

Fl♥rida KidCare



State of Florida
Agency for Health Care Administration
Children's Health Insurance Program

ANNUAL REPORT



FEDERAL FISCAL YEAR
2010

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

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

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

Signature: 

CHIP Program Name(s): Florida KidCare

CHIP Program Type:

- CHIP Medicaid Expansion Only
 Separate Child Health Program Only
 Combination of the above

Reporting Period: 2010 *Note: Federal Fiscal Year 2010 starts 10/1/09 and ends 9/30/10.*
Contact Person/Title: Roberta K. Bradford, Deputy Secretary for Medicaid

Address: 2727 Mahan Drive, MS # 8

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Submission Date: _____

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

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

Preamble

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

The framework is designed to:

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

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

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

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

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

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

		CHIP Medicaid Expansion Program				Separate Child Health Program				
		* Upper % of FPL are defined as <u>Up to and Including</u>								
		Gross or Net Income: ALL Age Groups as indicated below								
	Is income calculated as gross or net income? Net	<input checked="" type="checkbox"/>	Income Net of Disregards		Is income calculated as gross or net income? Both, whichever benefits the family.	<input checked="" type="checkbox"/>	Gross Income			
						<input checked="" type="checkbox"/>	Income Net of Disregards			
Eligibility					From		% of FPL conception to birth		% of FPL *	
	From	186	% of FPL for infants	200	% of FPL*	From		% of FPL for infants	% of FPL *	
	From		% of FPL for children ages 1 through 5		% of FPL*	From	134	% of FPL for children ages 1 through 5	200	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL*	From	101	% of FPL for children ages 6 through 16	200	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL*	From	101	% of FPL for children ages 17 and 18	200	% of FPL *
					From		% of FPL for Pregnant Women age 19 and above.		% of FPL	

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes, for whom and how long? A newborn is eligible for Medicaid through the birth month of the following year when born to a mother eligible for Medicaid on the date of the child's birth.	<input type="checkbox"/>	Yes – Please describe below For which populations (include the FPL levels) Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period Brief description of your presumptive eligibility policies
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes, for whom and how long? Retroactive eligibility can go back three months prior to the month of application.	<input type="checkbox"/>	Yes, for whom and how long?
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			2 months	
			<p>To which groups (including FPL levels) does the period of uninsurance apply? All children in families with income under 200% FPL must wait 2 months before subsidized coverage can begin if coverage was voluntarily canceled or if they do not meet a good cause exemption.</p> <p>List all exemptions to imposing the period of uninsurance</p> <ul style="list-style-type: none"> • The cost of participation in an employer-sponsored health benefit plan is greater than 5 percent of the family's income. • Parent lost a job that provided employer-sponsored coverage for the child. • Parent who had health benefits coverage for the child is deceased. • The child has a medical condition that, without medical care, would cause serious disability, loss of function, or death. • The employer of the parent canceled health benefits coverage for children. • The child's health benefits coverage ended because the child reached the maximum lifetime coverage limit. • The child has exhausted coverage under a COBRA continuation provision. • The health benefits coverage does not cover the child's health care needs. • Domestic violence led to the loss of coverage. 	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

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

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	<input type="checkbox"/>	No	<input type="checkbox"/>	No	
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes	
	Specify number of months		12	Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below		
	Child moves out of state. Children in the Medicaid Expansion receive 12 months of continuous eligibility.		For all programs: Non-payment of monthly premiums, enrollment in Medicaid, parent becomes a state employee, child turns 19, child moves out of state. For Children's Medical Services Network: Child is no longer clinically eligible at time of annual clinical eligibility determination, but will be transferred to another KidCare program component for the remainder of their continuous eligibility period. Children turning 5 years old are seamlessly transferred from the MediKids to Healthy Kids program.		
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No			<input type="checkbox"/>	No		
	<input type="checkbox"/>	Yes			<input checked="" type="checkbox"/>	Yes		
	Enrollment fee amount				Enrollment fee amount		N/A	
	Premium amount				Premium amount		\$15 or \$20/family/month	
	If premiums are tiered by FPL, please breakout by FPL.				If premiums are tiered by FPL, please breakout by FPL.			
	Premium Amount				Premium Amount			
	Range from	Range to	From	To	Range from	Range to	From	To
	\$ _____	\$ _____	% of FPL	% of FPL	\$ <u>15</u>	\$ <u>15</u>	% of FPL - 101	% of FPL - 150
	\$ _____	\$ _____	% of FPL	% of FPL	\$ <u>20</u>	\$ <u>20</u>	% of FPL - 150	% of FPL - 200
	\$ _____	\$ _____	% 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		\$ <u>240</u>	
	Range from	Range to	From	To	Range from	Range to	From	To
	\$ _____	\$ _____	% of FPL	% of FPL	\$ _____	\$ _____	% of FPL	% of FPL
\$ _____	\$ _____	% of FPL	% of FPL	\$ _____	\$ _____	% of FPL	% of FPL	
\$ _____	\$ _____	% of FPL	% of FPL	\$ _____	\$ _____	% of FPL	% of FPL	
\$ _____	\$ _____	% of FPL	% of FPL	\$ _____	\$ _____	% of FPL	% of FPL	
If yes, briefly explain fee structure in the box below				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)				

		Families with income up to 150% FPL pay a \$15 monthly family premium. Families with income from 150% to 200% pay a \$20 monthly family premium. The MediKids and Healthy Kids programs also have a Non-Title XXI Full Pay program for families with income over 200% FPL. The MediKids premium is \$159 per child per month. The Healthy Kids premium is \$133 per child per month.
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Does your program impose copayments or coinsurance?	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No MediKids and Children's Medical Service Network enrollees do not pay co-payments.
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes Children enrolled in Healthy Kids pay co-payments.
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

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

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

	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes
	If Yes, please describe below	

	<p>Each parent with earned income receives a \$90 disregard. There is also a \$50 disregard per family for child support income. The disregard for child care expenses is \$200 per month for a child age 2 or younger and \$175 per month for a child over age 2.</p>	<p>Income is calculated using either the Title XIX or Title XXI rules; whichever is more beneficial to the family. Using Title XIX rules, each parent with earned income receives a \$90 disregard. There is also a \$50 disregard per family for child support income. The disregard for child care expenses is \$200 per month for a child age 2 or younger and \$175 per month for a child over age 2. Using Title XXI rules, no disregards are given.</p>
<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 checked="" type="checkbox"/> Managed Care
	<input checked="" type="checkbox"/> Primary Care Case Management	<input checked="" 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</p> <p>Children are fee for service during the first two months of coverage. During this time, the family chooses to be enrolled with a managed care plan or in MediPass, a primary care case management system.</p>	<p>Please describe which groups receive which delivery system</p> <p>Children enrolled in Healthy Kids are enrolled with a managed care plan. Children enrolled in MediKids are enrolled with a Medicaid managed care plan. In counties with less than two plans, MediKids children have the choice of enrolling in a plan or enroll with a MediPass provider, which is a primary care case management system. Children enrolled in Children's Medical Services are enrolled in a primary care case management system.</p>

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

Comments on Responses in Table:

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

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

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

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
x) Other – please specify							
a. _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
b. _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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c. _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> <td style="width: 30px; height: 30px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

8. 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)	Effective October 1, 2009, Florida Healthy Kids Corporation implemented its Enrollee Protections Policy which provided enrollees with a 90 “free look” period in those counties that offered more than one health plan choice.
b) Application	
c) Application documentation requirements	Implementation of citizenship and identity verification requirements
d) Benefits	Effective July 1, 2010, the Healthy Kids program eliminated the annual dental limit. (Previously, had been a \$1,000 annual limit.) Effective October 1, 2009, Healthy Kids modified its health plan contracts to implement mental health and substance abuse parity and to recognize payment changes for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	Effective January 1, 2011, the Healthy Kids program offers a choice of managed care plans in 56 counties out of 67. A choice will be offered in the remaining 11 counties beginning June 1, 2011. Effective July 1, 2010, the Healthy Kids program went from offering four statewide dental plans down to two.
h) Eligibility determination process	
i) Implementing an enrollment freeze and/or cap	
j) Eligibility levels / target population	

k) Assets test in Medicaid and/or CHIP	
l) Income disregards in Medicaid and/or CHIP	
m) Eligibility redetermination process	Effective November 2009 , online renewal was available.
n) Enrollment process for health plan selection	The health (effective October 1, 2009) and dental (effective January 1, 2011) plan enrollment process now includes a 90 day “free look” period at the time of initial enrollment and good cause exceptions for requests outside of the free look period and renewal period.
o) Family coverage	
p) Outreach	In Florida, three organizations were awarded an outreach CHIPRA grant. The University of South Florida’s Covering Kids and Families was the biggest recipient and received just under \$1 million.
q) Premium assistance	
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
s) Expansion to “Lawfully Residing” children	
t) Expansion to “Lawfully Residing” pregnant women	
u) Pregnant Women State Plan Expansion	
v) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
w) Methods and procedures for prevention, investigation,	

and referral of cases of fraud and abuse	
x) Other – please specify	
a. Managed Care Contracts/Plan Contracts	Healthy Kids updated its managed care and dental plan contracts to incorporate programmatic changes as result of CHIPRA effective October 1, 2009 and amended again based on further federal guidance effective October 1, 2010.
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

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

	Measure	Measure Steward	Description	Reporting
12	Adolescent Well-Care Visits	NCQA/HEDIS	Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Measure is voluntary. States may begin reporting in the 2010 CARTS
13	Total Eligibles who Received Preventive Dental Services	EPSDT	Total Eligibles who Received Preventive Dental Services	Measure is voluntary. States may begin reporting in the 2010 CARTS
14	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none"> • Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement year • Children 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year 	Measure is voluntary. States may begin reporting in the 2010 CARTS
15	Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS	Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	Measure is voluntary. States may begin reporting in the 2010 CARTS
16	Otitis media with effusion – avoidance of inappropriate use of systemic antimicrobials in children – ages 2-12	AMA/PCPI	Percent of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	Measure is voluntary. States may begin reporting in the 2010 CARTS
17	Total Eligibles who Received Dental Treatment Services	EPSDT	Total Eligibles who Received Dental Treatment Services	Measure is voluntary. States may begin reporting in the 2010 CARTS
18	Ambulatory Care: Emergency Department Visits	NCQA/HEDIS	The number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
19	Pediatric central-line associated blood stream infections – NICU and PICU	CDC	Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	Measure is voluntary. States may begin reporting in the 2010 CARTS
20	Annual number of asthma patients (>= 1 yo) with > 1 asthma-related emergency room visits	Alabama	Asthma emergency department utilization for all children >1 year of age diagnosed with asthma or treatment with at least two short-acting beta adrenergic agents during the measurement year with more than one asthma-related ER visit	Measure is voluntary. States may begin reporting in the 2010 CARTS
21	Follow-Up Care for Children Prescribed ADHD Medication	NCQA/HEDIS	Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	Measure is voluntary. States may begin reporting in the 2010 CARTS
22	Annual Pediatric hemoglobin A1C testing	NCQA/HEDIS	Percentage of pediatric patients with diabetes with an HBA1c test in a 12-month measurement period	Measure is voluntary. States may begin reporting in the 2010 CARTS
23	Follow-up after hospitalization for mental illness	NCQA/HEDIS	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
24	CAHPS® 4.0 (Child version including Medicaid and Children with Chronic Conditions supplemental items)	NCQA/HEDIS	Family of surveys of experiences of care, an aspect of patient-centeredness. Parents or other responsible adults report about experiences of care during visits in which they accompany their children	<p>States may begin reporting in 2010</p> <p>Reporting Required in 2013</p> <p>Title XXI programs are <u>required</u>¹ to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013.</p> <p>States have two options for submitting these data:</p> <p>1) States can submit the CAHPS data using the CARTS attachment facility.</p> <p>2) If States are already working with the Agency for Healthcare Research and Quality to report CAHPS, they can continue doing so.</p>

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

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

If Data Not Reported, Please Explain Why:

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

¹ P.L. 111-3, §402(a)(2)(e)

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

Status of Data Reported:

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

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

Measurement Specification:

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

Data Source:

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

Definition of Population included in the Measure:

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

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

Year of Data:

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

Performance Measurement Data (HEDIS® or Other):

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

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

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

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

Explanation of Progress:

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

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

Other Comments on Measure:

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

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

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

Category I - PREVENTION AND HEALTH PROMOTION
Prenatal/Perinatal

MEASURE 1: Timeliness of prenatal care

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

MEASURE 1: Timeliness of prenatal care (continued)

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

MEASURE 2: Frequency of ongoing prenatal care

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

MEASURE 2: Frequency of ongoing prenatal care (continued)

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits</p>	<p>HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits</p>	<p>HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p><21% Numerator: 26 Denominator:128 Rate: 20.31%</p> <p>21% - 40% Numerator: 17 Denominator:128 Rate: 13.28%</p> <p>41% - 60% Numerator: 18 Denominator:128 Rate: 14.06%</p> <p>61% - 80% Numerator: 31 Denominator:128 Rate: 24.22%</p> <p>> 81% Numerator: 36 Denominator:128 Rate: 28.13%</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? First year reported.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Although reported above, this population is too small to form any valid conclusions.

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

Annual Performance Objective for FFY 2011: increase % for >81% to 30%

Annual Performance Objective for FFY 2012: Maintain 30%

Annual Performance Objective for FFY 2013: Maintain 30%

Explain how these objectives were set: Realistic increase in current rate for pregnant teens

Other Comments on Measure: N/A

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

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

MEASURE- 3: Percent of live births weighing less than 2,500 grams (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Percent of live births weighing less than 2,500 grams	Performance Measurement Data: Percent of live births weighing less than 2,500 grams	Performance Measurement Data: Percent of live births weighing less than 2,500 grams
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011:</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

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

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

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

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

Immunizations

MEASURE 5: Childhood Immunization Status

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

MEASURE 5: Childhood Immunization Status (continued)

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday</p>	<p>HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday</p>	<p>HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011:</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Explain how these objectives were set:</p>		
<p>Other Comments on Measure:</p>		

MEASURE 6: Immunizations for Adolescents (revised for 2010)

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

MEASURE 6: Immunizations for Adolescents (revised for 2010) (continued)

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

Screening

MEASURE 7: BMI Assessment for Children/Adolescents

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Measurement not reported in 2008. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Measurement not reported in 2009. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> BMI calculated based on parent's statement of child's height and weight.</p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> CAHPS from Florida KidCare Evaluation Report 2010 <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2008	FFY 2009	FFY 2010
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Number of Title XXI children surveyed. <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XXI children surveyed who had a BMI 85% or higher.
Year of Data:	Year of Data:	Year of Data: 2010

MEASURE 7: BMI Assessment for Children/Adolescents (continued)

FFY 2008	FFY 2009	FFY 2010																																																						
HEDIS Performance Measurement Data: Percent of 2-18 year-olds with a BMI percentile documentation	HEDIS Performance Measurement Data: Percent of 2-18 year-olds with a BMI percentile documentation	HEDIS Performance Measurement Data: Percent of 2-18 year-olds with a BMI percentile documentation																																																						
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		Children's Medical Services Network - children ages 1 through 18 with special health care needs. Numerator: 109 Denominator: 296 Rate: 36.8% Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measurement was not reported in 2009.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The HEDIS measurement for CHIP children will be available for 2011.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. N/A</p> <p>Annual Performance Objective for FFY 2011: Need to base this on HEDIS measures which should be available next year.</p> <p>Annual Performance Objective for FFY 2012: Need to base this on HEDIS measures which should be available next year.</p> <p>Annual Performance Objective for FFY 2013: Need to base this on HEDIS measures which should be available next year.</p> <p>Explain how these objectives were set: N/A</p>		
<p>Other Comments on Measure: N/A</p>		

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

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

MEASURE 8: Rates of screening using standardized screening tools for potential delays in social and emotional development (continued)

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

MEASURE 9: Chlamydia screening 16-20 females

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Measurement not reported in 2008. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Measurement not reported in 2009. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> Healthy Kids encounter data <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>Definition of numerator: Number of female CHIP Healthy Kids enrollees 16 to 20 years old who had a Chlamydia screening</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data: 2010</p>

MEASURE 9: Chlamydia screening 16-20 females (continued)

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: Percent of 16-20 year old females wgi were indentified as sexually active and who had at least one test for chlamydia during the measurement year</p>	<p>HEDIS Performance Measurement Data: Percent of 16-20 year old females wgi were indentified as sexually active and who had at least one test for chlamydia during the measurement year</p>	<p>HEDIS Performance Measurement Data: Percent of 16-20 year old females who were indentified as sexually active and who had at least one test for chlamydia during the measurement year</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: 4,663 Denominator: 1,130 Rate: 24.23%</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measurement was not reported in 2009.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? There may be a data collection issue with the health plans and their contracted labs.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. N/A</p> <p>Annual Performance Objective for FFY 2011: 25%</p> <p>Annual Performance Objective for FFY 2012: 27%</p> <p>Annual Performance Objective for FFY 2013: 29%</p> <p>Explain how these objectives were set: Incremental increases</p>		
<p>Other Comments on Measure: N/A</p>		

Well-child Care Visits (WCV)

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

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

FFY 2008	FFY 2009	FFY 2010
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MEASURE 10: Well Child Visits in the First 15 Months of Life (continued)

FFY 2008		FFY 2009		FFY 2010	
HEDIS Performance Measurement Data: Percent with specified number of visits		HEDIS Performance Measurement Data: Percent with specified number of visits		HEDIS Performance Measurement Data: Percent with specified number of visits	
<u>0 visits</u> Numerator: 380 Denominator: 1384 Rate: 27.46%	<u>4 visits</u> Numerator: 102 Denominator: 1384 Rate: 7.37%	<u>0 visits</u> Numerator: 505 Denominator: 907 Rate: 55.68%	<u>4 visits</u> Numerator: 34 Denominator: 907 Rate: 3.75%	<u>0 visits</u> Numerator: 410 Denominator: 673 Rate: 60.92%	<u>4 visits</u> Numerator: 10 Denominator: 673 Rate: 1.49%
<u>1 visit</u> Numerator: 387 Denominator: 1384 Rate: 27.96%	<u>5 visits</u> Numerator: 57 Denominator: 1384 Rate: 4.12%	<u>1 visit</u> Numerator: 146 Denominator: 907 Rate: 16.10%	<u>5 visits</u> Numerator: 26 Denominator: 907 Rate: 3.75%	<u>1 visit</u> Numerator: 142 Denominator: 673 Rate: 21.1%	<u>5 visits</u> Numerator: 10 Denominator: 673 Rate: 1.49%
<u>2 visits</u> Numerator: 271 Denominator: 1384 Rate: 19.58%	<u>6+ visits</u> Numerator: 23 Denominator: 1384 Rate: 1.66%	<u>2 visits</u> Numerator: 78 Denominator: 907 Rate: 8.60%	<u>6+ visits</u> Numerator: 34 Denominator: 907 Rate: 3.75%	<u>2 visits</u> Numerator: 52 Denominator: 673 Rate: 7.73%	<u>6+ visits</u> Numerator: 14 Denominator: 673 Rate: 2.08%
<u>3 visits</u> Numerator: 164 Denominator: 1384 Rate: 11.85%		<u>3 visits</u> Numerator: 84 Denominator: 907 Rate: 9.26%		<u>3 visits</u> Numerator: 35 Denominator: 673 Rate: 5.2%	
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	

FFY 2008	FFY 2009	FFY 2010
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The rate for children receiving no well child visits increased, but this is a very small population so small variances in the numbers can make a big difference. This measurement only covered children enrolled in MediPass, a primary care case management program and does not include HMO encounter data.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Next year we should be able to report for the children enrolled in managed care organizations also. This will provide a more accurate measurement.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. N/A</p> <p>Annual Performance Objective for FFY 2011: 50%</p> <p>Annual Performance Objective for FFY 2012: 55%</p> <p>Annual Performance Objective for FFY 2013: 60%</p> <p>Explain how these objectives were set: Our goal is to maintain at least 50% and make incremental changes each subsequent year.</p>		
<p>Other Comments on Measure: N/A</p>		

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

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> claims data</p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2008 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> claims <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Title XXI children ages 3 and 4 <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Title XXI children ages 3 and 4, who received a well child visit</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Number of Title XIX and XXI children ages 3 through 6 <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Title XIX and XXI children ages 3 through 6 who received a well child visit</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Number of Title XXI MediKids and Healthy Kids children ages 3 through 6. <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XXI MediKids and Healthy Kids children ages 3 through 6 who had at least one well child check-up.</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>

MEASURE 11 : Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2008		FFY 2009		FFY 2010	
HEDIS Performance Measurement Data: Percent with specified number of visits		HEDIS Performance Measurement Data: Percent with specified number of visits		HEDIS Performance Measurement Data: Percent with specified number of visits	
<u>0 visits</u> Numerator: Denominator: Rate:	<u>4 visits</u> Numerator: Denominator: Rate:	<u>0 visits</u> Numerator: Denominator: Rate:	<u>4 visits</u> Numerator: Denominator: Rate:	<u>0 visits</u> Numerator: Denominator: Rate:	<u>4 visits</u> Numerator: Denominator: Rate:
<u>1 visit</u> Numerator: Denominator: Rate:	<u>5 visits</u> Numerator: Denominator: Rate:	<u>1 visit</u> Numerator: Denominator: Rate:	<u>5 visits</u> Numerator: Denominator: Rate:	<u>1 visit</u> Numerator: Denominator: Rate:	<u>5 visits</u> Numerator: Denominator: Rate:
<u>2 visits</u> Numerator: Denominator: Rate:	<u>6+ visits</u> Numerator: Denominator: Rate:	<u>2 visits</u> Numerator: Denominator: Rate:	<u>6+ visits</u> Numerator: Denominator: Rate:	<u>2 visits</u> Numerator: Denominator: Rate:	<u>6+ visits</u> Numerator: Denominator: Rate:
<u>3 visits</u> Numerator: Denominator: Rate:		<u>3 visits</u> Numerator: Denominator: Rate:		<u>3 visits</u> Numerator: Denominator: Rate:	
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 1838 Denominator: 3454 Rate: 53.21%		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 60,089 Denominator: 83,194 Rate: 72.23%		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 3987 Denominator: 6301 Rate: 63.3%	
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? We can't compare the last few years. This is the first year we have had HEDIS measures for Title XXI children in both the MediKids and Healthy Kids programs. Last year, we reported HEDIS measures for Title XIX together with Title XXI and in 2008 we reported just for MediKids (ages 3 and 4) based on claims data.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Managed care plans are stressing the importance of well child visits. For MediKids children, we are sending a birthday email to the family reminding them to get a well child check-up. Healthy Kids enrollees also receive reminders on their birthday to schedule well child checks from both Healthy Kids as well as from both their health and dental plans. Additionally, all FHKC contracted health plans are developing Performance Improvement Plans to address this specific measure for 2011 as part of FHKC's external quality review activities. For plans performing 10 or more percentage points below the FHKC mean, the plan should improve performance to the FHKC mean. For plans performing within 10 percentage points of the FHKC mean but 10 or more percentage points below the National Medicaid HEDIS[®] mean, the goal is to improve performance to the national Medicaid HEDIS[®] mean. For plans performing within 10 percentage points of the national Medicaid HEDIS[®] mean, the goal is to improve performance to the national Medicaid HEDIS[®] mean or to 110% of current rate, whichever is greater.

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

Annual Performance Objective for FFY 2011: 70%

Annual Performance Objective for FFY 2012: 75%

Annual Performance Objective for FFY 2013: 80% (federal goal for Medicaid)

Explain how these objectives were set: The goal is to have incremental increases to reach 80%, the federal goal for Medicaid.

Other Comments on Measure: N/A

MEASURE 12: Adolescent Well-Care Visits

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> measurement not included in report prior to 2010. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Measurement not included in report prior to 2010. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> encounter data <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of Healthy Kids children ages 12 through 18 <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of Healthy Kids (CHIP) enrollees ages 12 through 18 who received a well-care visit.</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data: 2010</p>

MEASURE 12: Adolescent Well-Care Visits (continued)

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p>	<p>HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p>	<p>HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 37,368 Denominator: 66,923 Rate: 55.84%</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measurement has not been previously reported.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Managed care plans continue to stress the importance of well child visit. The Act Out for Health outreach campaign targets middle and high school children and good preventive care as one effort to emphasize the importance of preventive care for this population.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. N/A</p> <p>Annual Performance Objective for FFY 2011: 58%</p> <p>Annual Performance Objective for FFY 2012: 60%</p> <p>Annual Performance Objective for FFY 2013: 62%</p> <p>Explain how these objectives were set: The goal is small incremental increases since it is difficult to stree well child check-up to this population.</p>		
<p>Other Comments on Measure: N/A</p>		

Dental

MEASURE 13: Total eligibles receiving preventive dental services (EPSDT measure Line 12B)

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Measurement not included in report prior to 2010. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Measurement not included in report prior to 2010. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>1Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> encounter data <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of MediKids and Healthy Kids children. <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of MediKids and Healthy Kids children who received an annual dental visit</p>

FFY 2008	FFY 2009	FFY 2010
Year of Data:	Year of Data:	Year of Data: 2010

MEASURE 13: Total eligibles receiving preventive dental services (EPSDT measure Line 12B) (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Total EPSDT eligibles who received preventive dental services	Performance Measurement Data: Total EPSDT eligibles who received preventive dental services	Performance Measurement Data: Total EPSDT eligibles who received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	MediKids ages 1 through 4 Numerator: 378 Denominator: 1580 Rate: 23.92% Healthy Kids ages 5 through 18 Numerator: 23,397 Denominator: 46,103 Rate: 50.75%
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measurement has not been previously reported.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Healthy Kids dental plans stress the importance of preventive care and periodic visits.

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

Annual Performance Objective for FFY 2011: MediKids 24%, Healthy Kids 54%

Annual Performance Objective for FFY 2012: Medikids 25%, Healthy Kids 57%

Annual Performance Objective for FFY 2013: MediKids 26%, Healthy Kids 60%

Explain how these objectives were set: Separate goals for MediKids with small increases since it is difficult to stress the importance of dental check-ups for very young children. Goal for Healthy Kids is incremental increases each year.

Other Comments on Measure: N/A

Access

MEASURE 14: Children and Adolescents' Access to Primary Care

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2008</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2008</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2010</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify: claims data</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify: claims data</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify: claims data</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XIX and XXI enrollees who had at least one ambulatory or preventive care visit to any PCP (only visits to a provider that is considered a PCP)</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Title XIX and XXI enrollees <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XIX and XXI enrollees who had a visit with a PCP</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of Title XXI enrollees <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XXI enrollees who had a visit with a PCP.</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2010</p>

MEASURE 14: Children and Adolescents' Access to Primary Care (continued)

<p>HEDIS Performance Measurement Data: Percentage of enrollees who had a visit with a primary care practitioner</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 93.3%</td> <td>Rate: 87.7%</td> </tr> </table> <table border="0"> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 90.1%</td> <td>Rate: 83.6%</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 93.3%	Rate: 87.7%	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 90.1%	Rate: 83.6%	<p>HEDIS Performance Measurement Data: Percentage of enrollees who had a visit with a primary care practitioner</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 24,036</td> <td>Numerator: 46,890</td> </tr> <tr> <td>Denominator: 26,955</td> <td>Denominator: 53,508</td> </tr> <tr> <td>Rate: 89.17%</td> <td>Rate: 87.63%</td> </tr> </table> <table border="0"> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 94,009</td> <td>Numerator: 58,202</td> </tr> <tr> <td>Denominator: 103,775</td> <td>Denominator: 68,990</td> </tr> <tr> <td>Rate: 90.59%</td> <td>Rate: 84.36%</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 24,036	Numerator: 46,890	Denominator: 26,955	Denominator: 53,508	Rate: 89.17%	Rate: 87.63%	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 94,009	Numerator: 58,202	Denominator: 103,775	Denominator: 68,990	Rate: 90.59%	Rate: 84.36%	<p>HEDIS Performance Measurement Data: Percentage of enrollees who had a visit with a primary care practitioner</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 3</td> <td>Numerator: 17,248</td> </tr> <tr> <td>Denominator: 3</td> <td>Denominator: 18,291</td> </tr> <tr> <td>Rate: 100%</td> <td>Rate: 94.30%</td> </tr> </table> <table border="0"> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 5967</td> <td>Numerator: 30,051</td> </tr> <tr> <td>Denominator: 6625</td> <td>Denominator: 32,334</td> </tr> <tr> <td>Rate: 90.07%</td> <td>Rate: 92.94%</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 3	Numerator: 17,248	Denominator: 3	Denominator: 18,291	Rate: 100%	Rate: 94.30%	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 5967	Numerator: 30,051	Denominator: 6625	Denominator: 32,334	Rate: 90.07%	Rate: 92.94%
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<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>																																																

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measurement has remained fairly constant. This year the measurement includes only Title XXI enrollees and the two previous years also included Medicaid children. The Title XXI measurement exceeds the HEDIS mean for each age group.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The managed care plans require all enrollees to select a primary care provider and the managed care plans stress the importance of visits with their PCP.

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

Annual Performance Objective for FFY 2011: 12 – 24 months – 95%; 2 – 6 – 91%; 7 – 11 years – 95%; 12-19 years – 93%

Annual Performance Objective for FFY 2012: 12 – 24 months – 96%; 2 – 6 – 93%; 7 – 11 years – 95%; 12-19 years – 94%

Annual Performance Objective for FFY 2013: 12 – 24 months – 96%; 2 – 6 – 95%; 7 – 11 years – 95%; 12-19 years – 95%

Explain how these objectives were set: The goal is small incremental increases for each age group.

Other Comments on Measure: N/A

Category II - MANAGEMENT OF ACUTE CONDITIONS

Upper Respiratory -- Appropriate Use of Antibiotics

MEASURE 15: Appropriate Testing for Children with Pharyngitis

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

MEASURE 15: Appropriate Testing for Children with Pharyngitis (continued)

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: Percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode</p>	<p>HEDIS Performance Measurement Data: Percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode</p>	<p>HEDIS Performance Measurement Data: Percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus test for the episode</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: 3,484 Denominator: 5,880 Rate: 59.3</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measurement was not reported in 2009.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Managed care plans need to make sure their providers are following appropriate treatment protocol.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. N/A</p> <p>Annual Performance Objective for FFY 2011: HEDIS mean 61.4%</p> <p>Annual Performance Objective for FFY 2012: 62%</p> <p>Annual Performance Objective for FFY 2013: 63%</p> <p>Explain how these objectives were set: Objective based on HEDIS mean for 2011 then small increases.</p>		
<p>Other Comments on Measure: N/A</p>		

MEASURE 16: Otitis Media with Effusion - avoidance of inappropriate use of systemic antimicrobials

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

MEASURE 16: Otitis Media with Effusion - avoidance of inappropriate use of systemic antimicrobials (continued)

FFY 2007	FFY 2008	FFY 2009
Performance Measurement Data: Percent of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	Performance Measurement Data: Percent of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	Performance Measurement Data: Percent of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011:</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Explain how these objectives were set:</p>		
<p>Other Comments on Measure:</p>		

Dental

MEASURE 17: Total EPSDT eligibles who received dental treatment services (EPSDT CMS Form 416 Line 12C)

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

MEASURE 17: Total EPSDT eligibles who received dental treatment services (EPSDT CMS Form 416 Line 12C) (continued)

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

Emergency Department

MEASURE 18: Emergency Department (ED) Utilization – Average number of ED visits per member per reporting period

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Measurement not included in report prior to 2010. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> Measurement not included in report prior to 2010. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS Survey parent responses</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> CAHPS Survey <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Number of Title XXI enrollees <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XXI enrollees with at least one or multiple visits to the ER in the last 6 months.</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data: 2009</p>

MEASURE 18: Emergency Department (ED) Utilization – Average number of ED visits per member per reporting period (continued)

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.</p>	<p>HEDIS Performance Measurement Data: the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.</p>	<p>HEDIS Performance Measurement Data: the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: 25,827 Denominator: 90,300 Rate: 0.29</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measurement was not reported in 2009.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Managed care organizations need to better educate enrollees on appropriate use of ER. This measurement was based on a survey with parents and subject to parents' recollection.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. N/A</p> <p>Annual Performance Objective for FFY 2011: 0.28</p> <p>Annual Performance Objective for FFY 2012: 0.27</p> <p>Annual Performance Objective for FFY 2013: 0.25</p> <p>Explain how these objectives were set: The goals are based on small incremental improvements.</p>		

Other Comments on Measure: N/A

Inpatient

MEASURE 19: Pediatric catheter associated blood stream infection rates (PICU and ICU)

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

MEASURE 19: Pediatric catheter associated blood stream infection rates (PICU and ICU) (continued)

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

Other Comments on Measure:

Category III - MANAGEMENT OF CHRONIC CONDITIONS

Asthma

MEASURE 20: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit

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

MEASURE 20: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit	Performance Measurement Data: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit	Performance Measurement Data: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011:</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Explain how these objectives were set:</p>		
Other Comments on Measure:		

Attention-Deficit/Hyperactivity Disorder

MEASURE 21: Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> This measurement was not reported in 2008. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> This measurement was not reported in 2009. <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> claims data <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of Title XXI enrollees who received newly prescribed medication for ADHD. <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XXI enrollees ages 6 – 12 who were prescribed ADHD medication and had follow-up visit within 30 days</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data: 2010</p>

MEASURE 21: Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication (continued)

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit.</p> <p>Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit.</p> <p>Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit.</p> <p>Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>
<p>Initiation Phase</p> <p>Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&M) Phase:</p> <p>Numerator: Denominator: Rate:</p>	<p>Initiation Phase</p> <p>Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&M) Phase:</p> <p>Numerator: Denominator: Rate:</p>	<p>Initiation Phase</p> <p>Numerator: 563 Denominator: 1,278 Rate: 44.05%</p> <p>Continuation and Maintenance (C&M) Phase:</p> <p>Numerator: 101 Denominator: 191 Rate: 52.88%</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measurement was not reported in 2009.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Managed care organizations need to ensure providers are following correct treatment protocol.

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

Annual Performance Objective for FFY 2011: Initiation Phase – 45%; Continuation and maintenance Phase – 53%

Annual Performance Objective for FFY 2012: Initiation Phase – 47%; Continuation and maintenance Phase – 55%

Annual Performance Objective for FFY 2013: Initiation Phase – 50%; Continuation and maintenance Phase – 57%

Explain how these objectives were set: The goal is to increase compliance with correct protocol by small incremental increases in both phases.

Other Comments on Measure: N/A

Diabetes

MEASURE 22: Annual hemoglobin A1C testing (all children and adolescents diagnosed with diabetes)

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

MEASURE 22: Annual hemoglobin A1C testing (all children and adolescents diagnosed with diabetes) (continued)

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period	Performance Measurement Data: Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period	Performance Measurement Data: Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011:</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Explain how these objectives were set:</p>		
<p>Other Comments on Measure:</p>		

Mental Health

MEASURE 23: Follow-up after hospitalization for mental illness

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

MEASURE 23: Follow-up after hospitalization for mental illness (continued)

FFY 2008	FFY 2009	FFY 2010
<p>Performance Measurement Data: Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner</p>	<p>Performance Measurement Data: Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner</p>	<p>Performance Measurement Data: Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p>Within 30 day: Numerator: 331 Denominator: 488 Rate: 67.83%</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 197 Denominator: 488 Rate: 40.37% Additional notes on measure: Follow-up within 7 days of discharge.</p>

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? This measurement was not reported in 2009.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Managed care plans need to ensure their providers are following correct treatment protocol.

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

Annual Performance Objective for FFY 2011: Within 7 day – HEDIS Mean – 42.60%; Within 30 days - 68%

Annual Performance Objective for FFY 2012: Within 7 day – HEDIS Mean – 44%; Within 30 days - 69%

Annual Performance Objective for FFY 2013: Within 7 day – HEDIS Mean – 45%; Within 30 days - 70%

Explain how these objectives were set: The goal for within 7 days is to attain the HEDIS mean then small improvements. Since we're already exceeding the HEDIS mean for within 30 days (61.70%), the goal is to make small incremental improvements.

Other Comments on Measure: N/A

SECTION IIB: ENROLLMENT AND UNINSURED DATA

Section IIB: Enrollment And Uninsured Data

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

Program	FFY 2009	FFY 2010	Percent change FFY 2009-2010
CHIP Medicaid Expansion Program	1,352	1,114	%-18
Separate Child Health Program	416,062	402,235	%-3

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

The CHIP Expansion program for infants includes children under 1 year of age with income above 185% FPL to 200% FPL. This small coverage group experienced a 18% decrease in enrollment in from 2009 to 2010. Since this is such a small population, slight increases and decreases in enrollment can produce exaggerated percentage changes.

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Std. Error	Rate	Std. Error
1996-1998	426	42.0	12.6	1.2
1998-2000	377	39.6	10.5	1.0
2000-2002	426	37.4	10.6	0.9
2002-2004	393	35.8	9.5	0.8
2003-2005	431	36	10	1
2004-2006	455	37	11	1
2005-2007	509	39.0	12	.9
2006-2008	498	39.0	12	.9
2007-2009	518	40.0	12.2	0.9
Percent change 1996-1998 vs.	21.6	N/A	-3.2%	N/A

2007-2009				
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A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

There does not appear to be any significant changes in the number of uninsured children.

B. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates. N/A

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

Yes (please report your data in the table below)

No (skip to Question #4)

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

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

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

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.

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

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

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

Florida KidCare includes both Medicaid and the CHIP programs so all of our outreach activities promote both Medicaid and CHIP. Last year, 66% of KidCare applications received were referred to the Department of Children and Families for a complete Medicaid determination.

Our biggest outreach efforts occur during the back-to-school months of July through November. Starting in 2007, the Executive Office of the Governor has organized the KidCare partners and other agencies and organizations to provide coordinated outreach efforts. There were 210,624 unduplicated KidCare applications received between July 2009 and June 2010. During this same

time period, Medicaid enrollment for children increased by 201,418 children. It is unknown how much of this increase is the sole result of outreach, or is due to other factors such as the economy, job loss and loss of employer-sponsored insurance.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

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

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

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

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

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

Goal:

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

Type of Goal:

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

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

Status of Data Reported:

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

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

Measurement Specification:

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

Data Source:

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

Definition of Population Included in Measure:

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

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

Year of Data:

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

Performance Measurement Data:

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

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

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

Explanation of Progress:

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

Other Comments on Measure:

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

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

FFY 2008	FFY 2009	FFY 2010
<p>Goal #1 (Describe) Reduce the number of uninsured children in Florida</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children in Florida</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children in Florida</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Total number of children enrolled in Florida Kidcare as of October 2008. Definition of numerator: Increase in the number of children enrolled in Florida Kidcare from October 2008 to September 2009.</p>	<p>Definition of Population Included in the Measure: CHIP and Medicaid children Definition of denominator: Total number of children enrolled in Florida KidCare as of October 2009. Definition of numerator: Increase in the number of children enrolled in Florida Kidcare from October 2009 to September 2010.</p>
<p>Year of Data:</p>	<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>
<p>Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Describe what is being measured: Measurement is the percentage change in the number of children enrolled in Florida KidCare from October 2008 through September 2009. The more children that are enrolled in KidCare the less children that should be uninsured. Numerator: 1,701,816(9/09)–1,464,974(10/08)= 236,842</p>	<p>Performance Measurement Data: Describe what is being measured: Measurement is the percentage change in the number of children enrolled in Florida KidCare from October 2009 through September 2010. The more children that are enrolled in KidCare the less children that should be uninsured. Numerator: 1,883,971(9/10) – 1,721,457(10/09) = 162,514</p>

FFY 2008	FFY 2009	FFY 2010
	Denominator: 1,464,974 Rate: 16% increase Additional notes on measure: It is unknown how much this increase in KidCare enrollment impacts the state's overall uninsurance rate for children.	Denominator: 1,721,457 Rate: 9.4% increase Additional notes on measure: It is unknown how much this increase in KidCare enrollment impacts the state's overall uninsurance rate for children.
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? We do not have updated 2010 information on the number of uninsured children in Florida; however, the change in the number of Florida KidCare enrollees will have an impact on the number of uninsured children in Florida. During this time period, there was a 9.4% increase in the number of children receiving Florida KidCare coverage. Most of this increase was due to an increase in Medicaid enrollment.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Florida KidCare partners continue to develop outreach strategies and conduct outreach activities. Florida has three recipients of the CHIPRA outreach grants, including Florida Covering Kids and Families, who we work very closely with on all KidCare outreach activities.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. N/A</p> <p>Annual Performance Objective for FFY 2011: 6% enrollment increase</p> <p>Annual Performance Objective for FFY 2012: 7% enrollment increase</p> <p>Annual Performance Objective for FFY 2013: 5% enrollment increase</p> <p><i>Explain how these objectives were set:</i> Projections concensed by the Florida KidCare Social Services estimating Conference in January 2011.</p>		
<p>Other Comments on Measure: N/A</p>		

Objectives Related to CHIP Enrollment

FFY 2008	FFY 2009	FFY 2010
<p>Goal #1 (Describe) Percentage increase in uninsured children who enroll in Florida KidCare program</p>	<p>Goal #1 (Describe) Increase the CHIP application enrollment rate</p>	<p>Goal #1 (Describe) Increase the CHIP application enrollment rate</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> A better method to measure the goal is to compare the number of children who apply vs. the number of children who become CHIP eligible – CHIP enrollment rate. <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Florida KidCare enrollment October 2007 (Title XXI) minus Florida KidCare enrollment in October 2008. Definition of numerator: Florida KidCare (Title XXI) enrollment in October 2007.</p>	<p>Definition of Population Included in the Measure: Children who apply and are approved for CHIP. Definition of denominator: Number of children who apply with a KidCare application from 7/1/2008 to 6/30/2009 who are not referred to Medicaid. Definition of numerator: Number of children approved for CHIP who applied with a KidCare application from 7/1/2008 to 6/30/2009 who are not referred to Medicaid.</p>	<p>Definition of Population Included in the Measure: Children who apply and are approved for CHIP. Definition of denominator: Number of children who apply with a KidCare application from 7/1/2009 to 6/30/2010 who are not referred to Medicaid. Definition of numerator: Number of children approved for CHIP who applied with a KidCare application from 7/1/2009 to 6/30/2010 who are not referred to Medicaid.</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>

FFY 2008	FFY 2009	FFY 2010
<p>Performance Measurement Data: Describe what is being measured: Percent increase in CHIP enrollment Numerator: 226,302 -208,761 = 17,541 Denominator: 226,302 Rate: 7.75% decrease in enrollment</p> <p>Additional notes on measure: For Title XXI only, there were 226,302 children enrolled in October 2007 and 208,761 children enrolled in October 2008. There was a 7.75% decrease in Title XXI enrollment.</p>	<p>Performance Measurement Data: Describe what is being measured: CHIP enrollment rate Numerator: 109,694 Denominator: 169,694 Rate: 64.25%</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Describe what is being measured: CHIPp enrollment rate Numerator: 69,347 Denominator: 108,241 Rate: 64.07%</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2008 Annual Report? Measurement continued at 64% approval rate.</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? Systems stabilizations and enhancements continued in 2009 and 2010, that have helped maintain the 64% approval rate. Enhancements to electronic income verification and online renewal have simplified processes for families.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. N/A</p> <p>Annual Performance Objective for FFY 2011: Increase to 65% CHIP enrollment rate</p> <p>Annual Performance Objective for FFY 2012: Maintain 65% CHIP enrollment rate</p> <p>Annual Performance Objective for FFY 2013: Maintain 65% CHIP enrollment rate</p> <p><i>Explain how these objectives were set:</i> The CHIP enrollment rate has increased within the last 2 years and our goal is to attain a 65% enrollment rate and maintain this rate.</p>		
<p>Other Comments on Measure: N/A</p>		

Objectives Related to Medicaid Enrollment

FFY 2008	FFY 2009	FFY 2010
<p>Goal #1 (Describe) Increase the Medicaid application enrollment rate for children applying with a Floirda Kidcare application.</p>	<p>Goal #1 (Describe) Increase the Medicaid application enrollment rate for children applying with a Floirda Kidcare application.</p>	<p>Goal #1 (Describe) Increase the Medicaid application enrollment rate for children applying with a Floirda Kidcare application.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Number of children who applied with a Floirda KidCare application from 7/1/2007 to 6/30/2008 and referred to medicaid (and not referred back to CHIP). Definition of numerator: Number of children who applied with a Florida KidCare application from 7/1/2007 to 6/30/200/ who were approved for Medicaid.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Number of children who applied with a Florida KidCare application from 7/1/2008 to 6/30/2009 and referred to medicaid (and not referred back to CHIP). Definition of numerator: Number of children who applied with a Florida KidCare application from 7/1/2008 to 6/30/2009 who were approved for Medicaid.</p>	<p>Definition of Population Included in the Measure: KidCare applicant children screened potentially eligible for Medicaid. Definition of denominator: Number of children who applied with a Florida KidCare application from 7/1/2009 to 6/30/2010 and referred to Medicaid (and not referred back to CHIP). Definition of numerator: Number of children who applied with a Florida KidCare application from 7/1/2009 to 6/30/2010 who were approved for Medicaid.</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>

FFY 2008	FFY 2009	FFY 2010
<p>Performance Measurement Data: Describe what is being measured: Medicaid enrollment rate for applicant children screened potentially Medicaid eligible.</p> <p>Numerator: 52,703 Denominator: 164,057 Rate: 32.1%</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Describe what is being measured: Medicaid enrollment rate for applicant children screened potentially Medicaid eligible.</p> <p>Numerator: 92,230 Denominator: 138,024 Rate: 66.8%</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Describe what is being measured: Medicaid enrollment rate for applicant children screened potentially Medicaid eligible.</p> <p>Numerator: 64,217 Denominator: 125,371 Rate: 51.22%</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The Medicaid enrollment rate doubled in 2009 to 66.8% and this year the approval rate decreased to 51.22%. This rate is still higher than the 2008 level. Families are also able to apply using a Florida Medicaid application and this rate does not include those applications.</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? Systems enhancements have been made making it easier to exchange information between Medicaid and CHIP.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. N/A</p> <p>Annual Performance Objective for FFY 2011: Increase enrollment rate to 60%</p> <p>Annual Performance Objective for FFY 2012: Increase enrollment rate to 65%</p> <p>Annual Performance Objective for FFY 2013: maintain 65% enrollment rate</p> <p><i>Explain how these objectives were set:</i> Since the enrollment rate decreased in 2010, the goal is to attain 65% and maintain that rate.</p>		
<p>Other Comments on Measure: N/A</p>		

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

FFY 2008	FFY 2009	FFY 2010
<p>Goal #1 (Describe) Increase the percentage of children with a usual source of care (has a personal provider)</p>	<p>Goal #1 (Describe) Increase the percentage of children with a usual source of care (has a personal provider)</p>	<p>Goal #1 (Describe) Increase the percentage of children with a usual source of care (has a personal provider)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPSW Survey</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS Survey</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS survey</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> CAHPS from the Florida KidCare Evaluation Report 2008 <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> CAHPS from the Florida KidCare Evaluation Report 2009 <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> CAHPS from the Florida KidCare Evaluation Report 2010 <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of children who report having a personal provider 12 month post-enrollment.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of children who report having a personal provider 12 month post-enrollment.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of children who report having a personal provider 12 month post-enrollment.</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:</p>

FFY 2008	FFY 2009	FFY 2010
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Describe what is being measured: Percentage of children with a personal provider. Numerator: 819 Denominator: 900 Rate: 91%</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Describe what is being measured: Percentage of children with a personal provider. Numerator: 78,810 Denominator: 90,408 Rate: 87.2%</p> <p>Additional notes on measure: MediKids rate – 91.3%; Healthy Kids rate – 86.3%; CMSN rate -95.0%</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Describe what is being measured: Percentage of children with a personal provider. Numerator: 16,345 Denominator: 17,559 Rate: 93.1%</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? Based on parents reporting for the CAHPS survey, the percentage of parents who reported that their children had a personal provider increased from 87% in 2009 to 93% in 2010.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The health plans assign all enrollees to a primary care provider, and the health plans encourage parents by sending reminders to parents to take their children to their primary care provider for well child visits.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. N/A</p> <p>Annual Performance Objective for FFY 2011: 93%</p> <p>Annual Performance Objective for FFY 2012: 93%</p> <p>Annual Performance Objective for FFY 2013: 94%</p> <p><i>Explain how these objectives were set:</i> The performance objective is to maintain the current high percentage and improve over time.</p>		
<p>Other Comments on Measure: N/A</p>		

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

FFY 2008	FFY 2009	FFY 2010
<p>Goal #1 (Describe) Increase the percentage of children enrolled in Florida Kidcare with improved health status</p>	<p>Goal #1 (Describe) Increase the percentage of children enrolled in Florida Kidcare with improved health status</p>	<p>Goal #1 (Describe) Increase the percentage of children enrolled in Florida Kidcare with improved health status</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Survey</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Survey</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS Survey</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> CAHPS from the Florida Kidcare Evaluation 2008 report <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> CAHPS from the Florida Kidcare Evaluation 2009 report <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> CAHPS from the Florida Kidcare Evaluation 2010 report <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of CHIP children who had at least one visit with their personal provider during the past 12 months.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of CHIP children who had at least one visit with their personal provider during the past 6 months.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Number of CHIP children who had at least one visit with their personal provider during the past 6 months.</p>
<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>	<p>Year of Data: 2010</p>

FFY 2008	FFY 2009	FFY 2010
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Describe what is being measured: The number of established Title XXI children who had at least one well child visit in the last 6 months.</p> <p>Numerator: 852 Denominator: 900 Rate: 94.6%</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Describe what is being measured: The number of established Title XXI children who had at least one well child visit in the last 6 months.</p> <p>Numerator: 61,309 Denominator: 72,324 Rate: 84.77%</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Describe what is being measured: The number of established Title XXI children who had at least one well child visit in the last 6 months.</p> <p>Numerator: 89,811 Denominator: 110,319 Rate: 81.4%</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The rate decreased slightly from 2009. The 2008 rate was significantly higher; however, the 2008 rate was based on a visit within the past 12 months and the 2009 and 2010 rates are based on visits within the past 6 months.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? All children are enrolled in managed care plans or primary care case management plans. The continued high rate reflects the health plan's continuous efforts to ensure and encourage their enrollees to receive appropriate preventive care. We will continue to require the health plans reinforce preventive care with their families.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. N/A</p> <p>Annual Performance Objective for FFY 2011: 84%</p> <p>Annual Performance Objective for FFY 2012: 84%</p> <p>Annual Performance Objective for FFY 2013: 85%</p> <p><i>Explain how these objectives were set:</i> The goal for 2011 is to attain last year's rate and to maintain and improve.</p>		
<p>Other Comments on Measure: N/A</p>		

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

For the KidCare population, the Agency for Health Care Administration contracts with the University of Florida's Institute for Child Health Policy to produce the annual Florida KidCare Program Evaluation Report. This report presents descriptive results and detailed statistical analyses examining critical issues. The Established Enrollee Survey is used to obtain information from families whose children have been enrolled in KidCare for at least 12 consecutive months. Established families are asked about their satisfaction with the quality of care their children receive, their children's health status and demographics. Part of the established enrollee survey gathers information about the insurance and health status of the child. The survey uses the Consumer Assessment of Health Plans Survey (CAHPS), child Medicaid version with specific questions for children with special needs.

Healthy Kids rebid its health plan contracts in 2008 and supplemented those contracts in 2011 to meet new federal requirements for plan choice. As a result, Healthy Kids is in the process of re-bidding its medical record and site review components of its quality program. A new contract is expected to be awarded later in the Summer of 2011. . Until the award of that contract, Healthy Kids staff continues monitor network capacity, quality of care issues and both provider and enrollee satisfaction to detect issues that may need to be addressed on a case by case or plan basis.

An external quality review organization (EQRO)contract has been awarded to the Institute for Child Health Policy who is working with Healthy Kids and its contracted health and dental plans on its Performance Improvement Plans (PIPs). As noted in the previous section, one of the PIPs identified for implementation starting in the 2010-2011 fiscal year, includes a focus on improving well-child visits for the younger Healthy Kids population. The dental plans have a focused PIP as well directed at improvements in access to dental visits. A second focus area will also be approved for each plan in an area of the plan's selection.

Health plans are also continually monitored by FHKC staff for their compliance with the contractual standards with regard to appointments (time it takes from date of request to actual appointment, depends on the severity or urgency of the issue) as well as to access (length of travel time from enrollee to provider). When an issue is identified, steps are taken to address each individual case; however, should the concern be more widespread, FHKC can request a quality improvement or corrective action plan to address any deficiencies. Ultimately, if a plan is not consistently meeting these standards, the contract can be non-renewed.

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?

For enrollees in the Title XXI Children's Medical Services Network, the baseline data obtained from the study described in questions 1 and 3 are to be used for future program analyses. Results of these reports are published annually.

The Medical Quality Audits mentioned above for the Healthy Kids program are reviewed by a Workgroup of the Corporation's Board of Directors at a publicly noticed meeting. Reports are available for public dissemination once submitted for review. Once a new contract for these services are awarded, these reports will continue to be reviewed by the committee structure of the board with quality improvement plans as identified.

Healthy Kids has also issued a Chartbook of quality measures for the past two years. This Chartbook provides information of individual plan performance on a number of measures, including many of the current voluntary core CHIPRA Quality Measures. The FHKC board uses these results to set goals and identify areas for improvement for individual plans and for the program .

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?

Children’s Medical Services (CMS) has a partnership with the University of Florida in North Central Florida and South Florida Community Care Network in South Florida to form an integrated care system (ICS) for Title XXI enrollees in CMS. The program is called PediCare and serves a 16 county region in North Central Florida; it is called SFCCN in South Florida and serves Miami –Dade and Broward counties. The goal of the ICS initiative is to foster stronger development of a primary care network for CMS enrollees and to ensure access to needed specialty care, while controlling health care costs.

The University of Florida’s Institute for Child Health Policy subsequently has published annual reports and the most recent report was submitted in 2007/2008 entitled. “Integrated Care Systems Annual Report,” by Drs. Caprice Knapp and Elizabeth Shenkman.

The goals of this phase of the evaluation are to:

- Provide annual findings about family satisfaction with their children’s experiences in PediCare or SFCCN during their enrollment;
- Compare the trends over time in PediCare and SFCCN family satisfaction findings; and
- Provide results about satisfaction and interaction with the CMS Nurse Coordinators.

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.

Please list attachments here and summarize findings or list main findings.

Florida KidCare Coordinating Council 2010 Report and Recommendations

The Florida KidCare Coordinating Council is responsible for making recommendations to the Governor and the Legislature about the implementation and operation of Florida KidCare. The recommendations include the following categories:

- Outreach
- Eligibility and Enrollment
- Continuity of care and Retention
- Administrative Efficiency
- Provider Reimbursement
- Federal Recommendations

**Health Care Utilization and Costs of Full-Pay and Subsidized Enrollees in the Florida KidCare Program, Institute for Child Health Policy, University of Florida, January 2010
Healthy Kids Report and MediKids Report**

This legislatively mandated report examines the following:

- Compares the utilization and costs of the full-pay enrolled population and the subsidized enrolled population.
- Evaluates the premium impact to the subsidized portion of the program of including the full pay program.

Makes recommendations on how to mitigate possible impacts to the subsidized population.

ER Usage by KidCare Families: Variations by Race-Ethnicity, CSHCN Screener Status, Kidcare Program Component, and Medical Home Access, Institute for Child Health Policy, University of Florida, May 2010

This report presents information about emergency room usage obtained through surveys with KidCare parents in the fall of 2009. The findings include:

- 76% of established enrolled reports zero ER visits.
- The average number of ER visits was 0.34 visits per enrollee.
- Variations were found around several demographic and health indicators.

Children with Special Health Care Needs (CSHCN) in the Florida KidCare Program and in the National Survey of CSHCN, Institute for Child Health Policy, University of Florida, May 2010

This report presents data on CSHCN including access to services.

- In 2006, 32% of Kidcare enrollees has a special health care need. This rate is 2.5 times higher than the CDC rate for children in Florida.

Quality of Care: HEDIS Measures (Florida Healthy Kids Corporation) for State Fiscal Year 2008, Institute for Child Health Policy, University of Florida, August 2009.

This report was the first report showing individual plan performance against specific HEDIS measures for the Florida Healthy Kids program during the 2007-2008 state fiscal year.

Updated Estimates of Children's Health Insurance Coverage in Florida, Institute for Child Health Policy, University of Florida, March 2009.

This report was conducted in order to update the last state-specific study of the uninsured in Florida and to try and narrow down the number of uninsured children in the state.

Quality of Care: Health and Dental Plan Performance Measurements – Health Plan Contract Year 2008-09 (October 1, 2008 through September 30, 2009), Institute for Child Health Policy, University of Florida, September 2010.

This is the second year of Healthy Kids' reporting of specific HEDIS and other quality performance measurements on its health and dental plan contractors. Measurements from this report were used to set Performance Improvement Plans (PIPs) to be implemented beginning with the 2010-2011 state fiscal year.

The following three (3) reports are from a series of reports commissioned by the Florida Healthy Kids Corporation on its dental program to look at the overall satisfaction of enrollees, dental providers and contractors.

Dental Utilization of Healthy Kids Program Enrollees, Institute for Child Health Policy, University of Florida, January 2010.

Dental Provider Satisfaction with the Florida Healthy Kids Program Dental Plans, Institute for Child Health Policy, University of Florida, March 2010.

Results of Interviews with Florida Healthy Kids Program Dental Plan Administrators, Institute for Child Health Policy, University of Florida, March 2010.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

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

Florida KidCare outreach continues to be a combined effort from all of the Kidcare partners. We continue to focus our efforts through community partner organizations, which provides effective and economical outreach to both broad audiences and targeted populations.

Florida Healthy Kids Corporation's Outreach efforts

Community Partnerships

Florida Healthy Kids Corporation's (FHKC) Community Partnership outreach campaign targets organizations and associations whose membership and clientele focus on families potentially eligible for the Florida KidCare Program. During 2009-2010 the FHKC had 36 community-based partners who complement the program's existing marketing and outreach efforts in areas of the state where no formalized marketing or outreach activities were underway. The 2009-2010 community partner's roles and responsibilities were enhanced to maximize resources and opportunities. In addition, a \$200 shipping allowance was also allocated to each community partner.

Level One - Basic Membership

\$1,000 quarterly allocation

Level One requirements:

- ✓ Display signage and materials for the Florida KidCare program,
- ✓ Provide a continuous link to Florida KidCare program website on organization's website,
- ✓ Provide advertising about the program in at least two newsletters, distribution lists or other communications to membership and community,
- ✓ Develop a minimum of two Florida KidCare partnerships with other community partners with at least one being a school partner,
- ✓ Participate in meetings and conference calls as scheduled,
- ✓ Have front-line staff that interact with public most frequently successfully complete on-line training series provided by FHKC,
- ✓ Submit for approval to FHKC all locally developed materials relating to or referencing Florida KidCare prior to production and distribution,
- ✓ Post participation in local community events to the Florida KidCare Community Calendar, and
- ✓ Submit a report of activities.

Organization Name	Community Served	Geographic Population
Brehon Institute for Family Services, Inc.	New and expectant families	Gadsden, Leon, Madison, and Taylor Counties
Congregations for Community Action	Low-income church members, including two African-American churches and two with large Hispanic populations	South Brevard County on Florida's East Coast
Family Resource Connection	Families referred for court-ordered use of	Putnam, Clay, and St. Johns

	services	Counties
Federations of Congregations United to Serve	Low-to-moderate income families in Parramore, Pine Hills, Azalea Park, Oak Ridge and East Orange	Orange County
Healthy Start Coalition of Pinellas, Inc.	Pregnant women, babies and families	Pinellas County
Lowry Park Zoological Society of Tampa	Low-income families; diverse populations of West Central Florida	Hillsborough and six surrounding Counties
Putnam County Health Department	Putnam County residents	Putnam County

Level Two - Enhanced Membership

\$2,000 quarterly Allocation

Level Two requirements:

- ✓ Display signage and materials for the Florida KidCare program,
- ✓ Provide a continuous link to Florida KidCare program website on organization's website,
- ✓ Provide advertising about the program in at least three newsletters, distribution lists or other communications to membership and community,
- ✓ Provide public online access to the Florida KidCare online application on the premises and advertise its availability to membership,
- ✓ Participate in meetings and conference calls as scheduled,
- ✓ Have front-line staff that interact with public most frequently successfully complete on-line training series provided by FHKC,
- ✓ Respond to application assistance or technical assistance request,
- ✓ Submit for approval to FHKC all locally developed materials relating to or referencing Florida KidCare prior to production and distribution,
- ✓ Develop a minimum of four Florida KidCare partnerships with other community partners with at least two being a school partner,
- ✓ Promote the Florida KidCare program by either hosting or participating in at least two community events that target potentially eligible families,
- ✓ Post participation in local community events to the Florida KidCare Community Calendar, and
- ✓ Submit a report of activities.

Bay, Franklin, Gulf Healthy Start Coalition	Pregnant women, infants and their families	Bay, Franklin, and Gulf Counties
Florida Community Health Centers	Medically indigent and migrant/seasonal farm workers; low-income families who do not speak or read English	Okeechobee County
Healthy Kids of St. Lucie County	African-American, Spanish and Creole-speaking populations; uninsured working families	St. Lucie County
Healthy Start Coalition of Hardee, Highlands, and Polk Counties, Inc.	Pregnant women, babies, and families	Hardee, Highlands, and Polk Counties

Level Two – Ten partners

Project Patchwork, Inc.	Pregnant women, foster families, adoptive families, teens involved in foster care; targeted efforts in the Hispanic community	Pinellas County
Seagull Industries for the Disabled, Inc.	Developmentally challenged children and adults in South Florida	Palm Beach County
The Volunteer Way	Low-income families seeking ways to alleviate economic problems	Pasco County
United Way of Central Florida-Success By 6	Young children at risk of school failure, families involved in financial programs, preschool-aged children and families	Polk, Hardee, and Highlands Counties
Volunteer Services of Manatee	Entire population of County	Manatee County
Whole Child-Martin	Low-income families in Martin County	Martin County

Level Three - Supreme Membership

\$3,000 quarterly

Level Three requirements:

- ✓ Display signage and materials for the Florida KidCare program,
- ✓ Provide a continuous link to Florida KidCare program website on organization's website,
- ✓ Provide advertising about the program in at least five newsletters, distribution lists or other communications to membership and community,
- ✓ Provide Florida KidCare application assistance to interested families,
- ✓ Provide public online access to the Florida KidCare online application on the premises and advertise its availability to membership,
- ✓ Participate in meetings and conference calls as scheduled,
- ✓ Have front-line staff that interact with public most frequently successfully complete on-line training series provided by FHKC,
- ✓ Respond to technical assistance request,
- ✓ Submit for approval to FHKC all locally developed materials relating to or referencing Florida KidCare prior to production and distribution,
- ✓ Develop a minimum of six Florida KidCare partnerships with other community partners,
- ✓ Develop a minimum of three Florida KidCare partnerships with schools to provide Florida KidCare application assistance,
- ✓ Promote the Florida KidCare program by either hosting or participating in at least ten community events that target potentially eligible families,
- ✓ Post participation in local community events to the Florida KidCare Community Calendar, and
- ✓ Submit a report of activities.

Brevard Health Alliance Inc.	Pregnant women, new parents and families	Brevard County on Florida's East Coast
Charlotte County Family Services Center	Low-income families	Port Charlotte, Punta Gorda, Englewood, and North Port Counties

Childhood Development Services	Children ages birth through 17 via a variety of programs: Head Start, Early Head Start, Early Learning, VPK, USDA Food, short-term supervision, refugee, teen parents, and foster shelter care.	Marion, Citrus, Dixie, Gilchrist, Levy, and Alachua Counties
Chipola Healthy Start	Pregnant women, infants, and families	Calhoun, Holmes, Jackson, Liberty, and Washington Counties
Families Count	High-risk pregnant women and their young children, medical foster parents, families with young children	Escambia and Santa Rosa Counties
Foundcare Health Center	Residents of Palm Beach county	Palm Beach County
Lake County Board of County Commissioners	African-American, Spanish, and Creole-speaking populations; uninsured working families	Lake County
Madison County Health Department	Low-income, uninsured families in Madison county and surrounding areas	Madison County
Minority Development and Empowerment, Inc.	Caribbean and minority communities, Creole and Spanish-speaking population, minority pregnant women	Broward and Palm Beach Counties
Orange County Healthy Start Coalition	Pregnant women and infants	Orange County
Premier Community Health Care Group, Inc.	Uninsured, underinsured, underserved, low-income, migrant workers, and seasonal workers	East Pasco County
Sarasota County Health Department	Sarasota county residents	Sarasota County
S.T.E.P.S. in the Right Direction	Miami-Dade and Monroe county residents	Miami-Dade and Monroe Counties

Application Assistance Projects Sites

Starting in January 2009 FHKC opened a competitive application process to identify urban and rural county pilot application assistance sites. Each pilot site is tasked with providing one-on-one application assistance and conducting follow-up activities that lead to the successful enrollment of children into MediKids, Healthy Kids or Children’s Medical Services Network. In exchange, the pilot sites receive monthly application assistance payments equaling \$50.00 per completed Florida KidCare application resulting in enrollment. In addition to new applicants, application sites can receive payment for those assisted applications from families who previously applied for Florida KidCare but did not complete the enrollment process, as well as families who were previously enrolled but have been inactive for six months or more.

ORGANIZATION NAME	COMMUNITY SERVED	GEOGRAPHIC POPULATION
Families Count (Rural Site)	High-risk pregnant women and their young children, medical foster parents, families with young children	Okaloosa County
Florida Community Health Centers	Medically indigent and	Hendry and Glades counties

(Rural Site)	migrant/seasonal farm workers; low-income families who do not speak or read English	
Hillsborough Kids Healthcare Foundation (Urban Site)	Hillsborough County residents	Hillsborough County
Human Services Coalition of Dade County (Urban Site)	Low-income families with uninsured children in Miami-Dade County	Miami-Dade County

Promotional Materials

FHKC purchased Florida KidCare promotional items that are made available to community partners and advocates free of charge. Requestors, however, must cover the shipping costs.

Sponsorship Pool

FHKC also promotes a sponsorship funding pool for which organizations may apply to help defray the cost of participation in a community event. Sponsorship funds may be used to pay entry fees into festivals for registration or booth space. Organizations that are awarded a sponsorship must agree to post Florida KidCare signage and to staff an information booth at the event. Seventeen community sponsorships have been approved across the state since July 2009, with requests for sponsorship continually under review by the Corporation.

Act Out For Health

FHKC continued its statewide “Act-Out for Health” campaign in 2010. This competition charged middle and high school students with designing 30-second Public Service Announcements or billboards to promote Florida KidCare. The students’ submissions were reviewed and scored by a team of Florida KidCare partner agencies and media experts. Regional winners as well as a grand prize statewide winner were recognized. Teacher’s guides with designated themes and key facts about the Program were sent out in spring 2010 in preparation for the fall 2010 school year. . The winning PSA entries can be viewed online at YouTube and actout4health.org.

Back-to-School and Other Outreach Activities

FHKC created during the summer 2007, the Governor’s Office Florida KidCare Task Force is comprised of executive agencies, Florida KidCare partners, volunteer agencies, and the University of South Florida’s Covering Kids and Families Project planned and implemented extensive back-to-school statewide Florida KidCare outreach activities. Annually, this Task Force reconvenes to brainstorm on how to market Florida KidCare utilizing current resources pooled from Task Force organizations and community partners.

As part of this effort, FHKC distributed 1.2 million Florida KidCare information cards to county school districts, provided letters to the editor and op-ed pieces and participated in radio call-in shows.

School Districts

This project created Florida KidCare application assistance sites within Pinellas and Okeechobee School Districts. Under this project school districts have the opportunity to increase the number of children who have access to regular health care.

PTA/PTO

Mini-grants awarded to Parent-Teacher Association/Parent-Teacher Organization (PTA/PTO) groups are used to reach and educate families regarding the Florida KidCare program and its benefits.

Florida KidCare Online Training Series

For the beginner to the seasoned, FHKC also offers free to any interested party several online training modules: Florida KidCare 101, Application Process and HIPAA. Any individual assisting families with the application process is strongly encouraged to complete these modules, take the evaluation and receive certification as an “expert.”

Agency for Health Care Administration (AHCA): AHCA continued its contract with the University of South Florida’s Covering Kids and Families Project to build business partnerships, to create community-based coalitions to promote and sustain Florida KidCare at the local level, and to provide training and technical assistance on successful outreach strategies. AHCA continues to incorporate the Florida KidCare message into senior managers’ presentations and local area office staff provides Florida KidCare materials and information to health care providers, including a “prescription for Florida KidCare” flyer pad.

Department of Health (DOH): DOH staff incorporates the Florida KidCare message into senior managers’ presentations; provides information to families through programs like Children’s Medical Services, county health departments, school health and Healthy Start; and maintains the Florida KidCare website.

Department of Children and Families (DCF): DCF staff ensures that families know about and apply for Florida KidCare. They provide materials and information to their community partners to help spread the word about Florida KidCare, and participate in community events.

Florida Covering Kids & Families: This project is located at the University of South Florida and started at the inception of the Florida KidCare program as a Robert Wood Johnson Foundation State grantee. The project’s main focus is to reduce the number of uninsured children by performing outreach and increasing enrollment and retention in Florida KidCare. Under contract with the Agency for Health Care Administration, the project continued to work in partnership with the Governor’s Office and Florida KidCare partner agencies on enhanced statewide outreach activities in 2009. The project also has a contract with the Florida Healthy Kids Corporation to increase community partnerships and provide oversight and technical assistance.

Some of the Florida Covering Kids & Families project activities include:

- Expanding business partnerships throughout Florida to increase public awareness about Florida KidCare. Examples of these partnerships include: CareMedia Holdings Corp., The Lowry Park Zoo, Publix Supermarket, Wal-Mart, Florida National Guard Family support Services, Department of Defense Yellow Ribbon Program, City of Tampa, Caspers McDonald’s Company, Florida Association of Museums, National Coalition of 100 Black Women, Inc.: Tampa Bay Chapter, Mosaic, University of South Florida, and Best Buddies International; Florida. Through these partnerships, the project is able to leverage additional opportunities for public awareness about Florida KidCare through no-cost advertisements, linkages to business web sites, and the businesses’ communications to customers and employees.
- Distributing large quantities of Florida KidCare applications, brochures, health information booklets and promotional items to schools, daycare facilities, faith-based organizations, and other community partners statewide.
- Conducting four back-to-school news conferences and enrollment fairs across the state.
- Training and organizing local coalitions to increase enrollment and retention in six target areas: Gadsden County, Alachua/Bradford Counties, Sarasota/Manatee Counties, Okeechobee County, the Heartlands (DeSoto, Glades, Hardee, Hendry and Highlands counties), and Monroe

County. Ongoing technical assistance is provided to 10 existing coalitions in the following target areas: 1. Escambia/Santa Rosa/Okaloosa, 2. Panhandle (Jackson, Washington, Holmes, Calhoun, and Liberty counties), 3. Lake, 4. Orange/Seminole, 5. Polk, 6. Pasco, 7. Pinellas, 8. Brevard, 9. Indian River/St. Lucie, and 10. Palm Beach County.

- Developing storybank of families' positive experiences with Florida KidCare for utilization by partners, media and agencies involved with program management in an effort to promote enrollment and retention.
- Using the resources of the Florida Covering Kids & Families Statewide Coalition to enroll hard-to-reach populations. These efforts include participating in news conferences and enrollment events, with Miami-Dade School System and NASA, as well as, involving Florida's military family support services in Florida KidCare outreach. The project staff also prepares and distributes regular Florida KidCare email communications to a statewide network to ensure that people are informed about program updates.
- Coordinating the Peer Match and Innovations Project. This strategy utilizes Peer-to-Peer assistance for addressing barriers with local outreach issues. Florida Covering Kids & Families facilitates the Peer Match sessions with local outreach projects to avoid duplication and the need for "reinventing the wheel." The Innovations components highlight, for statewide dissemination, innovative strategies for addressing enrollment and retention in Florida KidCare.
- Florida Covering Kids and Families under contract with Florida Healthy Kids Corporation (FL-CKF) provides technical assistance and guidance for the 30 Boots on the Ground Community Partners and three school district projects. The technical assistance includes providing templates and tools, answering questions, conducting site visits, and assisting in the completion of the Quarterly Report. FL-CKF provides support for the BOTG Partners by holding technical Assistance Calls and supplying resources to help them in their outreach efforts.

Another component of FL-CKF contract with FHKC is outreach to school-based entities. Presentations about Florida KidCare are provided to School Boards, PTAs, and school-staff including Health Care Workers, Social Workers, Counselors and teachers. A Florida KidCare newsletter is distributed to several school districts on a quarterly basis to reach families with the Florida KidCare message. Schools and school-based entities also receive outreach supplies to be distributed to their staff and families.

The Children's Health Insurance Program Reauthorization Act (CHIPRA) project maximizes existing opportunities and structures within the statewide FL-CKF coalition and its network of regional collaborative partnerships to increase enrollment and retention in Florida KidCare. CHIPRA brings together 4 sets of partners, existing local projects, the Florida Association of Children's Hospitals (FACH), the Refugee and Entrant Project and Human Resource departments in businesses around the state. Our project strategies:

- Target difficult-to-reach and minority populations with the highest percentages of uninsured children
- Increase the number of locations where families may apply and receive assistance
- Provide application and renewal assistance, follow up with each family to completion
- Replicate and expand best practices compiled from FL-CKF's 10 years of successful CHIP activities and newly-discovered strategies
- Produce and distribute statewide application and renewal assistance handbook

- Working with Health and Human Services to conduct youth athletic program outreach. The **Get Covered. Get in the Game.** Initiative aims to reach teenagers and children involved in athletic programs around the state. The goal of the initiative is to improve the retention rates for teenagers, as they have the lowest retention rates among all age groups.

The Refugee and Entrant Project aims to increase Florida KidCare outreach and retention efforts to underserved refugee families by providing direct support and technical assistance to agencies that serve nearly 30,000 refugees, asylees, parolees, entrants, and victims of trafficking that enter Florida each year. Outreach efforts focus on 5 counties in central Florida (Hillsborough, Pinellas, Sarasota, Lee, and Collier). This region receives the second largest contingent of refugees in Florida with approximately 2900 refugees last year, 30% of whom are children. In addition to refugees from Cuba and Haiti, this area has resettled families from diverse nations—including Russia, Afghanistan, Bhutan, Burma, Burundi, Ukraine, Iraq, and Eritrea.

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?

The Florida KidCare Program Evaluation Report, 2010, did not address how newly enrolled families learned about Florida KidCare. The 2009 Evaluation Report did include a responses from a sample of newly enrolled families on how they learned about Florida KidCare. Since the outreach methods have not changed since 2009, these finding should should still be applicable. The table below shows the results of the 2009 survey. Families could give multiple answers.

Source of KidCare Information	Evaluation Survey New Enrollees
Family/Friends	46%
Child’s School	33%
Online	29%
Doctor/Provider	27%
Television	17%
Social Agency	16%
Work	12%
Billboard or Sign	12%
Radio	12%
Hospital	11%
Day Care Center	10%

Newspaper	10%
Head Start	8%
Church	3%

Family and friends and school continue to lead where families learn about KidCare. Learning about KidCare online has shown the most significant increase over the last few years.

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

Community-based outreach continues to be the most effective and most economical. This has been accomplished through Florida Healthy Kids Corporation’s Boots-on-the-Ground campaign, AHCA’s contract with Florida Covering Kids and Families and through FHKC and state agency staff participating in health fairs and other activities in the community and in building trained coalitions of community organizations that can provide effective KidCare outreach. KidCare staff has also worked through county health departments and the provider and hospital communities on advising uninsured families about Florida KidCare.

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?

Most outreach efforts are generic with the goal of informing as many people as possible about Florida KidCare. Some outreach efforts target specific populations. CKF’s Refugee and Entrant Project targets underserved refugee families. FHKC’s Act-Out for Health campaign and contest targets adolescents in middle school and high school. Many more schools participated this year than last year, so more adolescents are learning about the program. The back-to-school outreach campaign targets school aged children.

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? 82%

(Identify the data source used).

For 2009 we calculated that approximately 82% of the total children in Florida with income below 200% FPL are enrolled in Medicaid or CHIP. For 2010, the statistics would lead us to believe that over 100% of all children with income under 200% FPL are enrolled in Medicaid or CHIP. This obviously is not the case and we suspect that due to the economy the percentage of families with income under 200% has increased; however, there no current projections that differ from either the Florida Children’s Health Insurance Study 2007 conducted by the University of Florida’s Institute for Child Health Policy. They estimate that 41% of children are in families with income under 200% FPL. Kaiser’s statehealthfacts.com estimates that 40% of Florida’s population has income under 200% FPL. The Florida Demographic Estimating Conference projects the 2010 population for children 18 years and younger to be 4,125,463. Using ICHP’s 41%, this means that 1,691,440 children are in families with income under 200%

FPL. The September 2010 KidCare (Medicaid and CHIP) enrollment was 1,879,201, making over 100% of the families with income under 200% FPL enrolled in either Medicaid or CHIP. We believe that with the unknown increase in families with income under 200%, that last year's rate of 82% is probably unchanged.

6. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Do you have substitution prevention policies in place?

Yes No

If yes, indicate if you have the following policies:

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

To be eligible for Title XXI Florida KidCare, the family income must not exceed 200% of the federal poverty level and the child must be uninsured at the time of application. To prevent crowd-out, applicants who voluntarily cancel their employer-based coverage or private health care coverage in the 60 days prior to application are not eligible for subsidized coverage. After the 60 day period has lapsed, the child can receive subsidized coverage. In addition, the following exceptions to the 60 day waiting period policy were implemented:

- The cost of participation in an employer-sponsored health benefit plan is greater than 5 percent of the family's income.
- Parent lost a job that provided employer-sponsored coverage for the child.
- Parent who had health benefits coverage for the child is deceased.
- The child has a medical condition that, without medical care, would cause serious disability, loss of function, or death.
- The employer of the parent canceled health benefits coverage for children.
- The child's health benefits coverage ended because the child reached the maximum lifetime coverage limit.
- The child has exhausted coverage under a COBRA continuation provision.
- The health benefits coverage does not cover the child's health care needs.
- Domestic violence led to the loss of coverage.

Children not eligible due to crowd-out policies may participate in the full pay non-subsidized Healthy Kids and MediKids program. Families pay the full cost of the health care coverage, which is currently \$133 per child per month for Healthy Kids coverage (ages 5 through 18) and \$159 per child per month for MediKids (ages 1 through 4).

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

The answer in question #1 above, describes our crowd out policy. The effectiveness of these policies is evaluated in the Florida KidCare Program Evaluation Report, 2010 conducted by the

Institute for Child Health Policy, with survey questions that address crowd out; however, crowdout measurements were not updated. ICHP determined in 2009 that 8.85% of recent enrollees were covered by employer-sponsored family coverage sometime in the 12 months preceding their KidCare enrollment. Also, 12.7% of established enrollees have access to family coverage through a parent's employer-sponsored health. For these families with access to employer-sponsored family coverage, 2.7% report that the premium would be less than 5% of their family income.

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

Our substitution levels have always been low so there is no need to modify policy at this time.

All States must complete the following questions

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

$$19,625/387,008 = 5\%$$

Of the 249,426 KidCare applications received from October 2008 through September 2009, representing 387,008 children, there were 19,625 children denied for having other health insurance. This represents 5 % of the applicant children.

5. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage? $4,728/182,272 = 2.6\%$

Approximately 394 children each month cannot be enrolled in subsidized Title XXI coverage due to coverage under another health insurance plan. This represents 2.6% of children based on the number of non-Title XIX KidCare applicant children.

- 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]?

We do not capture this information. On the Florida KidCare application, the instructions list all of the exceptions to the waiting period, including the cost exceeding 5% of the family's income. The parent is instructed that if they canceled their child's health insurance in the last two months for one of the exceptions, to answer "no" to the question regarding voluntarily cancelation of the child's health insurance in the last two months. The family answers yes or no based on this information. If the family answers "no", then no further information regarding this is required, so we do not know how many families entered no because they met an exception and how many answered no because they never had other insurance at all.

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

Yes No

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

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

Yes No

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

The exception to the waiting period is if the cost of participation in an employer-sponsored health benefit plan is greater than 5 percent of the family's gross income.

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

The parent's self attestation is accepted for determining exceptions to the waiting period. On the Florida KidCare application, the instructions list all of the exceptions to the waiting period including, "the cost of an applicant child's health insurance is more than 5% of your family's income". The parent is instructed that if they canceled their child's health insurance in the last two months for this exception, to answer "no" to the question regarding voluntarily cancelation of the child's health insurance in the last two months. If the family answers "no", then no further information regarding this is required. If the family answers "yes", then the family is asked when they canceled the insurance and the monthly cost. The application instructions ask the parent to "include the amount you pay for health insurance each month".

If the family calls KidCare Customer Service about this question, they would be advised that it is the difference between the cost of employee-only coverage and family coverage.

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

We do not capture this information. On the Florida KidCare application, the instructions list all of the exceptions to the waiting period, including the cost exceeding 5% of the family's income. The parent is instructed that if they canceled their child's health insurance in the last two months for one of the exceptions, to answer "no" to the question regarding voluntarily cancelation of the child's health insurance in the last two months. The family answers yes or no based on this information. If the family answers "no", then no further information regarding this is required, so we do not know how many families entered no because they met an exception and how many answered no because they never had other insurance at all.

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

Yes No

If yes, please provide relevant findings.

The last time survey questions were asked that addressed the cost of other insurance was for the Florida KidCare Program Evaluation Report, 2009 conducted by the Institute for Child Health Policy. Their findings for 2009 report that premiums would cost an average of 11.7% of the family's income. This increased from 2008 when the average cost was 10.1% of the family's income.

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

No

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

Yes No – application asks if the child currently has insurance coverage or cancelled within the last two months.

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

Yes No

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

For the last available data in 2009, 3.6% of applicants had access to insurance costing less than 5% of their family income and 2.7% of established enrollees had access to employer-sponsored family coverage costing less than 5% of their household income. From July 2009 through June 2010, 1.9% of children applying for coverage reported to have had other insurance in the two months prior to submitting their application.

C. ELIGIBILITY

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

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

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

Yes No

If no, please describe the screen and enroll process.

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

It is a seamless transfer for children changing from CHIP to Medicaid. While enrolled in one of the CHIP programs, if a family reports a change that will potentially make a child eligible for Medicaid, the information is updated by Florida Healthy Kids and referred electronically to DCF for a Medicaid eligibility determination. If determined Medicaid eligible, Medicaid coverage will begin the month of the referral, providing seamless coverage. All CHIP accounts are reviewed

each month for active Medicaid enrollment. If a child receives Medicaid coverage, the Title XXI account is cancelled. This process has not changed from the last reporting period.

Children who are determined no longer eligible for Medicaid due to income or a change in the FPL income limit due to age, are electronically referred from the Department of Children and Families (DCF), who determined Medicaid eligibility to Florida Healthy Kids Corporation. The nightly file systematically populates Florida Healthy Kids Corporation's eligibility system with the electronic data provided from DCF. Upon receipt of the data, the Florida Healthy Kids Corporation's third party administrator uses these data elements to help make a Title XXI eligibility determination. The DCF cancellation notice advises families that their case is being referred to Florida Healthy Kids Corporation to see if their children are eligible for KidCare coverage under another program.

If the child is known to the Title XXI computer system, their information is updated, their status is changed to pending and the family is sent a letter advising them what documentation is needed to determine eligibility for Title XXI. If the child is not known to the Title XXI computer system, then the data from DCF is used to create a new family account. Their status is changed to pending and the family is sent a letter advising them what documentation is needed to determine eligibility for Title XXI. The process is then the same for all applications with matches run for income verification, citizenship, state employee, and Medicaid, and if appropriate, referrals are made to MediKids and CMSN. After the documentation is received, processed and the child determined eligible, coverage can begin the following month if the appropriate premium payment is received. This process is not seamless and may result in the loss of coverage for a month or two.

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

Yes No

If no, please explain.

The delivery systems for the Florida KidCare components have not changed during this reporting period. Florida KidCare is a partnership of Healthy Kids, MediKids, the Children's Medical Services Network and Children's Medicaid (Title XIX). Each component utilizes a unique network of providers.

Medicaid offers an assortment of managed care plans. Most counties have HMOs and MediPass, a primary care case management program or PSNs, provider service networks. Medicaid Reform plans operate in 5 counties. Within the managed care plan, Medicaid recipients are assigned to a primary care physician.

MediKids, for children from 1 to 5, is a Medicaid look-alike program and uses participating Medicaid providers. In counties that have two or more Medicaid managed care organizations, the MediKids applicant must select a managed care organization. Within the managed care organization, enrollees are assigned to a primary care physician. In counties with one Medicaid managed care organization, the applicant may select the managed care organization or a MediPass primary care provider. MediPass is a primary care case management program. Applicants select a participating MediPass physician and that physician becomes the child's primary care physician and gatekeeper to specialized services. In counties that do not have any participating managed care organizations, applicants must select a MediPass provider.

Healthy Kids, for children from 5 to 19, currently contracts with eight different health plans in different geographical areas, providing comprehensive services. Each enrollee is assigned to a managed care plan and to a primary care provider who is board certified in pediatrics or family practice within the health plan’s network. Health Plan choice was expanded and there are currently only 11 mostly rural counties where families do not have a Healthy Kids health plan choice. There are two dental plans that provide services statewide, so all enrollees have a choice of two dental networks. Effective June 1, 2011, all counties will have a choice in health plans.

The Children’s Medical Services Network (CMSN), for children with special needs, provides enrollees with a comprehensive network of board certified pediatricians and sub-specialists. CMSN is also a Medicaid managed care provider; therefore, when a child changes eligibility status from Title XIX to XXI, he may continue with the same providers.

In spite of the differences in the KidCare components, many of the providers are enrolled in all or many of the Medicaid and CHIP health plans and networks. When a child changes components he may have to change health plans or networks but often he can continue with the same primary care physician.

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

If yes

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

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

Table B1

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

Program Feature	Question	Medicaid	CHIP
Continuous Eligibility	1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below: <ul style="list-style-type: none"> a. child is no longer a resident of the State; b. death of the child; c. child reaches the age limit; d. child/representative requests disenrollment; e. child enrolled in a separate CHIP 	In accordance with section 1902(e)(12) of the Act <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.		
Liberalization of Asset (or Resource Test) Requirements	2. Does the State have an assets test?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	3. If there is an assets test, does the State allow administrative verification of assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Elimination of In-Person Interview	4. Does the State require an in-person interview to apply?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	6. Does the State use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7. Does the State use the same application form, supplemental forms, and information verification process for <i>renewing</i> eligibility for Medicaid and CHIP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Automatic/Administrative Renewal	8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		If exparte is used, is it used for All applicants <input type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No	If exparte is used, is it used for All applicants <input type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No
Presumptive Eligibility	10. Does the State provide presumptive eligibility to children who appear to be		

	eligible for Medicaid and CHIP to enroll pending a full determination of eligibility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Express Lane Eligibility	11. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<p>If yes, which Express Lane Agencies are you using?</p> <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps <input type="checkbox"/> Tax/Revenue Agency <input type="checkbox"/> Unemployment Compensation Agency <input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Free, Reduced School Lunch Program <input type="checkbox"/> Subsidized Child Care Program <input type="checkbox"/> Other, please explain.	
		<p>If yes, what information is the Express Lane Agency providing?</p> <input type="checkbox"/> Income <input type="checkbox"/> Resources <input type="checkbox"/> Residency <input type="checkbox"/> Age <input type="checkbox"/> Citizenship <input type="checkbox"/> Other, please explain. [7500]	
Premium Assistance	12. Has the State implemented premium assistance as added or modified by CHIPRA?	<p>In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA.</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA.</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section IIIC: Subpart C: Eligibility Renewal and Retention

1. What additional measures, besides those described in Tables B1 or C1, does your State employ to simplify an eligibility renewal and retain eligible children in CHIP?
 - Conducts follow-up with clients through caseworkers/outreach workers Children's medical Services Network only.
 - Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program?

The family is sent the pre-populated renewal form and instructions. An auto dialer calls the family to advise the form is in the mail. If renewal information is returned and incomplete, a missing information letter is mailed to the family, followed by another auto dialer call. If the family has not responded a reminder letter is mailed about a month after the original renewal form was mailed, followed by another auto dialer call. When the renewal process has been completed, the family receives a confirmation letter, or if not complete, a cancellation notice. Families may also complete the renewal process online, and more families are opting to use this feature.

- 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?)

See explanation above. Also, Florida Healthy Kids Corporation provides the contracted managed care and dental plans the renewal date for each enrollee on their enrollment files. The plans use this information for their own retention renewal efforts, including special mailings and automated telephone calls.

Other, please explain:

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

Providing families with the KidCare application online and having renewal forms available online appears to be very effective and helpful to families. In addition to these forms, there are other online forms, such as employment and self-employment forms, checklists and other helpful tips. In 2010, 84% of Florida KidCare applications were submitted online, and as more families are aware that renewals can be completed online, it is expected that online renewal submissions will outnumber paper submissions. The various strategies have not been evaluated.

Section IIIC: Subpart D: Eligibility Data

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

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

	Number	Percent
1. Total number of title XXI applicants	323,891	100%
2. Total number of application denials	102,037	31.5%
a. Total number of procedural denials		
b. Total number of eligibility denials		
i. Total number of applicants denied for title XXI and	64,217	19.8%

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: _____		

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

Definitions:

1. The “total number of title XXI applicants,” including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2010. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI *eligibility determination made* in FFY 2010 (e.g., an application that was determined eligible in September 2010, but coverage was effective October 1, 2010 is counted in FFY 2010).
2. The “the total number of denials” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2010. This definition only includes denials for title XXI at the time of initial application (not redetermination).
 - a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2010 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
 - b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2010 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your State’s specified waiting period, etc.)
 - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
 - c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.
2. What percentage of children in the program is retained in the program at redetermination (i.e., # of children retained/total # of children who may remain eligible for CHIP at redetermination * 100) [5]? Please note that “may remain eligible” means that group of children who from the information the State has on record, appear to meet the eligibility criteria for renewal.

$$156,608/211,626 = 74\%$$

3. What percentage of children in the program are disenrolled at redetermination (i.e., (# children disenrolled/total # children who may remain eligible for CHIP) * 100).

55,018/211,626 = 26%

4. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in CHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)?

Yes

No

N/A

- a. When was the monthly report or assessment last conducted?
- b. If yes, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

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

Total Number of Disenrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other (specify)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

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

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?

Healthy Kids is the only Title XXI program that charges copayments. Cost sharing for Healthy Kids children is tracked by enrollees through the shoebox method, although the health plans also track the copayments paid by families to have totals available when families ask. Since the health plans don't know what the family premium is or the family income, they can't calculate the 5%. Florida Healthy Kids Corporation notifies the health plans when a child has reached the 5% so that they know the child should not be charged any more co-pays. The third party administrator tracks the 5% by calculating what each families' 5% amount is so they can notify the family of their maximum.

- a. Cost sharing is tracked by:
- Enrollees (shoebox method)
 - Health Plan(s) – for Healthy Kids for co-payments
 - State
 - Third Party Administrator – for premiums
 - N/A (No cost sharing required)
 - Other, please explain.

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

Correspondence is in the process of being modified to provide each family with what their 5% amount is so they can track their expenditures and know when they may be getting close to that amount. We reported this last year and expected this would be implemented in 2010, but due to other priority systems changes, this has not yet been implemented. We expect to implement during 2011.

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.

For Healthy Kids, the only component that charges co-payments, the health plans are charged with provider education of letting their provider networks know that certain enrollees may have ID cards or letters from Florida KidCare indicating that the child is not to be charged any co-pays for the remainder of the year. The health plans will also receive a notice on their monthly enrollment files that the child has reached the 5% threshold and should no longer be charged co-pays. In many cases, the health plan will issue a new ID card that indicates zero co-payments for the affected services.

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.

0 – There were no children who reached the 5% limit.

5. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?

Yes No If so, what have you found?

The Florida KidCare Program Evaluation Report, 2010 includes a survey asking families how they feel about the monthly premium. The results have not changed much over the years and families continue to think that the premium is appropriate and worth it to have health care coverage for their children. The following table shows the survey responses over the past three years.

Survey Question	2010 Responses	2009 Responses	2008 Responses
Is the premium ...?			
About the right amount	89.6	85.8	91.3
Too much	7.1	9.1	6.0
Too little	3.3	5.1	2.7
How often is it difficult for you to pay the premium?			
Almost every month	5.3	8.6	3.3
Every couple of months	18.4	18.2	17.5

Rarely	35.3	32.4	32.3
Never	41.1	40.8	46.9
Paying a premium is worth it.			
Strongly agree	79.0	70.3	80.9
Agree	17.6	28.2	17.0
Disagree	2.7	1.5	0.70
Strongly disagree	0.8	0.0	1.40
Sometimes I think the premium is a waste because my child is healthy.			
Strongly agree	11.9	6.9	15.56
Agree	9.9	14.6	8.9
Disagree	10.9	9.4	9.2
Strongly disagree	67.3	69.1	66.4
I feel better paying for some of the cost of my child's coverage.			
Strongly agree	79.0	71.5	79.3
Agree	16.5	25.9	17.2
Disagree	3.4	0.2	1.6
Strongly disagree	1.2	2.5	2.0
The premium is worth the peace of mind.			
Strongly agree	91.5	89.2	92.0
Agree	6.6	9.4	5.8
Disagree	0.9	0.0	0.3
Strongly disagree	1.0	1.4	1.9

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?

No recent studies have been done during this reporting period assessing the effects of cost sharing on utilization of health services.

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?

Cost sharing has not changed in the past Federal Fiscal year.

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

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

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

Children

Yes, Check all that apply and complete each question for each authority.

- Purchase of Family Coverage under the CHIP State Plan (2105(c)(3))
 Additional Premium Assistance Option under CHIP State Plan (2105(c)(10))
 Section 1115 Demonstration (Title XXI)
 Premium Assistance Option (applicable to Medicaid expansion) children (1906)
 Premium Assistance Option (applicable to Medicaid expansion) children (1906A)

Adults

Yes, Check all that apply and complete each question for each authority.

- Purchase of Family Coverage under the CHIP State Plan (2105(c)(10))
 Additional Premium Assistance Option under the CHIP State Plan (2105(c)(3))
 Section 1115 Demonstration (Title XXI)
 Premium Assistance option under the Medicaid State Plan (1906)
 Premium Assistance option under the Medicaid State Plan (1906A)

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

- Parents and Caretaker Relatives
 Childless Adults
 Pregnant Women

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

4. What benefit package does the ESI program use?

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

- Yes No

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

- Yes No ?

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

- Yes No

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

Yes No

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

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

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

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

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

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

Children _____ Parents _____

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

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

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

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

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

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

Child

Parent

State: _____

State: _____

Employer: _____

Employer: _____

Employee: _____

Employee: _____

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

Children Low _____ High _____
Parent Low _____ High _____

19. If you offer a premium assistance program, what, if any, is the minimum employer contribution?
20. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)?
- Yes No

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

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

22. Is there a required period of uninsurance before enrolling in premium assistance?
- Yes No

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

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

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

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

Enter any Narrative text below.

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

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

(1) prevention: Yes No

(2) investigation;: Yes No

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

Please explain:

The Title XXI KidCare programs do not have a separate written plan for fraud and abuse prevention and investigation; however, Florida Statute 409.814(9) and (10), that we are mandated to follow, addresses fraud in the Title XXI programs as follows:

(9) Subject to paragraph (4)(b) and s. 624.91(4), the Florida KidCare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 days after the date of notice, to discuss and resolve the matter. The program shall make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.

(10) The following individuals may be subject to prosecution in accordance with s. 414.39:

(a) An applicant obtaining or attempting to obtain benefits for a potential enrollee under the Florida KidCare program when the applicant knows or should have known the potential enrollee does not qualify for the Florida KidCare program.

(b) An individual who assists an applicant in obtaining or attempting to obtain benefits for a potential enrollee under the Florida KidCare program when the individual knows or should have known the potential enrollee does not qualify for the Florida KidCare program.

Due to the strict documentation eligibility requirements at the time of application and renewal, fraud and abuse continues to be minimal.

As the central processor for eligibility for the non-Medicaid components of the Florida KidCare program, the Florida Healthy Kids Corporation does have an eligibility review unit. This unit researches eligibility issues and responds to inquiries regarding an individual child's eligibility. Requests for such reviews come from the managed care organizations, external entities or individuals or anonymous reports.

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

The standard contract between Florida Healthy Kids Corporation and its health plans include language that requires the insurer to have in place appropriate preventive and detection measures that ensure against fraud. The insurer has to allow Florida Healthy Kids Corporation access upon request, to monitor such fraud and abuse activities.

Each of the health plans must have written plans in place to address fraud and abuse.

The contract also defines fraud as:

Section 3-12 Fraud

The following acts by a FHKC applicant, Enrollee or other person are considered fraud:

- a. Knowingly failing by any false statement, misrepresentation, impersonation, or other fraudulent means, to disclose any material fact necessarily used in making the determination as to such person's qualifications to receive Comprehensive Medical Care Services Coverage under this contract;
- b. Knowingly failing to disclose a change in circumstances in order to obtain or continue to receive Comprehensive Medical Care Services under the Program to which he or she is not entitled or in an amount larger than that to which he or she is entitled.
- c. Using or attempting to use, transfer, acquire, traffic, alter, forge, or possess a FHKC identification card to which he or she is not entitled.

d. Aiding or abetting another person in the commission of any act under this definition.

The contract also requires the Insurer to notify Florida Healthy Kids Corporation of any information demonstrating fraud by an applicant, enrollee, or subcontractor for investigation.

2. For the reporting period, please report the

 0 Number of fair hearing appeals of eligibility denials

 0 Number of cases found in favor of beneficiary

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

Provider Credentialing

 0 Number of cases investigated

 0 Number of cases referred to appropriate law enforcement officials

Provider Billing

 0 Number of cases investigated

 0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

 0 Number of cases investigated

 0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

Cases are investigated and prosecuted, if appropriate, by local law enforcement officials.

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

N/A

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

Yes

No

Please Explain:

For Florida Healthy Kids Corporation, managed care plans are responsible for oversight of their own provider credentialing and billing.

G. DENTAL BENEFITS - Reporting is required in 2010 CARTS

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

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

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

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

- Medicaid Expansion
 Separate CHIP
 Both Medicaid Expansion and Separate CHIP

State <u>Florida</u> - FFY <u>2009</u> -	Age Groups						
	Total	<1	1 – 2*	3 – 5	6 – 9	10–14	15–18
Total Enrollees Receiving Any Dental Services¹ [7]	191,418			3,126 CMSN, 1,993 MediKids	52,547 HK, 6,455 CMSN, 3,170 MediKids	55,791 HK, 6,526 CMSN	55,791 HK, 6,019 CMSN
Total Enrollees Receiving Preventive Dental Services² [7]	197,587		1,290 MediKids	48,571 Healthy Kids, 2,494 MediKids	54,493 Healthy Kids	47,635 Healthy Kids	43,104f Healthy Kids
Total Enrollees Receiving Dental Treatment Services³ [7]							

The information provided in the table above provides:

- Total Eligibles Receiving Any Dental Services – data represents responses from CAHPS survey for children in separate CHIP programs seeing a dentist in the last six months, fall 2010.
- Total Eligibles Receiving Preventive Dental Services – data represents HEDIS percentage of children in the separate CHIP programs that have had an annual dental visit, 2009.

*Includes 12-month visit

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

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

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

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

Data not available at this time.

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

Data not available at this time.

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

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

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

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

COST OF APPROVED CHIP PLAN

	2010	2011	2012
Benefit Costs			
Insurance payments	415,839,185	507,249,189	523,966,251
Managed Care	415,839,185	507,249,189	523,966,251
Fee for Service	0	0	0
Total Benefit Costs	412,839,185	507,249,189	523,966,251
<i>(Offsetting beneficiary cost sharing payments)</i>	10,362,156	12,260,693	14,198,369
Net Benefit Costs	405,447,029	494,988,496	509,767,882

Administration Costs

Personnel	1,624,766	1,624,766	1,624,766
General Administration	3,160,008	3,160,008	3,160,008
Contractors/Brokers (e.g., enrollment contractors)	37,350,771	27,497,220	28,849,552
Claims Processing	1,757,178	1,757,178	1,757,178
Outreach/Marketing costs	1,116,656	1,116,656	1,116,656
Other (e.g., indirect costs)	0	0	0
Health Services Initiatives	0	0	0
Total Administration Costs	45,009,379	35,155,828	36,508,160
10% Administrative Cap (net benefit costs ÷ 9)	45,049,670	54,998,722	56,640,876

Federal Title XXI Share	308,517,594	364,845,324	378,186,904
State Share	141,938,814	165,299,000	168,089,138

TOTAL COSTS OF APPROVED CHIP PLAN	450,456,408	530,144,324	546,276,042
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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? No, the federal allotment met our needs.

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

	2010		2011		2012	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	2,867,088	\$145.04	3,105,216	\$163.35	3,331,752	\$157.26
Fee for Service		\$		\$		\$

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

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

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

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

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

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

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

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

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

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

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

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

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2010	2011	2012	2013	2014
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2010	2011	2012	2013	2014
Managed care					
per member/per month rate for managed care					
Fee for Service					
Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

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

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

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

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

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

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

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

Administration Costs

Personnel					
General Administration					

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

Federal Title XXI Share					
State Share					

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

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

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

During the 2010 Legislative Session, several KidCare bills were proposed, but since they carried a fiscal impact, none of the bills passed legislation. The legislature required a health plan rate freeze for Florida Healthy Kids Corporation in an effort to control costs.

Florida projects expenditures using the Social Services Estimating Conference, which is a process that brings together the Office of the Governor, the Senate, the House of Representatives and the Division of Economic and Demographic Research. The KidCare partners present enrollment and cost projections and the principals arrive at a consensus which becomes the official forecast used for planning and budgeting. The Legislature appropriated sufficient funding for KidCare in SFY 2009/2010 to meet the enrollment projections agreed upon at the Social Services Estimating Conference and it appears that enough funds have been appropriated for SFY 2010/2011.

In SFY 2006/2007 and 2007/2008, the Legislature appropriated funds for Florida KidCare outreach, but as of SFY 2008/2009, outreach funding has not been appropriated. Each KidCare partner tries within their agency's budget to find funds and identify personnel to promote KidCare. Great efforts have been made by all of the KidCare partners to identify potential eligibles by reaching out to children on Food Stamps who are not on Medicaid or Title XXI, and working through the Pre-Kindergarten program, day care centers, immunization clinics, health fairs and other events. The CHIPRA outreach grant awarded to the University of South Florida has helped continue community outreach without having a fiscal impact.

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

The greatest challenge the program has faced this past year is the continued effort to comply with the requirements of CHIPRA legislation. The Healthy Kids program has been affected the most. Healthy Kids came into compliance with mental health and substance abuse parity in October 2009. As of January 2011, a Healthy Kids health plan choice is now available in 56 counties. There are only 11 rural mostly counties where a second health plan provider is still needed. FHKC has awarded contracts in the remaining 11 counties and all 67 Florida counties will have a plan choice by June 1, 2011. Attracting health plans to offer services in rural areas is a challenge.

Florida Healthy Kids Corporation came into compliance with CHIPRA dental requirements on July 1, 2011, with the elimination of the annual benefit cap. The Florida legislature placed limits on FHKC's dental per member per month rate and as a result, two of the statewide dental plans did not renew their contracts. FHKC still offers dental services through two statewide dental plans.

The Title XXI programs came into compliance with the dental provider listings on the Insure Kids Now website in April 2010. We still believe that enrolled families are not likely to access the Insure Kids Now website to find a dental providers. Due to the configuration and complexities of the Title XIX dental program in Florida, it was difficult for Medicaid to develop easy-to-understand lists of providers, but Medicaid is now also in compliance. We maintain that a link to our KidCare website that identifies the different program components and the plans and providers within each program, is a better way to help

families find a provider. Our website has other useful information and we encourage our enrollees to frequent the website to obtain up-to-date information.

Florida would like to revise policies to place us in a position to qualify for bonus payments; however, this will entail legislative changes that require additional state funding. It has been projected that the cost to implement the needed changes far exceeds the potential bonus payments.

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

- Florida Healthy Kids Corporation was able to negotiate contracts with their health plans and now offer a health plan choice in 56 out of 67 counties.
- The University of South Florida's Covering Kids and Families continues to work with their community partners as part of their \$1 million CHIPRA outreach grant.
- Implemented electronic verification of income. A five-way interagency agreement was executed last year between the Agency for Health Care Administration, Florida Healthy Kids Corporation, ACS (FHKC's third party administrator) Department of Revenue (DOR) and the Agency for Workforce Innovation (AWI). After systems updates, we are now obtaining electronic income information from DOR and AWI.
- The KidCare coordinated outreach effort by all of the KidCare partners has continued to be a success. State fiscal year 2007/2008 was the last year the Florida Legislature appropriated \$1 million for community-based matching grants for KidCare outreach and marketing. In spite of this lack of continued funding, the KidCare partners developed outreach strategies with no additional funding and identified staff and opportunities to provide outreach. Posters, flyers, promotional items and applications have been distributed and mailed to thousands of families, medical providers, businesses and community organizations. Florida's Covering Kids and Families staff have built and trained coalitions in targeted communities so that they can provide effective KidCare outreach. Much effort goes into the Back to School campaign, with other state agencies and organizations joining in to provide outreach to Florida's families.
- Online renewal and renewal forms pre-populated with information to make it easier for families to complete.
- Implemented an expedited application and enrollment process for children losing Medicaid coverage due to income. The Department of Children and Family Services sends FHKC data elements to populate the Title XXI accounts for children denied or terminated from Medicaid due to income, facilitating a quicker Title XXI eligibility determination.
- Expanded premium payment options: pay by check, phone, online, cash payment, limited payroll deduction and check.
- Utilized technology with auto-dialer calls and emails to send reminders to families for payment of premiums and renewals.
- Account information available through the Healthy Kids website.
- Streamlined application and renewal processing with bar coded forms.

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.

Our main focus will be on retention. Through our outreach efforts, we receive many applications, but we continue to lose children due to non-payment of premium and failure to complete the renewal process. We lose on average about 20,000 children each month. 38% are cancelled for non-payment, 34% for Medicaid eligibility and 15% for non-compliance with the renewal process.

- Administrative Renewals – We now obtain electronic income information for most families through the data received from the Department of Revenue and the Agency for Workforce Innovation. During 2011, we intend to implement an administrative renewal process where the renewal form would be pre-populated with demographic information and the information obtained through the electronic verification system. The family would just need to sign the form and indicate any changes. The renewal is available online and an electronic signature is all that's required if the pre-populated information is correct.
- Expand email notifications – Email notifications for late premium payment, non-renewal, missing information and reaching the 120 day application period have been sent this past year. We have emails for about 90,000 families, or 60% of families, so if reminders are needed for any of these reasons, these families have received an email notification, in addition to the normal letter correspondence. Emails were generated in English, Spanish and Creole, depending on the families' preference.
- Expand automated calls – Automated calls for late premium payment, non-renewal, missing information and reaching the 120 day application period were also done this past year. These calls were made in addition to email correspondence and the normal letter correspondence. The phone calls were generated in English, Spanish and Creole, depending on the families' preference.

These enhancements should help retain enrollees in the program. We can tell the last two enhancements have succeeded in getting the message to families, since we have seen a decrease in the number of phone calls received at the KidCare Customer Call Center and in the increased response rate of families complying with the requests.

The following enhancements are expected to be implemented in 2011.

- Conduct a second Medicaid Match – Currently, all active Title XXI enrollees are matched with the Medicaid fiscal agent to identify children with new Medicaid eligibility. The Medicaid match is done towards the beginning of the month, to identify children with new Medicaid coverage, so that Title XXI coverage can be cancelled before the eligibility files are created for the next month. Since Medicaid eligibility is a continual process, we may be missing some children approved for Medicaid after the match was done. These children will go unidentified until the Medicaid match is done the following month. A second Medicaid match later in the month will identify these additional children with new Medicaid coverage. This should greatly eliminate the possibility of dual enrollment.
- Survey families using automated call technology – Surveys will be conducted through automated phone calls to ask terminated enrollees why they cancelled their coverage, if they have other coverage and other questions that would help us understand the reasons families cancel their Title XXI coverage. Based on the reasons we obtain, we may be able to implement administrative changes to improve the program.
- Text Payment – Families will be able to make payment through text messaging.
- Payroll deduction payment – Premium payment by payroll deduction will be offered through certain employers.
- Phone app assistance – iPhone and Droid apps will be developed for community partners to offer families application assistance.