for redetermination for title XXI			100%		
3. Total number of children retained in title XXI after the redetermination process					
4. Total number of children disenrolled from title XXI after the redetermination process				100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures					
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria					100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/> )					
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/> )					
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and this data is not relevant check here <input type="checkbox"/> )					
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: _____ (If unable to provide the data check here <input type="checkbox"/> )					
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: _____ (Check here if there are no additional categories <input type="checkbox"/> )					

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data [7500].

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**Definitions:**

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2015, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2015 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state ).

3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2015.
4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2015. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2015 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
  - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
  - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.  
The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

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

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

	Number	Percent			
	Must be > 0	100%			
1. Total number of children who are enrolled in title XIX and eligible to be redetermined					
2. Total number of children screened for redetermination for title XIX			100%		
3. Total number of children retained in title XIX after the redetermination process					
4. Total number of children disenrolled from title XIX after the redetermination process				100%	
a. Total number of children disenrolled from title XIX for failure to comply with procedures					
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria					100%
v. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here <input type="checkbox"/> )					
vi. Disenrolled from title XIX for other eligibility reason(s) Please indicate: _____ (If unable to provide the data check here <input type="checkbox"/> )					
c. Total number of children disenrolled from title XIX for other reason(s) Please indicate: _____ (Check here if there are no additional categories <input type="checkbox"/> )					

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data [7500].

**Definitions:**

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2015, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include

those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2015 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state ).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2015.
4. The “total number of children disenrolled from title XIX after the redetermination process” is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2015. This includes those children that states may define as “transferred” to CHIP for title XXI eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2014 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
  - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state’s Medicaid eligibility criteria (i.e., income too high, etc.).
  - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.  
The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).

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

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

Because the measure is designed to capture continuity of coverage in title XIX and title XXI beyond one year of enrollment, the measure collects data for 18 months of enrollment. This means that reporting spans two CARTS reports over two years. The duration measure uses a cohort of children and follows the enrollment of the same cohort of children for 18 months to measure continuity of coverage. **States identify a new cohort of children every two years. States identified newly enrolled children in the second quarter of FFY 2014 (January, February, and March of 2014). If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

[Note that the first cohort of newly enrolled children was identified in the second quarter of FFY 2012 (January, February and March of 2012), was followed for 18 months (through FFY 2013), and stopped. The current cohort of children was identified in the second quarter of FFY 2014 (January, February and March of 2014), will be followed for 18 months (through FFY 2015), and will stop. The next cohort of children will be identified in the second quarter of FFY 2016 (January, February and March of 2016).]

**The FFY 2015 CARTS report is the second year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2014.** States will continue to report on the same table for the two years of CARTS reports.

**Instructions:** For this measure, please identify newly enrolled children in both title XIX and title XXI in the second quarter of FFY 2014, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2014 must have birthdates after July 1997 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18<sup>th</sup> month of coverage. Similarly, children enrolled in February 2014 must have birthdates after August 1997, and children enrolled in March 2014 must have birthdates after September 1997. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span).

Please enter the data requested in the tables below, and the template will tabulate the percentages. The tables are pre-populated with the 6-month data you reported last year; in this report you will enter data on the 12- and 18-month enrollment status. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

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

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

**Not Previously Enrolled in CHIP or Medicaid**—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2015, he/she would not be enrolled in either title XXI or title XIX in December 2014, etc.)

**Not Previously Enrolled in CHIP**—“Newly enrolled” is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2015, he/she would not be enrolled in title XXI in December 2014, etc.)

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2014	39563	100%	21762	100%	7679	100%	3316	100%	6806	100%
<b>Enrollment Status 6 months later</b>										
2. Total number of children continuously enrolled in title XIX	36876	93.21	20408	93.78	7034	91.6	3106	93.67	6328	92.98
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	303	0.77	129	0.59	87	1.13	24	0.72	63	0.93
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
4. Total number of children disenrolled from title XIX	2384	6.03	1225	5.63	558	7.27	186	5.61	415	6.1
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
<b>Enrollment Status 12 months later</b>										
5. Total number of children continuously enrolled in title XIX	34949	88.34	19460	89.42	6592	85.84	2925	88.21	5972	87.75
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	455	1.15	215	0.99	126	1.64	35	1.06	79	1.16
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
7. Total number of children disenrolled from title XIX	4159	10.51	2087	9.59	961	12.51	356	10.74	755	11.09
7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
<b>Enrollment Status 18 months later</b>										
8. Total number of children continuously enrolled in title XIX	31824	80.44	17447	80.17	6100	79.44	2703	81.51	5574	81.9
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	891	2.25	471	2.16	218	2.84	68	2.05	134	1.97
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
10. Total number of children disenrolled from title XIX	6848	17.31	3844	17.66	1361	17.72	545	16.44	1098	16.13
10.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input checked="" type="checkbox"/> )										

## Definitions:

1. The “total number of children newly enrolled in title XIX in the second quarter of FFY 2014” is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XIX for 6 months is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who were continuously enrolled through the end of June 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who were continuously enrolled through the end of July 2014
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who were continuously enrolled through the end of August 2014
3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XIX by the end of June 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XIX by the end of July 2014
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XIX by the end of August 2014
  - 3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage.
4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were disenrolled by the end of June 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were disenrolled by the end of July 2014
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were disenrolled by the end of August 2014
  - 4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.
5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of December 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of January 2015
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through the end of February 2015
6. The total number of children who had a break in title XIX coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and then re-enrolled in title XIX by the end of December 2014
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and then re-enrolled in title XIX by the end of January 2015

- + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and then re-enrolled in title XIX by the end of February 2015
- 6.a. From the population in #6, provide the total number of children who were enrolled in title XXI during their break in coverage.
- 7. The total number of children who disenrolled from title XIX 12 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1997, who were enrolled in January 2014 and were disenrolled by the end of December 2014
  - + the number of children with birthdates after August 1997, who were enrolled in February 2014 and were disenrolled by the end of January 2015
  - + the number of children with birthdates after September 1997, who were enrolled in March 2014 and were disenrolled by the end of February 2015
- 7.a. From the population in #7, provide the total number of children, who were enrolled in title XXI in the month after their disenrollment from title XIX.
- 8. The total number of children who were continuously enrolled in title XIX for 18 months is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of June 2015
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of July 2015
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of August 2015
- 9. The total number of children who had a break in title XIX coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XIX by the end of June 2015
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XIX by the end of July 2015
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XIX by the end of August 2015
- 9.a. From the population in #9, provide the total number of children who were enrolled in title XXI during their break in coverage.
- 10. The total number of children who were disenrolled from title XIX 18 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and disenrolled by the end of June 2015
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and disenrolled by the end of July 2015
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and disenrolled by the end of August 2015
- 10.a. From the population in #10, provide the total number of children who were enrolled in title XXI (CHIP) in the month after their disenrollment from title XIX.

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

Specify how your “newly enrolled” population is defined:

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

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

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2014		100%		100%		100%		100%		100%
<b>Enrollment Status 6 months later</b>										
2. Total number of children continuously enrolled in title XXI										
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
4. Total number of children disenrolled from title XXI										
4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )										
<b>Enrollment Status 12 months later</b>										
5. Total number of children continuously enrolled in title XXI										
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
7. Total number of children disenrolled from title XXI										
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )										
<b>Enrollment Status 18 months later</b>										
8. Total number of children continuously enrolled in title XXI										
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
10. Total number of children disenrolled from title XXI										

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

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2014” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who were continuously enrolled through the end of June 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who were continuously enrolled through the end of July 2014
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who were continuously enrolled through the end of August 2014
3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2014
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2014
- 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.
4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were disenrolled by the end of June 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were disenrolled by the end of July 2014
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were disenrolled by the end of August 2014
- 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.
5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
  - the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of December 2014
  - + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of January 2015
  - + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of February 2015
6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:

the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and then re-enrolled in title XXI by the end of December 2014  
+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and then re-enrolled in title XXI by the end of January 2015  
+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and then re-enrolled in title XXI by the end of February 2015

6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.

7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:  
the number of children with birthdates after July 1997, who were enrolled in January 2014 and were disenrolled by the end of December 2014  
+ the number of children with birthdates after August 1997, who were enrolled in February 2014 and were disenrolled by the end of January 2015  
+ the number of children with birthdates after September 1997, who were enrolled in March 2014 and were disenrolled by the end of February 2015

7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.

8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:  
the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of June 2015  
+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of July 2015  
+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of August 2015

9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:  
the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2015  
+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who disenrolled and re-enrolled in title XXI by the end of July 2015  
+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who disenrolled and re-enrolled in title XXI by the end of August 2015

9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.

10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:  
the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and disenrolled by the end of June 2015  
+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and disenrolled by the end of July 2015  
+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and disenrolled by the end of August 2015

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

## D. COST SHARING

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?
  - a. Cost sharing is tracked by:
    - Enrollees (shoebox method)
    - 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]**
2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased?  Yes  No
3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**
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]**
5. Has your state undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?  
 Yes  No      If so, what have you found? **[7500]**
6. Has your state undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?  
 Yes  No      If so, what have you found? **[7500]**
7. If your state has increased or decreased cost sharing in the past federal fiscal year, how is the state monitoring 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))
- Section 1115 demonstration (Title XXI)
- Premium Assistance option under the Medicaid state plan (1906)
- Premium Assistance option under the Medicaid state plan (1906A)

2. Please indicate which adults your state covers with premium assistance. (Check all that apply.)

- Parents and Caretaker Relatives
- Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program., how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**

4. What benefit package does the ESI program use? **[7500]**

5. Are there any minimum coverage requirements for the benefit package?

- Yes  No

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

- Yes  No ?

7. Are there 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 2015.

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

12. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**
13. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**
14. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**
15. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**
16. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:

Child	Parent
State: _____	State: _____
Employer: _____	Employer: _____
Employee: _____	Employee: _____

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

Children	Low _____	High _____
Parent	Low _____	High _____

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

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

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

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

Yes  No

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

21. Do you have a waiting list for your program?  Yes  No

22. Can you cap enrollment for your program?  Yes  No

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

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

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

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

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

Please explain: **[7500]**

Do managed health care plans with which your program contracts have written plans? Please Explain: **[500]**

2. For the reporting period, please report the

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

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

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

Provider Credentialing

\_\_\_\_\_ Number of cases investigated

\_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

Provider Billing

\_\_\_\_\_ Number of cases investigated

\_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

\_\_\_\_\_ Number of cases investigated

\_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

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

Yes

No

Please Explain: [500]

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

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

Explain: [7500]

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

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

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

State _____ FFY _____	Age Groups						
	Total	<1	1 – 2	3 – 5	6 – 9	10–14	15–18
Total individuals enrolled for at least 90 continuous days <sup>1</sup>							
Total Enrollees Receiving Any Dental Services <sup>2</sup> [7]							
Total Enrollees Receiving Preventive Dental Services <sup>3</sup> [7]							
Total Enrollees Receiving Dental Treatment Services <sup>4</sup> [7]							

<sup>1</sup> **Total Individuals Enrolled for at Least 90 Continuous Days** – Enter the total unduplicated number of children who have been continuously enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days in the federal fiscal year, distributed by age. For example, if a child was enrolled January 1<sup>st</sup> to March 31<sup>st</sup>, this child

is considered continuously enrolled for at least 90 continuous days in the federal fiscal year. If a child was enrolled from August 1<sup>st</sup> to September 30<sup>th</sup> and from October 1<sup>st</sup> to November 30<sup>th</sup>, the child would not be considered to have been enrolled for 90 continuous days in the federal fiscal year. Children should be counted in age groupings based on their age at the end of the fiscal year. For example, if a child turned 3 on September 15<sup>th</sup>, the child should be counted in the 3-6 age grouping.

**<sup>2</sup>Total Eligibles Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999 or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

**<sup>3</sup>Total Eligibles Receiving Preventive Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 - D1999 or equivalent CPT codes, that is, only those CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

**<sup>4</sup>Total Eligibles Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (or equivalent CDT codes D2000 - D9999 or equivalent CPT codes, that is, only those CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services, and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim.

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

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

**<sup>5</sup>Receiving a Sealant on a Permanent Molar Tooth** -- Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (or equivalent CDT code D1351), based on an unduplicated paid, unpaid, or denied claim. For this line, include sealants placed by any dental professional for whom placing a sealant is within his or her scope of practice. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, 31, and additionally, for those states that cover sealants on third molars, also known as wisdom teeth, the teeth numbered 1, 16, 17, 32.

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

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

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

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

## H. CHIPRA CAHPS REQUIREMENT:

CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security Act, requires Title XXI Programs (i.e., CHIP Medicaid expansion programs, separate child health programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS survey to fulfill this requirement, CMS encourages these programs to align with the CAHPS measure in the Children’s Core Set of Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality’s CAHPS Database. More information is available in the Technical Assistance fact sheet, Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf>.

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

<p><b>Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>If Yes, How Did you Report this Survey (select all that apply):</b></p> <p><input checked="" type="checkbox"/> Submitted raw data to AHRQ (CAHPS Database)</p> <p><input checked="" type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p><input type="checkbox"/> Other. Explain:</p> <p><b>If No, Explain Why:</b>  <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered</p> <p><input type="checkbox"/> Population not covered</p> <p style="padding-left: 20px;"><input type="checkbox"/> Entire population not covered</p> <p style="padding-left: 20px;"><input type="checkbox"/> Partial population not covered</p> <p style="padding-left: 40px;">Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available</p> <p style="padding-left: 20px;">Explain why data not available</p> <p style="padding-left: 40px;"><input type="checkbox"/> Budget constraints</p> <p style="padding-left: 40px;"><input type="checkbox"/> Staff constraints</p> <p style="padding-left: 40px;"><input type="checkbox"/> Data inconsistencies/accuracy</p> <p style="padding-left: 40px;">Please explain:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Data source not easily accessible</p> <p style="padding-left: 40px;"><i>Select all that apply:</i></p> <p style="padding-left: 60px;"><input type="checkbox"/> Requires medical record review</p> <p style="padding-left: 60px;"><input type="checkbox"/> Requires data linkage which does not currently exist</p> <p style="padding-left: 60px;"><input type="checkbox"/> Other:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Information not collected.</p> <p style="padding-left: 40px;"><i>Select all that apply:</i></p> <p style="padding-left: 60px;"><input type="checkbox"/> Not collected by provider (hospital/health plan)</p> <p style="padding-left: 60px;"><input type="checkbox"/> Other:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30)</p> <p style="padding-left: 20px;">Enter specific sample size:</p> <p><input type="checkbox"/> Other. Explain:</p>
<p><b>Definition of Population Included in the Survey Sample:</b></p> <p>Definition of population included in the survey sample:</p> <p><input checked="" type="checkbox"/> Denominator includes CHIP (Title XXI) population only.</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Survey sample includes CHIP Medicaid Expansion population.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Survey sample includes Separate CHIP population.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Survey sample includes Combination CHIP population.</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>
<p><b>Which Version of the CAHPS® Survey was Used?</b></p>

- CAHPS® 5.0.
- CAHPS® 5.0H.
- Other. Explain:

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

- No supplemental item sets were included
- CAHPS Item Set for Children with Chronic Conditions
- Other CAHPS Item Set. Explain: CAHPS Item Set for Children with Chronic Conditions; CAHPS Item Set for Quality Improvement—Access to Routine Care

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

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

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-federal funds).

(Note: This reporting period equals federal fiscal year 2015. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED CHIP PLAN

Benefit Costs	2015	2016	2017
Insurance payments			
Managed Care	\$273,513,066	\$241,680,564	\$251,462,058
Fee for Service	\$72,903,215	\$62,769,899	\$66,511,081
<b>Total Benefit Costs</b>	<b>\$346,416,281</b>	<b>\$304,450,463</b>	<b>\$317,973,139</b>
(Offsetting beneficiary cost sharing payments)			
<b>Net Benefit Costs</b>	<b>\$346,416,281</b>	<b>\$304,450,463</b>	<b>\$317,973,139</b>

### Administration Costs

Personnel			
General Administration	\$2,521,000	\$10,000,000	\$10,000,000
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
<b>Total Administration Costs</b>	<b>\$2,521,000</b>	<b>\$10,000,000</b>	<b>\$10,000,000</b>
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	<b>\$38,490,698</b>	<b>\$33,827,829</b>	<b>\$35,330,349</b>

<b>Federal Title XXI Share</b>	<b>\$257,690,182</b>	<b>\$304,167,933</b>	<b>\$317,248,417</b>
<b>State Share</b>	<b>\$91,247,099</b>	<b>\$10,282,530</b>	<b>\$10,724,722</b>

<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	<b>\$348,937,281</b>	<b>\$314,450,463</b>	<b>\$327,973,139</b>
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2. What were the sources of non-federal funding used for state match during the reporting period?

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

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

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

	2015		2016		2017	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	1,434,489	\$191	1,474,878	\$164	1,462,179	\$172
Fee for Service	134,216	\$543	144,806	\$433	143,482	\$464

Enter any Narrative text below. **[1500]**

## SECTION V: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

ODM, in conjunction with the Governor's Office of Health Transformation (OHT), continues to lead statewide efforts on Medicaid modernization and paying for value. Since 2011, this partnership has led a number of innovative new initiatives aimed at improving the health care options and outcomes for uninsured children and their families. Central to these efforts is our work aimed at streamlining the ways by which government-run health systems and programs interact with each other and with beneficiaries. In addition, ODM initiated key projects focused on partnering with the private-sector to drive system-wide reform that improves health outcomes for Ohio's children.

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

For the reporting period, ODM continued to roll-out its new integrated eligibility system to support enrollment of Ohio's Medicaid population, including those individuals who became newly eligible by way of expansion. Additionally, Ohio Medicaid has welcomed the ongoing challenge of improving the performance of its Medicaid managed care plans.

3. During the reporting period, what accomplishments have been achieved in your program? **[7500]**
  - 1) Extending Medicaid coverage and maintaining a core benefit package focused on quality, coordinated primary care services.
  - 2) As part of an effort to improve infant mortality rates and disparate outcomes Linked Vital Statistics Files to Medicaid claims to identify women at-risk of poor birth outcomes.
  - 3) In state fiscal years 2016 and 2017, Ohio Medicaid is investing \$13.4 million annually to combat infant mortality in nine Ohio Equity Institute (OEI). This funding is being directed to communities' zip codes with the highest rate of infant mortality and pre-term births of African American babies. All funds will be distributed through the five Medicaid managed care plans and are to be used on outreach and grassroots initiatives. Beginning in August 2015, ODM facilitated a series of public conversations about infant mortality. The forums brought together community leaders, state officials and other public partners in nine Ohio counties. These meetings served as starting points in fostering new partnerships and identifying the best use of funding dollars.
  - 4) Continued the statewide rollout of the Medicaid presumptive eligibility for children and pregnant women initiative.
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]**

Ohio will be focused on development and implementation of the following initiatives:

- 1) Through the State Innovation Model (SIM) initiative, Ohio is moving forward with its payment innovation initiative. The goal is to transform payment through value-based reimbursement around population-based and episode-based payment models. The perinatal and asthmatic pediatric populations, particularly, are at the center of this initiative. The effort will help to improve care, better outcomes, and healthier members.
- 2) Improving Medicaid managed care plan performance by modifying care management and incentive-based performance requirements. The state hopes to improve clinical quality measures

by expanding care management requirements to more populations and rewarding performance in specific clinical areas.

- 3) Continuing the implementation of the eligibility modernization project. This endeavor will simplify client eligibility based on income, streamline state and local responsibility for eligibility determination, and modernize system technology. The impact of this change will be reduced churn leading to greater stability in health care coverage for members and improved clinical quality performance.

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