

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

## Preamble

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

The framework is designed to:

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

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

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

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

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

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

State/Territory: OH

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: Maureen Corcoran, State Medicaid Director

CHIP Program Name(s): All, Ohio

CHIP Program Type:

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

Reporting Period: 2019 **(Note: Federal Fiscal Year 2019 starts 10/1/2018 and ends 9/30/2019)**

Contact Person/Title: Awa Daro Mbodj, MHS Administrator 1

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Submission Date: 12/31/2019

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

## Section I. Snapshot of CHIP Program and Changes

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

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

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

### CHIP Medicaid Expansion Program

Upper % of FPL (federal poverty level) fields are defined as Up to and Including

Does your program require premiums or an enrollment fee?

- NO  
 YES  
 N/A

Enrollment fee amount:

Premium fee amount:

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL

Yearly Maximum Premium Amount per Family: \$

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL

If yes, briefly explain fee structure: **[500]**

Which delivery system(s) does your program use?

- Managed Care
- Primary Care Case Management
- Fee for Service

Please describe which groups receive which delivery system: **[500]**

Managed Care: All children eligible for CHIP are enrolled in Managed Care in the month they are determined eligible for CHIP.

Fee for Service: All children eligible for CHIP and receive Ohio Waiver Services are fee for service unless they are on an Ohio Department of Developmental Disabilities waiver who have the option to enroll in Managed Care.

### Separate Child Health Program

Upper % of FPL (federal poverty level) fields are defined as Up to and Including

Does your program require premiums or an enrollment fee?

- NO
- YES
- N/A

Enrollment fee amount:

Premium fee amount:

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL

Yearly Maximum Premium Amount per Family: \$

If premiums are tiered by FPL, please breakout by FPL.

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL

If yes, briefly explain fee structure: **[500]**

Which delivery system(s) does your program use?

- Managed Care
- Primary Care Case Management
- Fee for Service

Please describe which groups receive which delivery system: **[500]**

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

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

3) For each topic you responded “yes” to above, please explain the change and why the change was made, below:

**Medicaid Expansion CHIP Program**

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	

Topic	List change and why the change was made
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to “Lawfully Residing” children	
p) Expansion to “Lawfully Residing” pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a)	
b)	
c)	



Separate Child Health Program

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to “Lawfully Residing” children	
p) Expansion to “Lawfully Residing” pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	

Topic	List change and why the change was made
s) Other – please specify	
a)	
b)	
c)	

Enter any Narrative text related to Section I below. **[7500]**

## Section II Program's Performance Measurement and Progress

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

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### Section IIA: Enrollment And Uninsured Data

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

Program	FFY 2018	FFY 2019	Percent change FFY 2018-2019
CHIP Medicaid Expansion Program	260890	242786	-6.94
Separate Child Health Program	0	0	

- A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**
2. The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in the single year estimates automatically, and significant changes are denoted with an asterisk (\*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3.

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

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

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Margin of Error	Rate	Margin of Error
2013	94	8.0	3.4	.3
2014	83	6.0	3.0	.2
2015	73	7.0	2.7	.3
2016	54	6.0	2.0	.2
2017	70	8.0	2.6	.3
2018	74	8.0	2.8	.3
Percent change 2017 vs. 2018	5.7%	N/A	7.7%	N/A

- A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**  
 Ohio suspended renewals for most CFC/MAGI enrollees in 2014 and did not resume until 2015. The impact of Medicaid expansion in Ohio is reflected by the increase in enrollment in 2015. The decline in enrollment started in 2017 and extended into 2019. This decline followed a pause in Medicaid’s eligibility renewal process as the new Ohio Benefits eligibility system was implemented. While these factors alone do not entirely capture the dynamics of Medicaid enrollment, the decline is a natural extension of the renewal process and an improving economy over the same time period. For more information on changes in Medicaid enrollments over time, please see [medicaid.ohio.gov/Portals/0/Resources/JMOC/Child-Caseload-White-Paper.pdf](http://medicaid.ohio.gov/Portals/0/Resources/JMOC/Child-Caseload-White-Paper.pdf)

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

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

- Yes (please report your data in the table below)  
 No (skip to Question #4)

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

<b>Topic</b>	<b>Description</b>
Data source(s)	Ohio Family Health Survey (1998-2010)/ Ohio Medicaid Assessment Survey (2012, 2015, 2017)
Reporting period (2 or more points in time)	1998, 2004, 2008, 2010, 2012, 2015, and 2017
Methodology	Phone Sample
Population (Please include ages and income levels)	Ohio Residents (households)
Sample sizes	1998: 16,000; 2004: 40,000; 2008: 51,000; 2010: 8,276; 2012: 22,929; 2015: 42,876 2017: 39,711
Number and/or rate for two or more points in time	Children with insurance at any time in the past year; in 1998: 94.4%; 2004: 97.0%; 2008: 97.0%; 2010: 96.9%; 2012: 96.8%; 2015: 98.8%. 2017: 96.5%
Statistical significance of results	See Below

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

**[7500]**

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

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

**[7500]**

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

The 1998 OFHS had a standard error of 0.5% with a 95% lower and upper CL at 93.4% and 95.3% respectively. The 2004 OFHS had a standard error of 0.2% with the 95% lower and upper CL at 96.7% and 97.3% respectively. The 2008 OFHS had a standard error of 0.2% with the lower CL at 96.7% and the upper CL at 97.0%. The 2010 OFHS

had a standard error of 0.5% with a 95.0% lower and upper CL at 95.9% and 97.9%, respectively. The 2012 OMAS had a standard error of 0.3% with a 95% lower and upper CL at 96.3% and 97.4%, respectively. The 2015 OMAS had a standard error of 0.13% with a 95% lower and upper CL at 98.5% and 99.0%, respectively. The 2017 OMAS had a standard error of 0.22% with a 95% lower and upper CL at 96.0% and 96.9%, respectively.

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

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

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

ODM has used this alternative data source to better understand the uninsured population and to estimate the fiscal impact for projected growth and new programming. This information has also been made available to others through a dynamic data analytics platform such as Tableau for analysis and academic inquiry. Communities are also able to access the data through a website for grant writing purposes.

Enter any Narrative text related to Section IIA below. **[7500]**

## Section IIB: State Strategic Objectives And Performance Goals

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2017 and FFY 2018) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2019).

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

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

**In addition, please do not report the same data that were reported for Child Core Set reporting. The intent of this section is to capture goals and measures that your state did not report elsewhere. As a reminder, Child Core Set reporting migrated to MACPRO in December 2015. Historical data are still available for viewing in CARTS.**

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

### A. 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."

### B. 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.

### **C. 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 2019.

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

- **Final:** Check this box if the data you are reporting are considered final for FFY 2019.
- **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.

### **D. Measurement Specification:**

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

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

#### **HEDIS® Version:**

Please specify HEDIS® Version (example 2016). This field must be completed only when a user selects the HEDIS® measurement specification.

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

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

### **E. 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.



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

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

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

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

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

## **G. Deviations from Measure Specification**

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

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

The five types (and examples) of deviations are:

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

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

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

## **H. Date Range: available for 2019 CARTS reporting period.**

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

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

In this section, please report the numerators and denominators, rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on

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

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

## **J. 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 2020, 2021 and 2022. Based on your recent performance on the measure (from FFY 2017 through 2019), 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.

## **K. Other Comments on Measure:**

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

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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>



**Objectives Related to CHIP Enrollment**

FFY 2017	FFY 2018	FFY 2019
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to Medicaid Enrollment**

FFY 2017	FFY 2018	FFY 2019
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>



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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:

FFY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> <b>Annual Performance Objective for FFY 2019:</b> <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> <b>Annual Performance Objective for FFY 2020:</b> <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> <b>Annual Performance Objective for FFY 2021:</b> <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FY 2017	FFY 2018	FFY 2019
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:

FY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> <b>Annual Performance Objective for FFY 2019:</b> <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> <b>Annual Performance Objective for FFY 2020:</b> <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> <b>Annual Performance Objective for FFY 2021:</b> <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>



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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:

FFY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021: Annual Performance Objective for FFY 2022:</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #1 (Describe)</b> Well-Child Visits in the First 15 Months of Life – 6 or More Visits</p>	<p><b>Goal #1 (Describe)</b> Well-Child Visits in the First 15 Months of Life – 6 or More Visits</p>	<p><b>Goal #1 (Describe)</b> Well-Child Visits in the First 15 Months of Life – 6 or More Visits</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revISED. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revISED. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revISED. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year’s annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2017  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2018  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2019  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 1193            Denominator: 2091            Rate: 57.1</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 1188            Denominator: 2045            Rate: 58.1</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 1247            Denominator: 2054            Rate: 59.06</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ODM has embarked upon transformative process to support Medicaid children receiving care and patient-centered medical home environment called Comprehensive Primary Care (CPC). This program emphasizes preventative care, including quality metrics such as well-checks and provides quarterly report to clinicians</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> FFY2018 rate exceeded the FFY2017 rate</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ODM has embarked upon transformative process to support Medicaid children receiving care and patient-centered medical home environment called Comprehensive Primary Care (CPC). This program emphasizes preventative care, including quality metrics such as well-checks and provides quarterly report to clinicians</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> FFY2019 rate exceeded the FFY2018 rate</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ODM enhanced its Comprehensive Primary Care program to focus on Medicaid children called Comprehensive Primary Care for Kids (CPC Kids). This program emphasizes preventative care, including quality metrics such as well-checks, lead testing and immunizations.</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> Greater than the FFY17 rate  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> Greater than the FFY18 rate  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> Greater than the FFY19 rate  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #2 (Describe)</b> Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</p>	<p><b>Goal #2 (Describe)</b> Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</p>	<p><b>Goal #2 (Describe)</b> Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional..  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2017  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2018  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2019  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 1380            Denominator: 2009            Rate: 68.7</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 1352            Denominator: 1937            Rate: 69.8</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 1412            Denominator: 2004            Rate: 72.24</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ODM has embarked upon transformative process to support Medicaid children receiving care and patient-centered medical home environment called Comprehensive Primary Care (CPC). This program emphasizes preventative care, including quality metrics such as well-checks and provides quarterly report to clinicians</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> FFY2018 rate exceeded the FFY2017 rate</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ODM has embarked upon transformative process to support Medicaid children receiving care and patient-centered medical home environment called Comprehensive Primary Care (CPC). This program emphasizes preventative care, including quality metrics such as well-checks and provides quarterly report to clinicians</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> FFY2019 rate exceeded the FFY2017 rate</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ODM enhanced its Comprehensive Primary Care program to focus on Medicaid children called Comprehensive Primary Care for Kids (CPC Kids). This program emphasizes preventative care, including quality metrics such as well-checks, lead testing and immunizations.</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> Greater than the FFY17 rate  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> Greater than the FFY18 rate  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> Greater than the FFY19 rate  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>



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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #3 (Describe)</b> Adolescent Well-Care Visits</p>	<p><b>Goal #3 (Describe)</b> Adolescent Well-Care Visits</p>	<p><b>Goal #3 (Describe)</b> Adolescent Well-Care Visits</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2017  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2018  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2019  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 1004            Denominator: 2114            Rate: 47.5</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 1036            Denominator: 2055            Rate: 50.4</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>             Numerator: 1053            Denominator: 2054            Rate: 50.80</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ODM has embarked upon transformative process to support Medicaid children receiving care and patient-centered medical home environment called Comprehensive Primary Care (CPC). This program emphasizes preventative care, including quality metrics such as well-checks and provides quarterly report to clinicians</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> FFY2018 rate exceeded the FFY2017 rate</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ODM has embarked upon transformative process to support Medicaid children receiving care and patient-centered medical home environment called Comprehensive Primary Care (CPC). This program emphasizes preventative care, including quality metrics such as well-checks and provides quarterly report to clinicians</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> FFY2019 rate exceeded the FFY2018 rate</p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> ODM enhanced its Comprehensive Primary Care program to focus on Medicaid children called Comprehensive Primary Care for Kids (CPC Kids). This program emphasizes preventative care, including quality metrics such as well-checks, lead testing and immunizations.</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> Greater than the FFY17 rate  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> Greater than the FFY18 rate  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> Greater than the FFY19 rate  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

The Ohio Department of Medicaid (ODM)'s Quality Strategy serves as a framework for communicating Ohio's approach to ensuring that individuals have timely access to high quality services in a coordinated, cost-effective manner that ultimately contributes to the improved health of our population. ODM's strategy delineates the complexity of the populations served and utilizes a person-centered approach to meet health needs within the context of community, supporting sustainability through actionable data linked to how care is financed through Value-Based Purchasing (VBP). See ODM's Quality Strategy here: <https://www.medicaid.ohio.gov/MEDICAID-101/Quality-Strategy-and-Measures> .

Ohio's efforts to improve quality are consistent with the HHS National Quality Strategy and focus on reliably delivered, proven interventions to prevent, diagnose, and treat conditions within the context of family. ODM is fostering greater transparency in quality and cost of care through the continued implementation of Center for Medicare and Medicaid Innovation's (CMMI's) payment innovation models, as well as the ongoing improvements through Ohio Medicaid's Managed Care Plans (MCPs). ODM's Value Based Purchasing initiatives include Ohio's Comprehensive Primary Care (CPC) Program that builds upon Patient Centered Medical Home infrastructures with operational effectiveness in driving the population health outcomes summarized in Figure 1. The episodes of care (EOC) is another example of implementing alternative payment models with specific clinical areas of focus designed to improve systems of care.

1. VBP Initiatives

- a. CPC Program

Ohio CPC is an investment in Ohio's primary care infrastructure that is accompanied by a financing methodology intended to support improved population health outcomes by attributing members to specific providers. This process allows every Medicaid member to participate in population health improvement, even if the individual does not actively seek care. CPC is anchored in team-based care with transparency in health care data that creates population risk-tiering to guide more effective, holistic care. In addition to the traditional FFS payment structure, practices are paid a tiered per-member-per-month (PMPM) for a cluster of activities associated with ideal care and for meeting both efficiency and quality metric targets.

- b. Episodes of Care

Ohio's Episodes of Care program initially launched with 43 episodes or bundles of care that cover a diverse array of conditions and procedures. While these are in various stages of implementation, 18 are currently tied to financial incentives. Initial results from the program suggest a positive impact on cost with no adverse impact on quality. See ODM's website for more information: <https://www.medicaid.ohio.gov/Provider/PaymentInnovation>

2. Quality Measurement Strategies with MCPs

Ohio's work to promote evidence-based prevention and treatment practices at the clinical practice level continues to focus on the performance of our five contracted MCPs which serve the majority of the SCHIP population. Given that most children eligible for Medicaid are enrolled in an MCP, all the MCPs are expected to participate in the State's efforts to meet the associated requirements and outcomes established in the Ohio Medicaid Quality Strategy. MCP performance is evaluated through a system of internal compliance reviews, monitoring in key areas (e.g., clinical quality, access, consumer satisfaction), and independent reviews by an external quality review organization (EQRO). Financial penalties and incentives are used for both program compliance and continuous performance improvement.

The key quality-related performance areas to which MCPs are held accountable includes clinical quality measures, as well as consumer and provider satisfaction ratings. Thresholds are set for clinical performance measures and plans are held accountable in both incentive and penalty programs. These programs include Quality Withhold, Clinical Quality Measures Financial

Penalties, and Quality Based Assignments. Key results of the CQMs and Consumer Surveys include:

a. HEDIS Clinical Performance Measures

Primary Care, Well-Care and Behavioral Health:

HEDIS measures specific to primary care, well-care and behavioral health for children and adolescents are used to monitor and evaluate MCP performance. Financial penalties are applied for measure results that do not meet minimum performance thresholds that are designed to ramp up over a period of time.

For children receiving comprehensive preventive well-care visits, the percent of children in the first 15 months of life who received 6 or more visits increased from 57.9% in FFY 2018 to 59.1% in FFY 2019. Well-care visit rates for children ages 3 thru 6 increased from 71.2% to 72.2%. Well-care visit rates for adolescents remained relatively unchanged, with 51.0% received care in FFY 2018 and 50.8% in FFY 2019.

The percent of children receiving at least one primary care service decreased slightly from FFY 2018 to FFY 2019 for all age groups with decreases ranging from 0.2% to 1.5%. The changes by age group are as follows: 94.6% to 94.4% for the 12-24 month age group, 87.2% to 86.4% for 25 months to 6 years. 90.9% to 89.4% for 7 to 11 years, and 90.7% to 89.2% for 12 to 19 years. Behavioral health measures for children and adolescents on antipsychotics focused on medication management and related psychosocial services. For children and adolescents ages 1 to 17 years, 3.5% were on two or more concurrent antipsychotic medications in FFY 2018, with performance improving to 3.4% for FFY 2019. Use of psychosocial care for children and adolescents on antipsychotics, ages 1 to 17 years, improved more significantly from 75.1% in FFY 2018 to 78.3% in FFY 2019.

In comparison to the national Medicaid HEDIS percentile, Ohio ranked in the 25th-50th percentiles for both access to PCP for children in all age groups as well as for Well-Care visits for children age 15 months to 6 years and adolescents. The use of two or more concurrent antipsychotic medications also ranked in the 25-50th percentile, but the use of psychosocial care for youth on antipsychotics ranked above the 90th percentile.

b. CAHPS

Annual CAHPS surveys are used to collect information on members' experiences with their health plans' care and services. Survey results are used to evaluate MCP performance, identify opportunities for quality improvement, aid consumers in plan selection, and increase program transparency through public reporting. From 2018 to 2019, mean scores for the Ohio Medicaid general child population improved for 7 of the 9 core survey measures, with one score remaining unchanged (specifically the Rating of Health Plan). Compared to 2019 national Medicaid percentiles, the Ohio Medicaid Managed Care Program's performance for the general child population was good to excellent for 7 of the 9 core survey measures. The mean scores for the Rating of Health Plan and Getting Care Quickly measures were between the 25th and 50th percentiles, indicating opportunity for improvement in performance. Areas of good performance (above the 50th percentile) included Rating of All Health Care, Rating of Personal Doctor and Specialist Seen Most Often. Customer Service and Getting Needed Care ranked above the 75th percentile, while the areas of excellent performance above the 90th percentile included How Well

2. What strategies does your CHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your CHIP population? When will data be available? [7500]

A. Quality Withhold (QW) Program

Beginning in CY 2018, ODM phased in a Quality Withhold (QW) incentive system using Quality Indices to measure the effectiveness of the Ohio Medicaid managed care plans' (MCPs) population health management strategy. Quality indices align with the population streams and incentives are awarded to MCPs based on improved plan performance as evaluated by multiple

measures for each index. The 'Healthy Children' index performance measures include 'Well-Child Visits in the First 15 Months of Life,' 'Well-Child Visits in the 3rd, 4th, 5th, 6th Years of Life,' 'Adolescent Well-Care Visits,' and 'BMI percentile documentation for children and adolescents'. The children and adolescent well care visit measures are included in the QW incentive system for calendar years 2018, 2019 and 2020, with the BMI measure also included for 2019 and 2020.

The 'Behavioral Health (BH)' index also includes measures for the child and adolescent populations. For calendar year 2018, BH index measures included the 'Initiation of Alcohol and Other Drug Dependence (AOD) Treatment' (to include adolescents age 13 and older), 'Follow-Up After Hospitalization for Mental Illness (MH Follow-Up) 7-day visit' (to include children and adolescents ages 6 and older) and two measures specific to children and adolescents: 'Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics' and 'Use of Multiple Concurrent Antipsychotics in Children and Adolescents'. It should be noted that for CY 2018 and 2019, the AOD and Follow-Up measures included, but were not limited to, children and adolescents. The calculated rates were for the overall measure population, including adults. In order to incentivize more focused performance improvement on the children and adolescent segments of the behavioral health population stream, an 'Engagement of AOD Treatment' measure specific to adolescents (ages 13 -17) and a 'MH Follow-Up' visit measure for children and adolescents (ages 6 -17) are being added to the Behavioral Health QW Index.

#### B. Comprehensive Primary Care (CPC) for Kids

Providers participating in CPC for Kids will be measured against established thresholds for the following clinical quality metrics: well-child visits in the first 15 months of life; well-child visits in the 3rd, 4th, 5th, 6th years of life; adolescent well care visits; weight assessment and counseling for nutrition and physical activity for children and adolescents; lead screenings; immunizations for children, combination 3; and immunizations for adolescents, combination 2. Providers must pass at least half of the metrics for which they have at least 30 patients in the denominator. In addition, providers must pass at least one of the following metrics: lead screenings; immunizations for children, combination 3; or immunizations for adolescents, combination 2. Providers also will receive information for tobacco cessation for adolescents, and fluoride varnish, but no thresholds or passing rates will be applied to those two metrics. Providers that fail to meet these standards may be disenrolled from the program.

#### C. Community-Based Care Management

ODM Infant Mortality Community Partnerships: Infant Mortality Community Partnerships were developed to specifically address the disparities in preterm birth and infant mortality. This effort brought together Ohio's nine counties with the highest disparities, activating communities to address racism, social determinants of health. Some communities are already demonstrating measurable improvements in preterm birth and sleep-related deaths in particular to better understand the issues pertinent at a person level. ODM hosted focus groups of women to listen to their pregnancy and postpartum experiences. Women in the Medicaid program expressed distrust in the health systems in general, citing lack of provider empathy and inadequate communication. They also expressed a lack of social supports, community resources and routine coverage of community services such as doulas and lactation nurses. ODM subsequently embarked upon a person-centered design for a maternal and infant support program.

ODM's Multi-System Youth Support Effort: In 2019, ODM partnered with the Ohio Department of Job and Families Services which houses Child Protective Services to develop a state-level program to provide technical and financial assistance to children, youth and families with complex multi-system needs. The aim of this program is to prevent custody relinquishment of children and youth solely for the purpose of obtaining needed treatment, and to assist local entities with obtaining services that support children and youth who have been relinquished and are transitioning back to community and/or non-custody settings. In-home and community supports that include intensive care coordination, wraparound services as well as respite or residential (room and board) assistance is supported through this effort in order to fill well-documented gaps for Ohio's youth.

1115 Substance Use Disorder (SUD) Waiver: In January 2019, ODM submitted an 1115 Demonstration waiver for Medicaid funded SUD treatment for adults and children. ODM obtained CMS approval on September 24, 2019 and began implementation of this five-year waiver on October 1, 2019. Conditions of the SUD 1115 waiver require that Ohio Medicaid cover a full continuum of SUD services and assure sufficient provider capacity to meet the treatment needs of Ohio Medicaid beneficiaries with opiate and other substance use disorders. Under the SUD 1115 waiver, ODM will continue to implement and improve multiple interventions and strategies to improve coordination and transition of care for youth and other individuals with SUD.

The SUD 1115 Waiver has several monitoring and evaluation measurement requirements on which ODM has been collaborating on with CMS: mid-point assessment due 12/31/2021; monitoring measures which will be quarterly through 2024 with the monitoring protocol due 2/29/2020; and an evaluation with the design due 3/29/2020; and final evaluation due 8/30/2025. Main areas of measurement (CMS 1115 SUD goals) are: reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services; increased rates of identification, initiation, and engagement in treatment; increased adherence to and retention in treatment; improved access to care for physical health conditions among beneficiaries; reductions in overdose deaths, particularly those due to opioids; and fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.

One additional proposal under Ohio's SUD 1115 waiver is to extend Medicaid eligibility for new mothers with an SUD diagnosis up to one full year during their postpartum period. Current Medicaid eligibility for pregnant women is limited to 60 days post-partum. Ohio will submit an amendment to our approved SUD 1115 waiver to expand Medicaid eligibility for women with a SUD diagnosis from the current period of 60 days to a full year following the birth of their child to align with best clinical practice.

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

Each year, ODM selects quality improvement topics that are burgeoning issues or high priority clinical issues for the Ohio Medicaid managed care population and also reflect our Quality Strategy. ODM's current Quality Improvement Projects (QIPs) include the following:

A. ODM has a long-standing preterm birth prevention effort anchored in the partnership between the agency, the MCPs and the clinicians participating in Ohio's Perinatal Quality Collaborative. While this effort has achieved moderate past success in reducing preterm births (in part linked to identifying candidacy for Progesterone use), most recent efforts have focused on simplifying notification of pregnancy risk for more timely intervention for a larger group of women. ODM created and implemented a web-based version of the Pregnancy Risk Assessment Form (PRAF 2.0) as a platform for real-time population health management. This application directly links to Ohio's eligibility system to prevent the inadvertent loss of health care coverage during pregnancy and creates links to other maternal and infant supports. Current and future efforts are specifically focused on the complex needs of minority populations and communities, mitigating toxic stress and more diligently screening and engaging patients with behavioral health issues (including S) in evidence-based care, supporting both the mother and infant together in care.

B. ODM has continued to partner with Ohio Perinatal Quality Collaborative (OPQC) on the Neonatal Abstinence Syndrome (NAS) and the Maternal Opiate Medical Supports Plus (MOMS+) Projects.

a. The Neonatal Abstinence Syndrome (NAS) Project has been in a sustain phase since 2017, holding steady the length of opiate treatment to 14 days and the total duration of newborn hospital stays to 18 days through the continued use of standardized protocols. As more infants are able to be treated with the non-pharmacologic bundle, the effort is shifting to support

Opioid Use Disorder (OUD)-challenged mothers and their infants outside of hospital settings. At the forefront is a culture of compassion with an emphasis on sustaining care of the mother infant dyad through the first year of the child's life, fostering community connections to family resources including peer supports.

b. The Maternal Opiate Medical Supports Plus (MOMS+) quality improvement initiative builds on the Maternal Opiate Medical Supports (MOMS) pilot project which expanded the use of medication assisted treatment (MAT) through an integrated care model that coordinated behavioral health and prenatal care with social supports for opioid-dependent pregnant women. The pilot resulted in greater utilization of behavioral health services including MAT, greater postpartum retention in MAT, and reduced out-of-home placement for program participants compared to a matched sample of opioid dependent pregnant women who received treatment as usual. The MOMS+ project launched in 2018 and utilized these integrated sites as the "hubs" of a hub-and-spoke model to mentor and support newly engaged outpatient maternity care teams across Ohio. While the hubs are more closely associated with the larger tertiary centers where higher risk MAT inductions and other care can be delivered, the spoke sites are supported by stronger local behavioral health and medication assisted treatment programs as well as pediatric practitioners who can continue care long-term. The mentoring sites also help maternity care providers develop the capacity to provide induction therapy close to home, collaborate with local child welfare, and link to housing and other social service resources in their communities, culminating in more effective plans of safe care as referenced in the Comprehensive Addiction and Recovery Act (CARA).

MOMS+ is currently in the early stages of developing best practices for the transition of maternal and infant care to the community with a longer-term focus on preventive care, specific developmental and infectious-disease-related considerations, parenting and social services support, and continued trauma-informed care.

c. Pediatric Comprehensive and Coordinated Behavioral Health Services

In January 2019, ODM launched the Pediatric Comprehensive and Coordinated Behavioral Health Services project to improve behavioral health outcomes for children 0-5 years of age. The project utilizes quality improvement (QI) processes to evaluate the effectiveness of preventive behavioral health services at the time of well child checks at three high Medicaid-volume clinic sites affiliated with Cincinnati Children's Hospital Medical Center. The goals are to reduce ER and urgent care utilization following a well child care (WCC) visit, to increase adherence to the WCC visit at 6 months of life, and to improve behavioral health outcomes for the target population. To date, WCC at 6 months have improved, but ED utilization seems unaffected as many other variables outside of access to primary care and anticipatory guidance influence ED utilization. Parents have reported improvements in child behaviors as they tried interventions discussed at WCC, but early signals suggest that the "dose" of preventive BH services are insufficient to significantly impact BH outcomes. The older the infant becomes, the farther apart the preventive services, which may not be ideal for behavior reinforcement.

C. For CYs 2017 to 2019, the quality improvement project chosen to serve as a the federally required and externally validated performance improvement project (PIP) focused on identifying and refining proven strategies to increase hypertension control, particularly for minority populations. Although the PIP targets adults, it may impact children indirectly by improving the care and health outcomes of their caregivers.

D. In CY 2018, ODM began planning its next PIP around reductions in disparities in diabetes control. Like hypertension, the project will impact children by improving treatment of their caregivers.

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



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

A. Research Partnerships

One of the many strategies aimed at reducing infant mortality in Ohio has been ongoing research in order to identify risk long before a poor outcome so that prevention strategies could be deployed. ODM worked in conjunction with academic partners on the Infant Mortality Research Partnership to develop predictive modeling for infant mortality and pre-term births in Ohio using data from multiple sources including public health, mental health, education, and child welfare. Analyses examined the clinical, sociodemographic, and area-level patterns and determinants of infant mortality and pre-term births, culminating in a comprehensive report and an innovative interactive geospatial dashboard both of which may be useful in implementing place-based strategies. In addition, a web-based risk calculation tool (addressing both infant mortality and pre-term births) was developed to aid in shared decision making between clinicians and patients. Efforts are underway to test the integration of the infant mortality risk calculation tool into electronic health record systems (EHRs). Obstetrical clinicians are currently evaluating the impact of this tool on how care is delivered.

ODM's research partnerships also developed Opportunity Indices, mapping out the state by census tract along 7 domains of social determinants important to maternal and infant outcomes. This will be used for more accurate risk adjustment in the perinatal episode of care as well as for place-based interventions. A Children's Opportunity Index is also under development, highlighting risks for poor outcomes including out-of-home placement.

B. Continuing its assertive response to the opioid crisis in Ohio, ODM supported best-evidence treatment guidelines for the utilization of Medication Assisted Treatment (MAT) by minimizing the administrative barriers to MAT. While some of the MCPs instituted a "gold carding" process for high quality providers, the most important action was eliminating prior authorization on all brand and generic forms of oral short acting buprenorphine-containing products, thereby facilitating access to treatment for Medicaid members of all ages.

Other examples of increasing access within the Pharmacy program included the removal of the fibrosis requirement for Hepatitis C treatment as well as the step therapy requirement removal for asthma medications. Also noteworthy, the Department expanded its coverage policy to allow Omnipod, a two-part tubeless insulin system for the management of diabetes, to be covered under the pharmacy benefit.

C. Collaborative Partnerships

1. 1. To demonstrate the administration's commitment to ensure that all children lead meaningful, fulfilling lives, Governor Mike DeWine created the Office of Children's Initiatives in January 2019. This new office was charged with advancing policies related to home visiting, early intervention services, early childhood education, foster care, and child physical and mental health. The budget bill signed in July 2019 allocated funds to support these efforts, allowing ODM to play a critical role in the design and implementation of related initiatives in partnership with other state agencies.

2. ODM continues to engage in collaborative efforts with agency partners to improve children's health coverage and inform families about Medicaid enrollment options and available services. The main thrusts continue to include a focus on infants and school aged children. In SFY 2018-2019, Ohio Medicaid wrapped up the Children in the Vanguard Collaboration, the Healthy Students Promising Futures Collaboration, and the Affinity School Based Health Collaboration. These collaborative efforts provided opportunities to identify innovative outreach methods, employ best practices for increasing Ohio's Early Periodic Screening Diagnostic and Treatment (EPSDT) screening rates, enhance the provision of services in school-based settings, and strengthen policies to support Medicaid services to Ohio's pregnant women and children.

3. Additional collaborations include Ohio's partnership with ODH to increase lead testing and abatement activities, which includes an approved CHIP Health Services Initiative (HSI). This effort ultimately helps families secure lead-safe housing. ODM is leveraging CPC-kids to improve lead testing and follow-up. ODM also participates in ODH's Ohio Lead Advisory Committee to make recommendations for Ohio's response to lead poisoning, reviewing local, state, and national best practices to prevent lead poisoning.

4. With leadership from the Governor's Office of Children's Initiatives in 2019, Ohio Medicaid began a new collaborative effort with the education and mental health systems to expand access to behavioral health in schools using telehealth technologies.

5. 5. ODM has partnered with Department of Youth Services (DYS) on several initiatives to facilitate direct enrollment of youth under DHS custody into Medicaid. First, DHS was provisioned as a Qualified Entity to determine presumptive eligibility for children taken into their custody. DHS identifies any children within a week of release and inputs their information into the Presumptive Eligibility (PE) portal. If approved for PE coverage, an approval letter is printed by the DHS worker and given to the child's parole officer who works with the family to complete a full Medicaid application for the newly released child. The DHS Inpatient Program allows youth under DHS custody to have Medicaid coverage during an inpatient hospital stay. Lastly, if a child is residing in an alternative placement facility and the child is not IV-E eligible Child Welfare, DHS sends a Medicaid application to ODM. If Medicaid eligible, the child is approved for full Medicaid and enrolled in a Managed Care Plan.

ODM realizes that even the work with adult populations benefits the children within those families. Future work is focused on reconfiguring data to honor families instead of individuals to more accurately assess risks of harm in order to implement more effective interventions.

6. Dental Quality Alliance

ODM has participated in the Dental Quality Alliance (DQA), a comprehensive multi-stakeholder quality measure developer in oral health that is supporting the Medicaid Quality Improvement Learning Academy (MeQILA). ODM is exploring options to improve preventive and treatment services for children as part of this forum that allows peer-to-peer learning.

Enter any Narrative text related to Section IIB below. [7500]

## Section III: Assessment of State Plan and Program Operation

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

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

### Section IIIA: Outreach

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

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

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

Ohio works with sister state agencies and community partners to reach families, and low-income uninsured children through community organizations, activities, and referrals. Ohio does not have an effective way to measure these methods.

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

Efforts to bring a population health focus to work around shared goals has strengthened sister agency partnerships through data linkages and the deeper understanding that has resulted. ODM has educated sister agencies and numerous community partners that work with low-income families, expanding the qualified entities who can assist with Medicaid applications.

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

Yes  
 No

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

Ohio continues to look for ways to measure the effectiveness of targeted outreach to specific populations through our sister state agencies and state partners.

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

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

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

Enter any Narrative text related to Section IIIA below. **[7500]**

## Section IIIB: Substitution of Coverage (Crowd-out)

Please answer the following questions as they apply to your state's program (some questions are not applicable to Medicaid expansion programs.) Medicaid expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A. Please include percent calculations in your responses when applicable and requested.

1. Does your separate CHIP program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?

- No  
 Yes  
 N/A

If no, skip to question 5. If yes, answer questions 2-4:

2. How many months does your program require a child to be uninsured prior to enrollment?
3. To which groups (including FPL levels) does the period of uninsurance apply? **[1000]**
4. List all exemptions to imposing the period of uninsurance **[1000]**

**Please answer questions 5, 7, 8 (and 6 and 9 if applicable) regardless of the response the state provided to question 1.**

5. Does your program match prospective enrollees to a database that details private insurance status?

- No  
 Yes  
 N/A

6. If answered yes to question 5, what database? **[1000]**

7. What percent of individuals screened for CHIP eligibility cannot be enrolled because they have group health plan coverage? **[5]**

a. Of those found to have had employer sponsored insurance and have been uninsured for only a portion of the state's waiting period, what percent meet the state's exemptions and federally required exemptions to the waiting period [(# individuals subject to the waiting period that meet an exemption/total # of individuals subject to the waiting period)\*100]? **[5]**

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

- Yes  
 No

9. If yes to question 8, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last federal fiscal year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)\*100]? **[5]**

Enter any Narrative text related to Section IIIB below. **[7500]**

## Section IIIC: Eligibility

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

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

1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this?

- Yes  
 No

If yes,

- a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]** 0
- b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination? **[5]** 49
2. Select the measures from those below that your state employs to simplify an eligibility renewal and retain eligible children in CHIP.

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families
- How many notices are sent to the family prior to disenrolling the child from the program? **[500]**  
Two notices are sent to the family during the renewal process.
  - At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the state?) **[500]**  
The first notice is the manual renewal application sent to the family 45 days before the end of the current eligibility period when passive renewal cannot be completed. The second notice is mailed at least 10 days before the end of the current eligibility period when the family has not submitted the renewal application.
- Other, please explain: **[500]**  
Passive renewals

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

The strategy that appears to be the most effective for Ohio is passive renewals.

## Section IIIC: Subpart B: Eligibility Data

**Table 1. Data on Denials of Title XXI Coverage in FFY 2019**

States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2019. Please enter the data requested in the table below and the template will tabulate the requested percentages. If you are unable to provide data in this section due to the single streamlined application, please note this in the response to question 2.

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

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

### Definitions:

1. The “the total number of denials of title XXI coverage” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2019. 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 2019 (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 2019 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.)
    - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX.
  - c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

## Table 2. Redetermination Status of Children

For tables 2a and 2b, reporting is required for FFY 2019.

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

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

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

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

#### Definitions:

- The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2019, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.



2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2019 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state ).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2019.
4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2019. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2019 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
  - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
  - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

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

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

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

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

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

**Definitions:**

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2019, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children

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

2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2019 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2019.
4. The “total number of children disenrolled from title XIX after the redetermination process” is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2019. This includes those children that states may define as “transferred” to CHIP for title XXI eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2019 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
  - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state’s Medicaid eligibility criteria (i.e., income too high, etc.).
  - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.  
The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).

### Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2018

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

The measure is designed to capture continuity of coverage for a cohort of children in title XIX and title XXI for 18 months of enrollment. This means that reporting spans two CARTS reports over two years, with enrollment status at 6 months being reported in the first reporting year, and 12 and 18 month enrollment status reported in the second reporting year. **States identify a new cohort of children every two years. States identify newly enrolled children in the second quarter of FFY 2018 (January, February, and March of 2018) for the FFY 2018 CARTS report. This same cohort of children will be reported on in the FFY 2019 CARTS report for the 12 and 18 month status of children newly identified in quarter 2 of FFY 2018. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

**The FFY 2019 CARTS report is the second year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2018.** For the FFY 2018 report, States only reported on lines 1-4a of the tables. **In the FFY 2019 report, no updates will be made to lines 1-4a. For the FFY 2019 report, data will be added to lines 5-10a.** The next cohort of children will be identified in the second quarter of the FFY 2020 (January, February and March of 2020).

**Instructions:** For this measure, please identify newly enrolled children in both title XIX (for Table 3a) and title XXI (for Table 3b) in the second quarter of FFY 2018, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2018 must have birthdates after July 2001 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2018 must have birthdates after August 2001, and children enrolled in March 2018 must have birthdates after September 2001. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span)

Please enter the data requested in the tables below, and the template will tabulate the percentages. In the FFY 2019 report you will enter data on lines 5-7a related to the 12-month enrollment status of children identified on line 1. You will also enter data on lines 8-10a related to the 18-month enrollment status of children identified on line 1. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

**Note that all data must sum correctly in order to save and move to the next page.** The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to row 1; and rows 8, 9 and 10 must sum to row 1. These tables track a child's enrollment status over time, so when data are added or modified at each milestone (6, 12, and 18 months), there should always be the same total number of children accounted for in line 1 "All Children Ages 0-16" over the entire 18 month period. **Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the totals because they are subsets of their respective rows. The system will not move to the next section of the report until all applicable sections of the table for the reporting year are complete and sum correctly to line 1.**

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

Not Previously Enrolled in CHIP or Medicaid—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, etc.)

Not Previously Enrolled in Medicaid—“Newly enrolled” is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in title XIX in December 2017, etc.)

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2018</b>	53502	100%	20108	100%	13084	100%	14005	100%	6305	100%
<b>Enrollment status 6 months later</b>										
2. Total number of children continuously enrolled in title XIX	48657	90.94	18928	94.13	11523	88.07	12551	89.62	5655	89.69
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	760	1.42	268	1.33	225	1.72	190	1.36	77	1.22
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
4. Total number of children disenrolled from title XIX	4085	7.64	912	4.54	1336	10.21	1264	9.03	573	9.09
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )										
<b>Enrollment status 12 months later</b>										
5. Total number of children continuously enrolled in title XIX	45904	85.8	18090	89.96	10722	81.95	11823	84.42	5269	83.57
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	1448	2.71	412	2.05	459	3.51	391	2.79	186	2.95
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
7. Total number of children disenrolled from title XIX	6150	11.49	1606	7.99	1903	14.54	1791	12.79	850	13.48
7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )										
<b>Enrollment status 18 months later</b>										
8. Total number of children continuously enrolled in title XIX	37226	69.58	14780	73.5	8725	66.68	9537	68.1	4184	66.36

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	2787	5.21	795	3.95	846	6.47	820	5.86	326	5.17
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
10. Total number of children disenrolled from title XIX	13489	25.21	4533	22.54	3513	26.85	3648	26.05	1795	28.47
10.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/> )										

**Definitions:**

1. The “total number of children newly enrolled in title XIX in the second quarter of FFY 2018” is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XIX for 6 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018
3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XIX by the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XIX by the end of August 2018
 3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage.
4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
 4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.
5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019

6. The total number of children who had a break in title XIX coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XIX by the end of December 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XIX by the end of January 2019
  - + the number of children with birthdates after September 2001 who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XIX by the end of February 2019
 6.a. From the population in #6, provide the total number of children who were enrolled in title XXI during their break in coverage.
  
7. The total number of children who disenrolled from title XIX 12 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018
  - + the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019
  - + the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019
 7.a. From the population in #7, provide the total number of children, who were enrolled in title XXI in the month after their disenrollment from title XIX.
  
8. The total number of children who were continuously enrolled in title XIX for 18 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019
  
9. The total number of children who had a break in title XIX coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XIX by the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XIX by the end of August 2019
 9.a. From the population in #9, provide the total number of children who were enrolled in title XXI during their break in coverage.
  
10. The total number of children who were disenrolled from title XIX 18 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019
 10.a. From the population in #10, provide the total number of children who were enrolled in title XXI (CHIP) in the month after their disenrollment from XIX.

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

Specify how your “newly enrolled” population is defined:

Not Previously Enrolled in CHIP or Medicaid—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, etc.)

Not Previously Enrolled in CHIP—“Newly enrolled” is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in title XXI in December 2017, etc.)

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2018		100%		100%		100%		100%		100%

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

**Definitions:**

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2018” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.

2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018
  
3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2018
  - 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.
  
4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
  - 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.
  
5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019
  
6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XXI by the end of December 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XXI by the end of January 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XXI by the end of February 2019
  - 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.
  
7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018
  - + the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019
  - + the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019
  - 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.
  
8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019
  
9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2019
  - 9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.



10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:  
the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019  
+ the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019  
+ the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019  
10.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

Enter any Narrative text related to Section IIIC below. **[7500]**

- Explanation for Calculation of Section IIIC: Subpart A: Eligibility Renewal and Retention question 1.b.

22,508 children were approved for PE Child after a 4-month gap. Of those children, 10,962 went on to either Medicaid or CHIP. We did not do additional analysis to tell us how many of the other 51% who didn't get Medicaid simply didn't apply for ongoing medical assistance versus how many of them applied but were denied.

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

Review of the prior report indicate that record adjustments on the cohort occurred. The resulting changes required a methodological change. This change affects age group assignments within cohorts and reporting periods.

## Section IIID: 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? If the state checks N/A for this question because no cost sharing is required, please skip to Section IIIE.

a. Cost sharing is tracked by:

Enrollees (shoebox method)

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

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

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased?  
 Yes  
 No

3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**

4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the state's CHIP program during the federal fiscal year. **[500]**

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

Yes  
 No If so, what have you found? **[7500]**

6. Has your state undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?

Yes  
 No If so, what have you found? **[7500]**

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

Enter any Narrative text related to Section IIID below. **[7500]**

### **Section IIIE: Employer sponsored insurance Program (including Premium Assistance)**

1. Does your state offer an employer sponsored insurance program (including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI Demonstration) for children and/or adults using Title XXI funds?

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

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)

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

- Parents and Caretaker Relatives  
 Pregnant Women

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

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

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

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

- Yes
- No

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

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

Number of childless adults ever-enrolled during the reporting period

Number of adults ever-enrolled during the reporting period

Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2019.

- Children
- Parents

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

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

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

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

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

Population	State	Employer	Employee
Child			
Parent			

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

	Low	High
<b>Children</b>		
<b>Parent</b>		

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

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

Income level of	From	To
<b>Children</b>	% of FPL <b>[5]</b>	% of FPL <b>[5]</b>
<b>Parents</b>	% of FPL <b>[5]</b>	% of FPL <b>[5]</b>

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

- Yes
- No

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

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

- Yes
- No

22. Can you cap enrollment for your program?

- Yes
- No

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

Enter any Narrative text related to Section III E below. **[7500]**

### Section III F: Program Integrity

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

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

(1) prevention:

Yes

No

(2) investigation:

Yes

No

(3) referral of cases of fraud and abuse?

Yes

No

Please explain: **[7500]**

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

Yes

No

Please Explain: **[500]**

2. For the reporting period, please report the

Number of fair hearing appeals of eligibility denials

Number of cases found in favor of beneficiary

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

Provider Credentialing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

Provider Billing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

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

Yes

No

Please Explain: **[500]**

Enter any Narrative text related to Section III F below. **[7500]**

## Section III G: Dental Benefits:

Please **ONLY** report data in this section for children in Separate CHIP programs and the Separate CHIP part of Combination programs. Reporting is required for all states with Separate CHIP programs and Combination programs. If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why. Explain: [7500]

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

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

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

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Total Individuals Enrolled for at Least 90 Continuous Days <sup>1</sup>	0						
Total Enrollees Receiving Any Dental Services <sup>2</sup> [7]	0						
Total Enrollees Receiving Preventive Dental Services <sup>3</sup> [7]	0						
Total Enrollees Receiving Dental Treatment Services <sup>4</sup> [7]	0						

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

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

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



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

2. Does the state provide supplemental dental coverage?

Yes

No

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

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

Enter any Narrative text related to Section IIIIG below. [7500]

---

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

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

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

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

## Section IIIH: CHIPRA CAHPS Requirement:

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

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

### Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement?

- Yes  
 No

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

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

### If No, Explain Why:

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

- Service not covered  
 Population not covered  
 Entire population not covered  
 Partial population not covered  
Explain the partial population not covered:  
 Data not available  
Explain why data not available  
 Budget constraints  
 Staff constraints  
 Data inconsistencies/accuracy  
Please explain:  
 Data source not easily accessible  
Select all that apply:  
 Requires medical record review  
 Requires data linkage which does not currently exist  
 Other:  
 Information not collected.  
Select all that apply:  
 Not collected by provider (hospital/health plan)  
 Other:  
 Other:

- Small sample size (less than 30)  
Enter specific sample size:  
 Other. Explain:

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

Definition of population included in the survey sample:

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

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

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

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

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

- No supplemental item sets were included  
 CAHPS Item Set for Children with Chronic Conditions  
 Other CAHPS Item Set. Explain: Includes CAHPS Item Set for Children with Chronic Conditions; Patient-Centered Medical Home item set (1 question); Health Literacy item set (1 question); and 2 Ohio-specific questions related to care coordination

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

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

Enter any Narrative text related to Section IIIH below. **[7500]**

### Section III I: Health Service Initiatives (HSI) Under the CHIP State Plan

Pursuant to Section 2105(a)(1)(D)(ii) of the Social Security Act, states have the option to use up to 10 percent of actual or estimated Federal expenditures to develop state-designed Health Services Initiatives (HSI) (after first funding costs associated with administration of the CHIP state plan), as defined in regulations at 42 CFR 457.10, to improve the health of low-income children.

All states with approved HSI program(s) described in the CHIP state plan should answer “Yes” to question 1, and complete questions 2 and 3. If the state has an approved HSI that is not currently operating using Title XXI funds, please check “Yes”, to question 1, include the program name and description in the table for question 2, and indicate in the narrative portion of this section that the state is not currently implementing the program.

1) Does your state operate HSI(s) to provide direct services or implement public health initiatives using Title XXI funds?

- Yes, please answer questions below.
- No, please skip to Section IV.

2) In the table below, please provide a brief description of each HSI program operated in the state in the first column. In the second column, please list the populations served by each HSI program. In the third column, provide estimates of the number of children served by each HSI program. In the fourth column, provide the percentage of the population served by the HSI who are children below your state’s CHIP FPL eligibility threshold.

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program <sup>6</sup>
Lead Abatement	Ohio Medicaid children under the age of 19 and pregnant women	77,365	97.17%

<sup>6</sup> The percent of children served by the HSI program who are below the CHIP FPL threshold in your state should be reported in this column.



The entire population of Medicaid children who were under the age of 19 and had tested positive for an elevated blood lead level (EBLL). A Medicaid eligible child testing positive for an EBLL is the only population that can qualify for lead abatement activities. Pregnant women were not calculated in this column.

4) In the fourth column, provide the percentage of the population served by the HSI who are children below your state's CHIP FPL eligibility threshold. (The percent of children served by the HSI program who are below the CHIP FPL threshold in your state should be reported in this column.)

The number of children tested for lead with an EBLL that fell below 206% of FPL, and then divided the two numbers (# of children under 206%/#served) to get the 97.17%.

## 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 2019. 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

<b>Benefit Costs</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Insurance payments			
Managed Care	432703683	424992636	434005461
Fee for Service	65144842	65112687	66176547
<b>Total Benefit Costs</b>	<b>497848525</b>	<b>490105323</b>	<b>500182008</b>
(Offsetting beneficiary cost sharing payments)			
<b>Net Benefit Costs</b>	<b>\$ 497848525</b>	<b>\$ 490105323</b>	<b>\$ 500182008</b>

<b>Administration Costs</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Personnel			
General Administration	35590032	38996560	29247420
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives	6468612	5000000	5000000
<b>Total Administration Costs</b>	<b>42058644</b>	<b>43996560</b>	<b>34247420</b>
<b>10% Administrative Cap (net benefit costs ÷ 9)</b>	<b>55316503</b>	<b>54456147</b>	<b>55575779</b>

	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>Federal Title XXI Share</b>	<b>524573805</b>	<b>457244622</b>	<b>398363696</b>
<b>State Share</b>	<b>15333364</b>	<b>76857261</b>	<b>136065732</b>
<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	<b>539907169</b>	<b>534101883</b>	<b>534429428</b>

2. What were the sources of non-federal funding used for state match during the reporting period?

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

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

There was no shortfall for FFY 2019

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

### A. Managed Care

Year	Number of Eligibles	PMPM (\$)
2019	201250	\$179
2020	191493	\$185
2021	189495	\$191

### A. Fee For Service

Year	Number of Eligibles	PMPM (\$)
2019	6353	\$855
2020	6306	\$860
2021	6229	\$885

Enter any Narrative text related to Section IV below. **[7500]**

In Ohio the CHIP program follows a mandatory managed care model. Following Ohio's implementation of managed care Day 1 in January 2018 almost all Medicaid eligibles are enrolled into a managed care plan during their first month of coverage. However, there is still a minimal fee-for-service component as retroactive and backdated eligibility are paid on a fee-for-service basis. The state of Ohio also makes wrap around payments to Federally Qualified Health Centers (FQHCs) and similar entities outside of managed care capitation payments and these payments show up as FFS, inflating the FFS PMPM since the denominator of FFS recipients is small.

Note:

a) Costs reflected in the Benefit Costs section for managed care and fee for service for fiscal years 2019, 2020 and 2021 are net of drug rebates.

b) Amounts estimated in the Health Services Initiative line are for lead abatement activities.



c) CHIP administration cost is declining in FY2021 are due to decline in CHIP FMAP, so some funds will be claimed as Title XIX.

## Section V: Program Challenges and Accomplishments

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

During the reporting period Governor Mike DeWine put children as a top priority of his administration. His commitment to ensure that all children lead meaningful, fulfilling lives was evident by the creation of the Office of Children's Initiatives in January 2019, which was charged with advancing policies related to home visiting, early intervention services, early childhood education, foster care, and child physical and mental health. The executive budget released in March 2019 and approved in July allocated funds to support these efforts, allowing ODM to play a critical role in the design and implementation of the initiatives as described above.

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

From January through July of 2019, ODM was challenged by the budget process but successfully worked with the legislature to keep most of the governor's child-focused initiatives in the final bill. The Ohio Department of Medicaid partnered with key stakeholders such as consumer advocates, providers, payors, and CMS staff to begin the design and implementation of these new initiatives.

At the same time ODM worked on budget initiatives, the agency continued to enhance existing programs in order to improve children's outcomes. In brief: CPC was enhanced to bring a focus to kids; the perinatal episode of care was refined to focus on high-risk women; a maternal-infant support program was designed to supplement existing Ohio Department of Health-funded home visiting programs; community infant-mortality partnerships were strengthened and new grants were awarded through the MCPs; an ODM care management and financial support team was developed for foster youth and others with severe behavioral health issues to prevent custody relinquishment; quality measures and incentive structures for the MCPs were adjusted for greater emphasis on youth; and a majority of Quality Improvement efforts were focused on children and infants. The development and implementation of these programs simultaneous with aggressive timelines presented administrative challenges.

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

- a. ODM received early reports of success with the Infant Mortality Community Partnerships. Established 4 years ago, this effort brought together Ohio's nine counties with the highest disparities, activating communities to address racism, social determinants of health and isolation that have particular impact during the critical period of pregnancy. To date, there has been a focus on group education with or without prenatal care ("Centering"), home visiting, utilizing community health workers through the Pathways hub model as well as independently, and a variety of other efforts that include peers, doulas and fathers. Sites have activated neighborhoods and report different improvements including reduced sleep related deaths, improved connectivity and trust among women, improved breastfeeding rates and reduced preterm births.

ODM hosted focus groups to listen to the voices of women in their pregnancy and post-partum experiences. Women in the Medicaid program expressed distrust in the health systems, citing lack of provider empathy and inadequate communication. They also expressed a lack of social supports, community resources and routine coverage of community services such as doulas and lactation nurses. In order to continue support for community services such as these, ODM released a request for proposals during the reporting period.

b. On August 19, 2019, Governor DeWine announced that the Centers for Medicare and Medicaid Services (CMS) approved Ohio's Children's Health Insurance Program (CHIP) initiative to enhance and expand Medicaid's lead abatement program in partnership with the Ohio Department of Health (ODH). This approval built on a more limited program that was launched in December 2017. The Lead CHIP Program enables Medicaid to fund ODH lead hazard control projects in residences in which a Medicaid-eligible child or pregnant woman live or spend significant time (over 6 hours per week), and to remove lead hazards in residential properties within targeted areas of the state.

Ohio plans to eliminate lead in homes in two phases:

- Phase 1 - focuses on homes with lead hazard control orders issued by ODH or one of its delegated boards of health. These targeted properties are known to have poisoned at least one child. This phase will continue throughout the program. Phase 1 properties will be prioritized over referrals received in Phase 2.

- Phase 2 - targets primary prevention before a child is poisoned. This phase began implementation in June 2019. The focus of Phase 2 is to prevent children and pregnant women from exposure to lead in their environments.

c. ODM has continued to invest in the infrastructure of primary care through CPC. CPC has expanded to 250 participating practices participating with nearly 1.4M million members, 680,000 of whom are pediatric. This sets the stage for continued integration of behavioral health services, inclusion and support of schools with successful academic performance as the desired health outcome, special attention to foster youth and others who share a large burden of uncoordinated care.

d. ODM phased-in 32 episodes of care that include children since 2015 using a phased-in approach. For 2019, 18 episodes were in the performance year and 25 episodes were reporting-only. Episodes focused on children include:

- i. Neonatal, 3 categories: high-risk, moderate-risk, and low-risk;
- ii. Asthma;
- iii. Upper respiratory infection,
- iv. Pediatric acute lower respiratory infection;
- v. Otitis media;
- vi. Tonsillectomy and adenoidectomy;
- vii. Urinary tract infection;
- viii. Attention-deficit hyperactivity disorder (ADHD); and
- ix. Oppositional-defiant disorder (ODD).

The perinatal episode of care is relevant for infants as well as the proposed reports to obstetrical providers will include neonatal metrics in additional to maternal measures.

e. The Care Innovation and Community Improvement Program (CICIP) was implemented in SFY 2019 to rethink care within health systems and bring person-centered focus to prevention and more effective treatment, for opioid use disorder, and extensions to improved care for the maternity and frequent Emergency Department populations. The four health systems are large Medicaid safety-net and academic medical centers that worked together to develop strategies to optimize care, creating data dashboards to track progress along agreed-upon measures and sharing lessons learned. To date, most of the systems have leveraged their electronic health records to bring different parts of the health system together, creating alerts and engaging patients. In addition, peer supports and community workers have been deployed effectively, for engagement and connectivity to care, and to support a cultural shift of compassion for those struggling with addiction.

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

a. Maternal-Infant focus: The Community Infant Mortality and Ohio Perinatal Quality Collaborative (OPQC) Quality Improvement efforts likely will join together as we strive for one hundred percent submission of the Pregnancy Risk Assessment Form (PRAF) for pregnant women, creating a real-time database of women in need. Community inclusion and activism may spur renewed interest in birthing centers that have demonstrated superior patient experiences. Settings of care embedded within a supportive community such as Brigid's Path may be seen as viable alternatives as the positive track record and operational efficiencies improve. Programs that assist the mom/baby dyad through the first year of life will take shape through the Substance Use Disorder (SUD) waiver and other programs supporting moms and infants while ODM addresses workforce constraints, integrated settings and shared understanding of a holistic family health.

b. We are planning to continue to support the infrastructure of Comprehensive Primary Care (CPC) as "home base" for the care of children and families with the following initiatives:

In 2020, ODM designed an optional CPC for Kids program honoring the importance of prevention in lifelong health. The payment methodology also provides options for bonuses based on levels of full integration of behavioral health to the practice, accommodating the special needs of foster youth, facilitating or providing school-based services and effectively transitioning youth into adult systems of care. As approximately 680,000 individuals under 21 years of age are attributed to primary care clinicians in this model of care, a "CPC kids" infrastructure will set the stage for measurably improving children's health and wellness statewide.

ODM hopes that its new telemedicine rules will allow both CPC and non-CPC practices and patients a new avenue to develop and maintain longitudinal relationships as well as provide needed care and therapies in a more convenient manner. This may help bridge the gap that has been developing in rural communities as value-based purchasing arrangement have consolidated care.

Planned changes in ODM's pharmacy program that include a unified Preferred Drug List (PDL) should reduce complexity and promote greater adherence to medications for chronic conditions (e.g. asthma, depression) within populations that CPC practices manage as well.

c. Caring for Multi-System Youth through better systems of care that emphasize prevention efforts are a priority. ODM has a more robust Behavior Health system since the 2018 Behavior Health Redesign effort that covers more codes in the new benefit package also carved in to Managed Care. However, workforce issues and gaps are still challenging. The agency's budget allows for a MSY fund targeting existing programs' non-billable services for youth with complex

needs -including those with autism. This, in conjunction with foster system reforms and a state-level care management team should impact custody relinquishment as well as out-of home and out-of-state placements.

Enter any Narrative text related to Section V below. **[7500]**