

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

**Preamble**

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

The framework is designed to:

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

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

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

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

State/Territory: \_\_\_\_\_  
(Name of State/Territory)

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

Signature: \_\_\_\_\_

CHIP Program Name(s): \_\_\_\_\_

CHIP Program Type:

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

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

Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Submission Date: \_\_\_\_\_

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

## SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

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

|   |      | CHIP Medicaid Expansion Program     |   |                          |            | Separate Child Health Program                |  |   |  |                          |
|---|------|-------------------------------------|---|--------------------------|------------|--|--|---|--|--------------------------|
| * Upper % of FPL (federal poverty level) fields are defined as <u>Up to and Including</u> |      |                                     |   |                          |            |  |  |   |  |                          |
| Gross or Net Income: ALL Age Groups as indicated below                                    |      |                                     |   |                          |            |  |  |   |  |                          |
| Is income calculated as gross or net income?  |      | <input checked="" type="checkbox"/> |   | Income Net of Disregards |            | Is income calculated as gross or net income? |  | <input type="checkbox"/>                      |  | Gross Income             |
|   |      |                                     |   |                          |            |  |  | <input type="checkbox"/>                      |  | Income Net of Disregards |
| Eligibility   |      |                                     |   |                          |            | From   |  | % of FPL conception to birth                  |  | % of FPL *               |
|   | From | 133                                 | % of FPL for infants                    | 200                      | % of FPL * | From   |  | % of FPL for infants                          |  | % of FPL *               |
|   | From | 133                                 | % of FPL for children ages 1 through 5  | 200                      | % of FPL * | From   |  | % of FPL for children ages 1 through 5        |  | % of FPL *               |
|   | From | 100                                 | % of FPL for children ages 6 through 16 | 200                      | % of FPL * | From   |  | % of FPL for children ages 6 through 16       |  | % of FPL *               |
|   | From | 100                                 | % of FPL for children ages 17 and 18    | 200                      | % of FPL * | From   |  | % of FPL for children ages 17 and 18          |  | % of FPL *               |
|   |      |                                     |   |                          |            | From   |  | % of FPL for pregnant women ages 19 and above |  | % of FPL *               |

|   |                                     |   |                          |   |
|---|-------------------------------------|---|--------------------------|---|
| Is presumptive eligibility provided for children? | <input type="checkbox"/>            | No  | <input type="checkbox"/> | No  |
|   | <input checked="" type="checkbox"/> | Yes, for whom and how long? <b>[1000]</b><br>Presumptive eligibility (PE) is available to all children up to age 19. PE begins on the date the child is determined eligible and ends on the date the agency determines (approves/denies) initial eligibility. | <input type="checkbox"/> | Yes - Please describe below:<br><br>For which populations (include the FPL levels) <b>[1000]</b><br><br>Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period <b>[1000]</b><br><br>Brief description of your presumptive eligibility policies <b>[1000]</b> |
|   | <input type="checkbox"/>            | N/A   | <input type="checkbox"/> | N/A   |

|                                       |                                     |   |                          |   |
|---------------------------------------|-------------------------------------|---|--------------------------|---|
| Is retroactive eligibility available? | <input type="checkbox"/>            | No  | <input type="checkbox"/> | No  |
|                                       | <input checked="" type="checkbox"/> | Yes, for whom and how long? <b>[1000]</b><br>Retroactive eligibility is available to all Medicaid consumers three months prior to the month of application. | <input type="checkbox"/> | Yes, for whom and how long? <b>[1000]</b> |
|                                       | <input type="checkbox"/>            | N/A   | <input type="checkbox"/> | N/A                                       |

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

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

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

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

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

|  |   |                          |                          |   |  |
|--|---|--------------------------|--------------------------|---|--|
| Does your program provide period of continuous coverage <u>regardless of income changes?</u> | <input type="checkbox"/>  | No                       | <input type="checkbox"/> | No  |  |
|  | <input checked="" type="checkbox"/>   | Yes                      | <input type="checkbox"/> | Yes   |  |
|  | Specify number of months  |                          | 12                       | Specify number of months  |  |
|  | Explain circumstances when a child would lose eligibility during the time period in the box below <b>[1000]</b>   |                          |                          | Explain circumstances when a child would lose eligibility during the time period in the box below <b>[1000]</b> |  |
|  | The circumstances in which a child would lose eligibility for continuous coverage: 1) A verbal/written request by the child's family. 2) The child is no longer a resident of the state of Ohio. 3) The child turns age 19. 4) When the child dies. |                          |                          |   |  |
| <input type="checkbox"/>   | N/A   | <input type="checkbox"/> | N/A                      |   |  |

|  |   |          |          |          |                          |   |          |          |  |  |
|--|---|----------|----------|----------|--------------------------|---|----------|----------|--|--|
| Does your program require premiums or an enrollment fee? | <input checked="" type="checkbox"/>                                 | No       |          |          |                          | <input type="checkbox"/>  | No       |          |  |  |
|  | <input type="checkbox"/>  | Yes      |          |          |                          | <input type="checkbox"/>  | Yes      |          |  |  |
|  | Enrollment fee amount   |          |          |          |                          | Enrollment fee amount   |          |          |  |  |
|  | Premium amount  |          |          |          |                          | Premium amount  |          |          |  |  |
|  |   |          |          |          |                          |   |          |          |  |  |
|  | If premiums are tiered by FPL, please breakout by FPL               |          |          |          |                          | If premiums are tiered by FPL, please breakout by FPL   |          |          |  |  |
|  | Premium Amount  |          |          |          |                          | Premium Amount  |          |          |  |  |
|  | Range from  | Range to | From     | To       | Range from               | Range to  | From     | To       |  |  |
|  | \$  | \$       | % of FPL | % of FPL | \$                       | \$  | % of FPL | % of FPL |  |  |
|  | \$  | \$       | % of FPL | % of FPL | \$                       | \$  | % of FPL | % of FPL |  |  |
|  | \$  | \$       | % of FPL | % of FPL | \$                       | \$  | % of FPL | % of FPL |  |  |
|  | \$  | \$       | % of FPL | % of FPL | \$                       | \$  | % of FPL | % of FPL |  |  |
|  | If premiums are tiered by FPL, please breakout by FPL               |          |          |          |                          | If premiums are tiered by FPL, please breakout by FPL   |          |          |  |  |
|  | Yearly Maximum Premium Amount per family                            |          | \$       |          |                          | Yearly Maximum Premium Amount per family  |          | \$       |  |  |
|  | Range from  | Range to | From     | To       | Range from               | Range to  | From     | To       |  |  |
|  | \$  | \$       | % of FPL | % of FPL | \$                       | \$  | % of FPL | % of FPL |  |  |
|  | \$  | \$       | % of FPL | % of FPL | \$                       | \$  | % of FPL | % of FPL |  |  |
|  | \$  | \$       | % of FPL | % of FPL | \$                       | \$  | % of FPL | % of FPL |  |  |
|  | \$  | \$       | % of FPL | % of FPL | \$                       | \$  | % of FPL | % of FPL |  |  |
|  | If yes, briefly explain fee structure in the box below <b>[500]</b> |          |          |          |                          | If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) <b>[500]</b> |          |          |  |  |
|  |   |          |          |          |                          |   |          |          |  |  |
| <input type="checkbox"/>                                 | N/A   |          |          |          | <input type="checkbox"/> | N/A   |          |          |  |  |

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

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

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

|   |  |     |   |     |
|---|--|-----|---|-----|
| Does your program require income disregards?<br><b>(Note: if you checked off net income in the eligibility question, you must complete this question)</b> | <input type="checkbox"/>   | No  | <input type="checkbox"/>                    | No  |
|   | <input checked="" type="checkbox"/>  | Yes | <input type="checkbox"/>                    | Yes |
|   | If Yes, please describe below <b>[1000]</b>  |     | If Yes, please describe below <b>[1000]</b> |     |
|   | \$90/month for each person with earned income; self-employment operating expenses; earned income from a dependent child who is a full-time student. Child care, per child per month, as follows: up to \$200 for each child under age 2; up to \$175 for each child age 2 and over; part-time child care up to \$120 per child per month; cost of care for dependent adult, up to child care limits. Child Support/Alimony: First \$50 of child support received per month per family; child support paid for a child in another household (up to the court-ordered amount). |     |   |     |
|   | <input type="checkbox"/>   | N/A | <input type="checkbox"/>                    | N/A |

|   |                                     |                              |                          |                              |
|---|-------------------------------------|------------------------------|--------------------------|------------------------------|
| Which delivery system(s) does your program use? | <input checked="" type="checkbox"/> | Managed Care                 | <input type="checkbox"/> | Managed Care                 |
|   | <input type="checkbox"/>            | Primary Care Case Management | <input type="checkbox"/> | Primary Care Case Management |
|   | <input checked="" type="checkbox"/> | Fee for Service              | <input type="checkbox"/> | Fee for Service              |

|  |   |   |
|--|---|---|
|  | Please describe which groups receive which delivery system <b>[500]</b><br>Managed Care: All children eligible for CHIP except those children receiving SSI, foster care maintenance, or adoption assistance or in the BCMH program and have opted out of managed care. Fee-for-service: All children initially eligible for CHIP are fee-for-service for 2 weeks to 45 days prior to their enrollment into Managed Care. Also, children enrolled in CHIP who receive SSI, foster care maintenance, or adoption assistance or in the BCMH program and have opted out of Managed Care. | Please describe which groups receive which delivery system <b>[500]</b> |
|--|---|---|

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

**Comments on Responses in Table:**

- |  |                                     |     |                                     |    |                                     |     |
|--|-------------------------------------|-----|-------------------------------------|----|-------------------------------------|-----|
| 2. Is there an assets test for children in your Medicaid program?  | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            | N/A |
| 3. Is it different from the assets test in your separate child health program?   | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> | N/A |
| 4. Are there income disregards for your Medicaid program?  | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No | <input type="checkbox"/>            | N/A |
| 5. Are they different from the income disregards in your separate child health program?                                  | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> | N/A |
| 6. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No | <input type="checkbox"/>            | N/A |
| 7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP?   | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No | <input type="checkbox"/>            | N/A |

8. Indicate what documentation is required at initial application for

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

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

|   | Medicaid Expansion CHIP Program |                                     |                                     | Separate Child Health Program |                          |                          |
|---|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------|--------------------------|--------------------------|
|   | Yes                             | No Change                           | N/A                                 | Yes                           | No Change                | N/A                      |
| a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law) | <input type="checkbox"/>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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) Application documentation requirements   | <input type="checkbox"/>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Benefits   | <input type="checkbox"/>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Cost sharing (including amounts, populations, & collection process)                                    | <input type="checkbox"/>        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Crowd out policies   | <input type="checkbox"/>        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Delivery system  | <input type="checkbox"/>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Eligibility determination process  | <input type="checkbox"/>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| i) 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"/> |
| j) Eligibility levels / target population   | <input type="checkbox"/>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Assets Test  | <input type="checkbox"/>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Income disregards  | <input type="checkbox"/>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Eligibility redetermination process  | <input type="checkbox"/>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Enrollment process for health plan selection   | <input type="checkbox"/>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| o) Family coverage  | <input type="checkbox"/>        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| p) 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"/> |

|  |                          |                                     |                                     |                          |                          |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| q) Premium assistance  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule) | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s) Expansion to "Lawfully Residing" children   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t) 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"/> |
| u) Pregnant Women state plan expansion   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v) Waiver populations (funded under title XXI)   |                          |                                     |                                     |                          |                          |                          |
| Parents  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pregnant women   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Childless adults   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w) 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"/> |
| x) 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"/> |

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

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

|  |  |
|--|--|
| g) Delivery system   |  |
| h) Eligibility determination process   |  |
| i) Implementing an enrollment freeze and/or cap  |  |
| j) Eligibility levels / target population  |  |
| k) Assets test in Medicaid and/or CHIP   |  |
| l) Income disregards in Medicaid and/or CHIP   |  |
| m) Eligibility redetermination process   |  |
| n) Enrollment process for health plan selection  |  |
| o) Family coverage   |  |
| p) Outreach  |  |
| q) Premium assistance  |  |
| r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule) |  |
| s) Expansion to "Lawfully Residing" children   |  |
| t) Expansion to "Lawfully Residing" pregnant women   |  |
| u) Pregnant Women State Plan Expansion   |  |
| v) Waiver populations (funded under title XXI)   |  |
| Parents  |  |

|   |  |
|---|--|
|   |  |
| Pregnant women  |  |
| Childless adults  |  |
|   |  |
| w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse |  |
|   |  |
| x) Other – please specify   |  |
| a.  |  |
| b.  |  |
| c.  |  |

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

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

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

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

Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub.L. 111-3) required the Secretary of the Department of Health and Human Services to identify an initial core set of child health care quality measures for voluntary use by state programs administered under titles XIX and XXI, health insurance issuers and managed care entities that enter into contract with such programs, and providers of items and services under such programs. CHIPRA also required the Secretary to publish changes to the core set measures beginning in January 2013. Three measures (Human Papillomavirus (HPV) Vaccine for Female Adolescents, Behavioral Health Risk Assessment (for Pregnant Women, and Medication Management for People with Asthma) were added to the Children's Core Set in 2013 and one measure (Otitis Media with Effusion) was retired. Table 1 lists the Children's Core Set measures, their measure stewards, and a general description of each measure. Acronyms replaced measure numbers beginning in 2013.

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

States that volunteer are required to report using the standardized methodologies and specifications and report on the populations to which the measures are applied. Below are the measure stewards and general description of the measures. Please reference the Technical Specifications and Resource Manual for the Initial Core Set of Children's Health Care Quality Measures for detailed information for standardized measure reporting.

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

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

### **Children's Core Set Measures**

| Old Measure Number | New Measure Abbreviation | Measure                     | Measure Steward  | Description   |
|--------------------|--------------------------|-----------------------------|--|---|
| 1                  | PPC                      | Timeliness of Prenatal Care | National Committee for Quality Assurance (NCQA)/ Healthcare Effectiveness Data and Information Set (HEDIS) | Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment. |

| Old Measure Number | New Measure Abbreviation | Measure  | Measure Steward                                  | Description  |
|--------------------|--------------------------|--|--|--|
| 2                  | FPC                      | Frequency of Ongoing Prenatal Care   | NCQA/HEDIS                                       | Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits:<br>< 21 percent of expected visits<br>21 percent – 40 percent of expected visits<br>41 percent – 60 percent of expected visits<br>61 percent – 80 percent of expected visits<br>≥ 81 percent of expected visits |
| 3                  | LBW                      | Live Births Weighing Less Than 2,500 Grams   | Centers for Disease Control and Prevention (CDC) | Percentage of live births that weighed less than 2,500 grams in the state during the reporting period  |
| 4                  | CSEC                     | Cesarean Rate for Nulliparous Singleton Vertex   | California Maternal Care Collaborative           | Percentage of women that had a cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later   |
| 5                  | CIS                      | Childhood Immunization Status  | NCQA/HEDIS                                       | Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday  |
| 6                  | IMA                      | Immunization Status for Adolescents  | NCQA/HEDIS                                       | Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13 <sup>th</sup> birthday  |
| 7                  | WCC                      | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents | NCQA/HEDIS                                       | Percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index percentile for age and gender   |
| 8                  | DEV                      | Developmental Screening in the First Three Years of Life   | Oregon Health and Science University             | Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday   |

| Old Measure Number | New Measure Abbreviation | Measure  | Measure Steward | Description   |
|--------------------|--------------------------|--|-----------------|---|
| 9                  | CHL                      | Chlamydia Screening  | NCQA/HEDIS      | Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year   |
| 10                 | W15                      | Well-Child Visits in the First 15 Months of Life   | NCQA/HEDIS      | Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits with a PCP during their first 15 months of life  |
| 11                 | W34                      | Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life | NCQA/HEDIS      | Percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year  |
| 12                 | AWC                      | Adolescent Well-Care Visit   | NCQA/HEDIS      | Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a PCPC or an OB/GYN practitioner during the measurement year   |
| 13                 | PIDENT                   | Percentage of Eligibles that Received Preventive Dental Services   | CMS             | Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services   |
| 14                 | CAP                      | Child and Adolescent Access to Primary Care Practitioners  | NCQA/HEDIS      | Percentage of children and adolescents ages 12 months to 19 years that had a visit with a PCP, including four separate percentages: <ol style="list-style-type: none"> <li>1. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year</li> <li>2. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ol> |
| 15                 | CWP                      | Appropriate Testing for Children with Pharyngitis  | NCQA/HEDIS      | Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode  |

| Old Measure Number | New Measure Abbreviation | Measure  | Measure Steward  | Description   |
|--------------------|--------------------------|--|------------------|---|
| 17                 | TDENT                    | Percentage of Eligibles that Received Dental Treatment Services  | CMS              | Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services  |
| 18                 | AMB                      | Ambulatory Care – Emergency Department (ED) Visits   | NCQA/HEDIS       | Rate of ED visits per 1,000 beneficiary months among children up to age 19  |
| 19                 | CLABSI                   | Pediatric Central Line Associated Blood Stream Infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit | CDC              | Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance  |
| 20                 | ASMER                    | Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits          | Alabama Medicaid | Percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room (ER) visits  |
| 21                 | ADD                      | Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication                          | NCQA/HEDIS       | Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase |
| 22                 | PA1C                     | Annual Pediatric Hemoglobin A1C Testing  | NCQA             | Percentage of children ages 5 to 17 with diabetes (type 1 and type 2) that had a Hemoglobin A1c (HbA1c) test during the measurement year  |
| 23                 | FUH                      | Follow-Up After Hospitalization for Mental Illness   | NCQA/HEDIS       | Percentage of discharges for children ages 6 to 20 that were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge     |

| Old Measure Number           | New Measure Abbreviation | Measure  | Measure Steward | Description   |
|------------------------------|--------------------------|--|-----------------|---|
| 24                           | CPC                      | Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H (Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items) | NCQA/HEDIS      | Survey on parents' experiences with their children's care   |
| Not applicable (new measure) | HPV                      | Human Papillomavirus (HPV) Vaccine for Female Adolescents  | NCQA/HEDIS      | Percentage of female adolescents that turned 13 years old during the measurement year and had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday                                      |
| Not applicable (new measure) | BHRA                     | Behavioral Health Risk Assessment (for Pregnant Women)   | AMA-PCPI        | Percentage of women, regardless of age, who gave birth during a 12-month period that were seen at least once for prenatal care and who received a behavioral health risk assessment at the first prenatal visit |
| Not applicable (new measure) | MMA                      | Medication Management for People with Asthma   | NCQA/HEDIS      | Percentage of children ages 5 to 20 that were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period                               |

This section contains templates for reporting performance measurement data for each of the Children's Core Set measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second columns, data from the previous two years' annual reports (FFY 2011 and FFY 2012) will be populated with data previously reported in CARTS; enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data 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 2013). Additional instructions for completing each row of the table are provided below.

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

**Beginning in 2011, the CARTS application will require states to provide information on why they chose not to report a measure(s) in Section IIA. The CARTS user will be prompted to provide this information for each measure during data entry. If the CARTS User skips these questions during the data entry process, he/she will be prompted to respond to them before being able to certify the Annual Report.**

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

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

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

Although the Children’s Core Set measures is voluntarily reported, if the state is not reporting data on a specific measure, it is important to provide the reasons why the state is not reporting the measure. It is important for CMS to understand why each state and why all states as a group may not be reporting on specific measures. Your selection of a reason for not reporting and/or provision of an “other” reason for not reporting will assist CMS in that understanding.

**Status of Data Reported:**

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

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

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

**Measurement Specification:**

For each measure, please indicate whether the measure is based on HEDIS® technical specifications, the specifications developed by other measure stewards listed in the Technical Specifications and Resource Manual (e.g. CMS, CDC, AMA/PCPI), or “other” measurement specifications. If HEDIS® is selected, the HEDIS® Version field must be completed.

If “Other” measurement specification is selected, the explanation field must be completed. States should use the technical specifications outlined in the Technical Specifications and Resource Manual for the Children’s Core Set measures.

**HEDIS® Version:**

Please specify HEDIS® Version (example HEDIS 2011, HEDIS 2012). 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,

**Data Source:**

For each measure, please indicate the methodology and data source used to calculate the measure – administrative method (e.g., using claims or encounter data); hybrid method (e.g., combining administrative data and medical records); survey data (specify the survey used); or other source (specify the other source).

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

**Numerator:** Please indicate the definition of the population included in the numerator for each measure.

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

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

**Deviation from the Measure Technical Specification**

If the data provided for a measure deviates from the measure technical 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:

2. Year of Data (e.g., partial year),
3. Data Source (e.g., use of different data sources among health plans or delivery systems),
4. Numerator (e.g., coding issues),
5. Denominator (e.g., exclusion of MCOs, different age groups, definition of continuous enrollment),
6. Other (please describe in detail).

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

**Year of Data: not available for the 2013 CARTS reporting period.**

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

**Date Range: available for 2013 CARTS reporting period.**

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

**Children’s Core Set Measurement Data**

In this section, please report the numerators and denominators for each measure (or component). The template provides two sections for entering the 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 reporting unit for each measure is the state as a whole. If states calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), states must aggregate data from all these sources into one state-level rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the state-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure,” along with a description of the method used to derive the state-level rate. For additional guidance on developing a state-level rate, please refer to the Technical Assistance Brief “Approaches to Developing State-Level Rates for Children’s Health Care Quality Measures Based on Data from Multiple Sources,” available at: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf>.

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

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

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

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

**CHIPRA Quality Demonstration States**

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

**MEASURE PPC: Timeliness of Prenatal Care**

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i><br/>                     FFS and Encounters</p>   | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i><br/>                     Fee-for-service claims rates were calculated using the administrative method; managed care claims rates were calculated on a per-plan basis using the hybrid method.</p>  |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |
| <p><b>Date Range:</b></p>  | <p><b>Date Range:</b></p>  | <p><b>Date Range:</b></p>  |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010  | From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011  | From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012  |
| <p><b>HEDIS Performance Measurement Data:</b><br/>Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment</p>   | <p><b>Performance Measurement Data:</b><br/>Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment</p>   | <p><b>Performance Measurement Data:</b><br/>Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment</p>   |
| <p>Numerator: 42510<br/>Denominator: 60051<br/>Rate: 70.8</p>  | <p>Numerator: 42935<br/>Denominator: 53262<br/>Rate: 80.6</p>  | <p>Numerator: 51662<br/>Denominator: 59955<br/>Rate: 86.17</p>   |
| <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> | <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Other, <i>Explain.</i><br/>Measure includes managed care plan data only, which is approximately 89% of the total Medicaid population.</p> | <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i><br/>Numerator is extrapolated from the reported hybrid managed care rates to the entire population determined eligible in the administrative calculations.</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> |
| <p>Additional notes on measure:</p>  | <p>Additional notes on measure:</p>  | <p>Additional notes/comments on measure: Ohio receives rates only (i.e., no numerators or denominators) for the hybrid calculation for this measure from managed care plans. Ohio substituted the hybrid rates for managed care for the administrative rates and extrapolated a numerator accordingly.</p>   |
| <p><b>Other Performance Measurement Data:</b><br/><i>(If reporting with another methodology)</i><br/>Numerator:<br/>Denominator:<br/>Rate:</p> <p>Additional notes on measure:</p>   | <p><b>Other Performance Measurement Data:</b><br/><i>(If reporting with another methodology)</i><br/>Numerator:<br/>Denominator:<br/>Rate:</p> <p>Additional notes on measure:</p>   | <p><b>Other Performance Measurement Data:</b><br/><i>(If reporting with another methodology)</i><br/>Numerator:<br/>Denominator:<br/>Rate:</p> <p>Additional notes on measure:</p>   |

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

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30)<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i><br/>                     Fee-for-service claims rates were calculated using the administrative method; managed care claims rates were calculated on a per-plan basis using the hybrid method.</p>  |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |
| <p><b>Date Range:</b></p>   | <p><b>Date Range:</b></p>  | <p><b>Date Range:</b></p>  |

| FFY 2011  | FFY 2012  | FFY 2013   |
|---|---|--|
| <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>  | <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>  | <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>   |
| <p><b>HEDIS Performance Measurement Data:</b><br/> Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits:</p> <ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits</li> <li>21 percent – 40 percent of expected visits</li> <li>41 percent – 60 percent of expected visits</li> <li>61 percent – 80 percent of expected visits</li> <li>≥ 81 percent of expected visits</li> </ul>                             | <p><b>Performance Measurement Data:</b><br/> Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits:</p> <ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits</li> <li>21 percent – 40 percent of expected visits</li> <li>41 percent – 60 percent of expected visits</li> <li>61 percent – 80 percent of expected visits</li> <li>≥ 81 percent of expected visits</li> </ul>                                 | <p><b>Performance Measurement Data:</b><br/> Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits:</p> <ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits</li> <li>21 percent – 40 percent of expected visits</li> <li>41 percent – 60 percent of expected visits</li> <li>61 percent – 80 percent of expected visits</li> <li>≥ 81 percent of expected visits</li> </ul>                    |
| <p>&lt; 21 percent of expected visits<br/> Numerator: 3905<br/> Denominator: 60051<br/> Rate: 6.5</p> <p>21 percent – 40 percent of expected visits<br/> Numerator: 3394<br/> Denominator: 60051<br/> Rate: 5.7</p> <p>41 percent – 60 percent of expected visits<br/> Numerator: 6694<br/> Denominator: 60051<br/> Rate: 11.1</p> <p>61 percent – 80 percent of expected visits<br/> Numerator: 14514<br/> Denominator: 60051<br/> Rate: 24.2</p> <p>≥ 81 percent of expected visits<br/> Numerator: 31544<br/> Denominator: 60051<br/> Rate: 52.5</p> | <p>&lt; 21 percent of expected visits<br/> Numerator: 3504<br/> Denominator: 51895<br/> Rate: 6.8</p> <p>21 percent – 40 percent of expected visits<br/> Numerator: 2496<br/> Denominator: 51895<br/> Rate: 4.8</p> <p>41 percent – 60 percent of expected visits<br/> Numerator: 4295<br/> Denominator: 51895<br/> Rate: 8.3</p> <p>61 percent – 80 percent of expected visits<br/> Numerator: 8257<br/> Denominator: 51895<br/> Rate: 15.9</p> <p>≥ 81 percent of expected visits<br/> Numerator: 33285<br/> Denominator: 51895<br/> Rate: 64.1</p> | <p>&lt; 21 percent of expected visits<br/> Numerator: 2892<br/> Denominator: 59955<br/> Rate: 4.82</p> <p>21 percent – 40 percent of expected visits<br/> Numerator: 3263<br/> Denominator: 59955<br/> Rate: 5.44</p> <p>41 percent – 60 percent of expected visits<br/> Numerator: 3187<br/> Denominator: 59955<br/> Rate: 5.32</p> <p>61 percent – 80 percent of expected visits<br/> Numerator: 7718<br/> Denominator: 59955<br/> Rate: 12.87</p> <p>≥ 81 percent of expected visits<br/> Numerator: 42895<br/> Denominator: 59955<br/> Rate: 71.55</p> |
| <p>Deviations from Measure Specifications:<br/> <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>Deviations from Measure Specifications:<br/> <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>Deviations from Measure Specifications:<br/> <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i></p>  |

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input type="checkbox"/> Other, <i>Explain</i> .  | <input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input checked="" type="checkbox"/> Other, <i>Explain</i> .<br>Measure is calculated using managed care plan data only, which is approximately 86% of the total Medicaid population. | Numerator is extrapolated from the reported hybrid managed care rates to the entire population determined eligible in the administrative calculations. Percentages may not add up to exactly 100% due to rounding error.<br><input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input type="checkbox"/> Other, <i>Explain</i> . |
| Additional notes on measure:  | Additional notes on measure:   | Additional notes/comments on measure: Ohio receives rates only (i.e., no numerators or denominators) for the hybrid calculation for this measure from managed care plans. Ohio substituted the hybrid rates for managed care for the administrative rates and extrapolated a numerator accordingly.  |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure: | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  |

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

| FFY 2011  | FFY 2012   | FFY 2013  |
|---|--|---|
| <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30)<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio is transitioning to a new data system. The state continues to work on data validation and integration issues. The state was unable to validate and incorporate the data for this measure at the time of the report.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input checked="" type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio expects to receive the data for this rate no later than March 31, 2014. Ohio will report on this rate after that time.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CDC<br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CHIPRA Core</p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CDC<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CDC<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input checked="" type="checkbox"/> Other. <i>Specify:</i><br/>                     Vital Statistics and Administrative data</p>  | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per CHIPRA Core, Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>                                      |
| <p><b>Date Range:</b></p>   | <p><b>Date Range:</b></p>  | <p><b>Date Range:</b></p>   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>  | <b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Percentage of resident live births that weighed less than 2,500 grams in the State reporting period   | <b>Performance Measurement Data:</b><br>Percentage of resident live births that weighed less than 2,500 grams in the State reporting period   | <b>Performance Measurement Data:</b><br>Percentage of resident live births that weighed less than 2,500 grams in the State during the reporting period  |
| Numerator:<br>Denominator:<br>Rate:<br><br>Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain</i> .<br><br><input type="checkbox"/> Data Source, <i>Explain</i> .<br><br><input type="checkbox"/> Numerator, <i>Explain</i> .<br><br><input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input type="checkbox"/> Other, <i>Explain</i> . | Numerator:<br>Denominator:<br>Rate:<br><br>Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain</i> .<br><br><input type="checkbox"/> Data Source, <i>Explain</i> .<br><br><input type="checkbox"/> Numerator, <i>Explain</i> .<br><br><input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input type="checkbox"/> Other, <i>Explain</i> . | Numerator:<br>Denominator:<br>Rate:<br><br>Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain</i> .<br><br><input type="checkbox"/> Data Source, <i>Explain</i> .<br><br><input type="checkbox"/> Numerator, <i>Explain</i> .<br><br><input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input type="checkbox"/> Other, <i>Explain</i> . |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator: 4847<br>Denominator: 55013<br>Rate: 8.8  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes on measure:  |

**MEASURE CSEC: Cesarean Rate for Nulliparous Singleton Vertex**

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CMQCC<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CMQCC<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CMQCC<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above,</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above,</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above,</p>   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| please further define the denominator, and indicate the number of children excluded:  | please further define the denominator, and indicate the number of children excluded:  | please further define the denominator, and indicate the number of children excluded:  |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Percentage of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later   | <b>Performance Measurement Data:</b><br>Percentage of women that had a cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later  | <b>Performance Measurement Data:</b><br>Percentage of women that had a cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later  |
| Numerator:<br>Denominator:<br>Rate:   | Numerator:<br>Denominator:<br>Rate:   | Numerator:<br>Denominator:<br>Rate:   |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   |

**MEASURE CIS: Childhood Immunization Status**

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <p><b>Definition of Population Included in the Measure:</b><br/>           Definition of numerator:<br/>           Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>           If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>           Definition of numerator:<br/>           Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>           If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>           Definition of numerator:<br/>           Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>           If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |
| <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  |
| <p><b>HEDIS Performance Measurement Data:</b><br/>           Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday</p>  | <p><b>Performance Measurement Data:</b><br/>           Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday</p>   | <p><b>Performance Measurement Data:</b><br/>           Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday</p>   |

| FFY 2011                                     |  | FFY 2012                                     |  | FFY 2013                                     |  |
|--|--|--|--|--|--|
| DTap<br>Numerator:<br>Denominator:<br>Rate:  | Combo 2<br>Numerator:<br>Denominator:<br>Rate: | DTap<br>Numerator:<br>Denominator:<br>Rate:  | Combo 2<br>Numerator:<br>Denominator:<br>Rate: | DTap<br>Numerator:<br>Denominator:<br>Rate:  | Combo 2<br>Numerator:<br>Denominator:<br>Rate: |
| IPV<br>Numerator:<br>Denominator:<br>Rate:   | Combo 3<br>Numerator:<br>Denominator:<br>Rate: | IPV<br>Numerator:<br>Denominator:<br>Rate:   | Combo 3<br>Numerator:<br>Denominator:<br>Rate: | IPV<br>Numerator:<br>Denominator:<br>Rate:   | Combo 3<br>Numerator:<br>Denominator:<br>Rate: |
| MMR<br>Numerator:<br>Denominator:<br>Rate:   | Combo 4<br>Numerator:<br>Denominator:<br>Rate: | MMR<br>Numerator:<br>Denominator:<br>Rate:   | Combo 4<br>Numerator:<br>Denominator:<br>Rate: | MMR<br>Numerator:<br>Denominator:<br>Rate:   | Combo 4<br>Numerator:<br>Denominator:<br>Rate: |
| HiB<br>Numerator:<br>Denominator:<br>Rate:   | Combo 5<br>Numerator:<br>Denominator:<br>Rate: | HiB<br>Numerator:<br>Denominator:<br>Rate:   | Combo 5<br>Numerator:<br>Denominator:<br>Rate: | HiB<br>Numerator:<br>Denominator:<br>Rate:   | Combo 5<br>Numerator:<br>Denominator:<br>Rate: |
| Hep B<br>Numerator:<br>Denominator:<br>Rate: | Combo 6<br>Numerator:<br>Denominator:<br>Rate: | Hep B<br>Numerator:<br>Denominator:<br>Rate: | Combo 6<br>Numerator:<br>Denominator:<br>Rate: | Hep B<br>Numerator:<br>Denominator:<br>Rate: | Combo 6<br>Numerator:<br>Denominator:<br>Rate: |
| VZV<br>Numerator:<br>Denominator:<br>Rate:   | Combo 7<br>Numerator:<br>Denominator:<br>Rate: | VZV<br>Numerator:<br>Denominator:<br>Rate:   | Combo 7<br>Numerator:<br>Denominator:<br>Rate: | VZV<br>Numerator:<br>Denominator:<br>Rate:   | Combo 7<br>Numerator:<br>Denominator:<br>Rate: |
| PCV<br>Numerator:<br>Denominator:<br>Rate:   | Combo 8<br>Numerator:<br>Denominator:<br>Rate: | PCV<br>Numerator:<br>Denominator:<br>Rate:   | Combo 8<br>Numerator:<br>Denominator:<br>Rate: | PCV<br>Numerator:<br>Denominator:<br>Rate:   | Combo 8<br>Numerator:<br>Denominator:<br>Rate: |
| Hep A<br>Numerator:<br>Denominator:<br>Rate: |  | Hep A<br>Numerator:<br>Denominator:<br>Rate: |  | Hep A<br>Numerator:<br>Denominator:<br>Rate: |  |

| FFY 2011   |   | FFY 2012   |   | FFY 2013   |   |
|--|---|--|---|--|---|
| RV<br>Numerator:<br>Denominator:<br>Rate:  | Combo 9<br>Numerator:<br>Denominator:<br>Rate:  | RV<br>Numerator:<br>Denominator:<br>Rate:  | Combo 9<br>Numerator:<br>Denominator:<br>Rate:  | RV<br>Numerator:<br>Denominator:<br>Rate:  | Combo 9<br>Numerator:<br>Denominator:<br>Rate:  |
| Flu<br>Numerator:<br>Denominator:<br>Rate:   | Combo 10<br>Numerator:<br>Denominator:<br>Rate: | Flu<br>Numerator:<br>Denominator:<br>Rate:   | Combo 10<br>Numerator:<br>Denominator:<br>Rate: | Flu<br>Numerator:<br>Denominator:<br>Rate:   | Combo 10<br>Numerator:<br>Denominator:<br>Rate: |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain</i> .<br><br><input type="checkbox"/> Data Source, <i>Explain</i> .<br><br><input type="checkbox"/> Numerator, <i>Explain</i> .<br><br><input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input type="checkbox"/> Other, <i>Explain</i> . |   | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain</i> .<br><br><input type="checkbox"/> Data Source, <i>Explain</i> .<br><br><input type="checkbox"/> Numerator, <i>Explain</i> .<br><br><input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input type="checkbox"/> Other, <i>Explain</i> . |   | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain</i> .<br><br><input type="checkbox"/> Data Source, <i>Explain</i> .<br><br><input type="checkbox"/> Numerator, <i>Explain</i> .<br><br><input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input type="checkbox"/> Other, <i>Explain</i> . |   |
| Additional notes on measure:   |   | Additional notes on measure:   |   | Additional notes/comments on measure:  |   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:  |   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:  |   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:  |   |
| Additional notes on measure:   |   | Additional notes on measure:   |   | Additional notes/comments on measure:  |   |

**MEASURE IMA: Immunization Status for Adolescents**

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. Specify version of HEDIS® used:<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used:<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used:<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above,</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above,</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above,</p>   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| please further define the denominator, and indicate the number of children excluded:  | please further define the denominator, and indicate the number of children excluded:  | please further define the denominator, and indicate the number of children excluded:  |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.   | <b>Performance Measurement Data:</b><br>Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday   | <b>Performance Measurement Data:</b><br>Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday   |
| Meningococcal<br>Numerator:<br>Denominator:<br>Rate:<br><br>Tdap/Td<br>Numerator:<br>Denominator:<br>Rate:<br><br>Combination (Meningococcal, Tdap/Td)<br>Numerator:<br>Denominator:<br>Rate:   | Meningococcal<br>Numerator:<br>Denominator:<br>Rate:<br><br>Tdap/Td<br>Numerator:<br>Denominator:<br>Rate:<br><br>Combination (Meningococcal, Tdap/Td)<br>Numerator:<br>Denominator:<br>Rate:   | Meningococcal<br>Numerator:<br>Denominator:<br>Rate:<br><br>Tdap/Td<br>Numerator:<br>Denominator:<br>Rate:<br><br>Combination (Meningococcal, Tdap/Td)<br>Numerator:<br>Denominator:<br>Rate:   |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   |

| <b>FFY 2011</b>              | <b>FFY 2012</b>              | <b>FFY 2013</b>              |
|------------------------------|------------------------------|------------------------------|
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

**Screening**

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

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.</p>  | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.</p>  | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.</p>  |

| FFY 2011  |   | FFY 2012  |   | FFY 2013  |   |
|---|---|---|---|---|---|
| <input type="checkbox"/> Denominator includes Medicaid population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:                              |   | <input type="checkbox"/> Denominator includes Medicaid population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:                              |   | <input type="checkbox"/> Denominator includes Medicaid population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:                              |   |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |   | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |   | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |   |
| <b>HEDIS Performance Measurement Data:</b><br>Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.   |   | <b>Performance Measurement Data:</b><br>Percentage of children ages 3 to 17 that had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile for age and gender   |   | <b>Performance Measurement Data:</b><br>Percentage of children ages 3 to 17 that had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile for age and gender   |   |
| <u>3-11 years</u><br>Numerator:<br>Denominator:<br>Rate:  | <u>Total</u><br>Numerator:<br>Denominator:<br>Rate: | <u>3-11 years</u><br>Numerator:<br>Denominator:<br>Rate:  | <u>Total</u><br>Numerator:<br>Denominator:<br>Rate: | <u>3-11 years</u><br>Numerator:<br>Denominator:<br>Rate:  | <u>Total</u><br>Numerator:<br>Denominator:<br>Rate: |
| <u>12-17 years</u><br>Numerator:<br>Denominator:<br>Rate:   |   | <u>12-17 years</u><br>Numerator:<br>Denominator:<br>Rate:   |   | <u>12-17 years</u><br>Numerator:<br>Denominator:<br>Rate:   |   |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |   | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |   | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |   |
| Additional notes on measure:  |   | Additional notes on measure:  |   | Additional notes/comments on measure:   |   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   |   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   |   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   |   |
| Additional notes on measure:  |   | Additional notes on measure:  |   | Additional notes on measure:  |   |

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

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CAHMI<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CAHMI<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CAHMI<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above,</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above,</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above,</p>   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| please further define the denominator, and indicate the number of children excluded:  | please further define the denominator, and indicate the number of children excluded:  | please further define the denominator, and indicate the number of children excluded:  |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life   | <b>Performance Measurement Data:</b><br>Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.  | <b>Performance Measurement Data:</b><br>Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.  |
| Children screened by 12 months of age<br>Numerator:<br>Denominator:<br>Rate:<br><br>Children screened by 24 months of age<br>Numerator:<br>Denominator:<br>Rate:<br><br>Children screened by 36 months of age<br>Numerator:<br>Denominator:<br>Rate:  | Children screened by 12 months of age<br>Numerator:<br>Denominator:<br>Rate:<br><br>Children screened by 24 months of age<br>Numerator:<br>Denominator:<br>Rate:<br><br>Children screened by 36 months of age<br>Numerator:<br>Denominator:<br>Rate:  | Children screened by 12 months of age<br>Numerator:<br>Denominator:<br>Rate:<br><br>Children screened by 24 months of age<br>Numerator:<br>Denominator:<br>Rate:<br><br>Children screened by 36 months of age<br>Numerator:<br>Denominator:<br>Rate:  |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   |

| <b>FFY 2011</b>              | <b>FFY 2012</b>              | <b>FFY 2013</b>              |
|------------------------------|------------------------------|------------------------------|
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

**MEASURE CHL: Chlamydia Screening**

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:   | If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:   | If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:   |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>HEDIS Performance Measurement Data:</b><br>Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year   | <b>Performance Measurement Data:</b><br>Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year   | <b>Performance Measurement Data:</b><br>Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year   |
| Numerator:<br>Denominator:<br>Rate:   | Numerator:<br>Denominator:<br>Rate:   | Numerator:<br>Denominator:<br>Rate:   |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   |

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

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

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i><br/>                     Fee-for-service claims rates were calculated using the administrative method; managed care claims rates were calculated on a per-plan basis using the hybrid method.</p>  |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |

| FFY 2011  |  | FFY 2012   |  | FFY 2013   |   |
|---|--|--|--|--|---|
| <b>Date Range:</b><br><b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>  |  | <b>Date Range:</b><br><b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>   |  | <b>Date Range:</b><br><b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>   |   |
| <b>HEDIS Performance Measurement Data:</b><br>Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life |  | <b>Performance Measurement Data:</b><br>Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life |  | <b>Performance Measurement Data:</b><br>Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life |   |
| <u>0 visits</u><br>Numerator: 2548<br>Denominator: 66592<br>Rate: 3.8   | <u>4 visits</u><br>Numerator: 6300<br>Denominator: 66592<br>Rate: 9.5    | <u>0 visits</u><br>Numerator: 1278<br>Denominator: 52079<br>Rate: 2.5  | <u>4 visits</u><br>Numerator: 5176<br>Denominator: 52079<br>Rate: 9.9    | <u>0 visits</u><br>Numerator: 1820<br>Denominator: 64657<br>Rate: 2.81   | <u>4 visits</u><br>Numerator: 5469<br>Denominator: 64657<br>Rate: 8.46    |
| <u>1 visits</u><br>Numerator: 1999<br>Denominator: 66592<br>Rate: 3   | <u>5 visits</u><br>Numerator: 8426<br>Denominator: 66592<br>Rate: 12.7   | <u>1 visits</u><br>Numerator: 1300<br>Denominator: 52079<br>Rate: 2.5  | <u>5 visits</u><br>Numerator: 7592<br>Denominator: 52079<br>Rate: 14.6   | <u>1 visits</u><br>Numerator: 2010<br>Denominator: 64657<br>Rate: 3.11   | <u>5 visits</u><br>Numerator: 7616<br>Denominator: 64657<br>Rate: 11.78   |
| <u>2 visits</u><br>Numerator: 3161<br>Denominator: 66592<br>Rate: 4.7   | <u>6+ visits</u><br>Numerator: 40058<br>Denominator: 66592<br>Rate: 60.2 | <u>2 visits</u><br>Numerator: 2220<br>Denominator: 52079<br>Rate: 4.3  | <u>6+ visits</u><br>Numerator: 31301<br>Denominator: 52079<br>Rate: 60.1 | <u>2 visits</u><br>Numerator: 1807<br>Denominator: 64657<br>Rate: 2.79   | <u>6+ visits</u><br>Numerator: 42414<br>Denominator: 64657<br>Rate: 65.60 |
| <u>3 visits</u><br>Numerator: 4100<br>Denominator: 66592<br>Rate: 6.2   |  | <u>3 visits</u><br>Numerator: 3212<br>Denominator: 52079<br>Rate: 6.2  |  | <u>3 visits</u><br>Numerator: 3515<br>Denominator: 64657<br>Rate: 5.44   |   |

| FFY 2011   | FFY 2012  | FFY 2013  |
|--|---|---|
| <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> | <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Other, <i>Explain.</i><br/> Only includes data reported by the managed care plans, which for this measure is approximately 78% of the total Medicaid population.</p> | <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Numerator, <i>Explain.</i><br/> Numerator is extrapolated from the reported hybrid managed care rates to the entire population determined eligible in the administrative calculations.</p> <p><input checked="" type="checkbox"/> Denominator, <i>Explain.</i><br/> The total of all numerators added together is 6 people short of the denominator owing to rounding error from having extrapolated the numerators from the managed care hybrid rates.</p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> |
| <p>Additional notes on measure:</p>  | <p>Additional notes on measure:</p>   | <p>Additional notes/comments on measure: Ohio receives rates only (i.e., no numerators or denominators) for the hybrid calculation for this measure from managed care plans. Ohio substituted the hybrid rates for managed care for the administrative rates and extrapolated a numerator accordingly.</p>  |
| <p><b>Other Performance Measurement Data:</b><br/> <i>(If reporting with another methodology)</i><br/> Numerator:<br/> Denominator:<br/> Rate:<br/> <br/> Additional notes on measure:</p>   | <p><b>Other Performance Measurement Data:</b><br/> <i>(If reporting with another methodology)</i><br/> Numerator:<br/> Denominator:<br/> Rate:<br/> <br/> Additional notes on measure:</p>  | <p><b>Other Performance Measurement Data:</b><br/> <i>(If reporting with another methodology)</i><br/> Numerator:<br/> Denominator:<br/> Rate:<br/> <br/> Additional notes on measure:</p>  |

**MEASURE W34: Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life**

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year’s annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year’s annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year’s annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i><br/>                     Fee-for-service claims rates were calculated using the administrative method; managed care claims rates were calculated on a per-plan basis using the hybrid method.</p>  |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |
| <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>   | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>  |

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <b>HEDIS Performance Measurement Data:</b><br>Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.   | <b>Performance Measurement Data:</b><br>Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.  | <b>Performance Measurement Data:</b><br>Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.  |
| <u>1+ visits</u><br>Numerator: 152756<br>Denominator: 244839<br>Rate: 62.4  | <u>1+ visits</u><br>Numerator: 139649<br>Denominator: 219468<br>Rate: 63.6   | <u>1+ visits</u><br>Numerator: 172903<br>Denominator: 258222<br>Rate: 66.96  |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input checked="" type="checkbox"/> Other, <i>Explain.</i><br>Only data from managed care plans were included, which represents approximately 89% of the total Medicaid population for this measure. | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input checked="" type="checkbox"/> Numerator, <i>Explain.</i><br>Numerator is extrapolated from the reported hybrid managed care rates to the entire population determined eligible in the administrative calculations.<br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |
| Additional notes on measure:  | Additional notes on measure:   | Additional notes/comments on measure: Ohio receives rates only (i.e., no numerators or denominators) for the hybrid calculation for this measure from managed care plans. Ohio substituted the hybrid rates for managed care for the administrative rates and extrapolated a numerator accordingly.  |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  |

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

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year’s annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year’s annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year’s annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2011</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2012</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i><br/>                     Fee-for-service claims rates were calculated using the administrative method; managed care claims rates were calculated on a per-plan basis using the hybrid method.</p>  |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |
| <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>   | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>  |

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <b>HEDIS Performance Measurement Data:</b><br>Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.  | <b>Performance Measurement Data:</b><br>Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.  | <b>Performance Measurement Data:</b><br>Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.  |
| Numerator: 128199<br>Denominator: 374722<br>Rate: 34.2  | Numerator: 113864<br>Denominator: 304808<br>Rate: 37.4   | Numerator: 155022<br>Denominator: 400333<br>Rate: 38.72  |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input checked="" type="checkbox"/> Other, <i>Explain.</i><br>Only data from the managed care plans were used, which is approximately 81% of the Medicaid population for this measure. | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input checked="" type="checkbox"/> Numerator, <i>Explain.</i><br>Numerator is extrapolated from the reported hybrid managed care rates to the entire population determined eligible in the administrative calculations.<br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |
| Additional notes on measure:  | Additional notes on measure:   | Additional notes/comments on measure: Ohio receives rates only (i.e., no numerators or denominators) for the hybrid calculation for this measure from managed care plans. Ohio substituted the hybrid rates for managed care for the administrative rates and extrapolated a numerator accordingly.  |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  |

**Dental**

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

In an effort to reduce state burden of reporting on the Core Measures, CMS will be calculating this measure for your state based on data submitted as part of the FY 2012 EPSDT report (CMS-416). If you are unfamiliar with the data reported by your state on the CMS-416, CMS encourages communication with the responsible staff to ensure familiarity with the data as it will be reported publicly in the Annual Secretary's Report.

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

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CMS<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CMS<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CMS<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  |
| <b>Definition of Population Included in the Measure:</b><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes Medicaid population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: | <b>Definition of Population Included in the Measure:</b><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes Medicaid population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: | <b>Definition of Population Included in the Measure:</b><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes Medicaid population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Percentage of eligible children ages 1-20 who received preventive dental services   | <b>Performance Measurement Data:</b><br>Percentage of eligible children ages 1-20 who received preventive dental services   | <b>Performance Measurement Data:</b><br>Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services   |
| Numerator:<br>Denominator:<br>Rate:   | Numerator:<br>Denominator:<br>Rate:   | Numerator:<br>Denominator:<br>Rate:   |
| <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i>  | <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i>  | <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i>  |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   |

| <b>FFY 2011</b>              | <b>FFY 2012</b>              | <b>FFY 2013</b>              |
|------------------------------|------------------------------|------------------------------|
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

Access

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

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |
| <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>   | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>  |

| FFY 2011  |  | FFY 2012  |  | FFY 2013  |   |
|---|--|---|--|---|---|
| <b>HEDIS Performance Measurement Data:</b><br>Percentage of children and adolescents who had a visit with a primary care practitioner   |  | <b>Performance Measurement Data:</b><br>Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: <ul style="list-style-type: none"> <li>• Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year</li> <li>• Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ul> |  | <b>Performance Measurement Data:</b><br>Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: <ul style="list-style-type: none"> <li>• Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year</li> <li>• Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ul> |   |
| <u>12-24 months</u><br>Numerator: 71003<br>Denominator: 74252<br>Rate: 95.6   | <u>7-11 years</u><br>Numerator: 201419<br>Denominator: 230789<br>Rate: 87.3  | <u>12-24 months</u><br>Numerator: 59135<br>Denominator: 61586<br>Rate: 96.0   | <u>7-11 years</u><br>Numerator: 171027<br>Denominator: 193139<br>Rate: 88.6  | <u>12-24 months</u><br>Numerator: 67026<br>Denominator: 70228<br>Rate: 95.44  | <u>7-11 years</u><br>Numerator: 223118<br>Denominator: 251641<br>Rate: 88.67  |
| <u>25 months-6 years</u><br>Numerator: 261576<br>Denominator: 304166<br>Rate: 86  | <u>12-19 years</u><br>Numerator: 243370<br>Denominator: 282518<br>Rate: 86.1 | <u>25 months-6 years</u><br>Numerator: 237418<br>Denominator: 271416<br>Rate: 87.5  | <u>12-19 years</u><br>Numerator: 200694<br>Denominator: 227326<br>Rate: 88.3 | <u>25 months-6 years</u><br>Numerator: 274692<br>Denominator: 315312<br>Rate: 87.12   | <u>12-19 years</u><br>Numerator: 278159<br>Denominator: 315901<br>Rate: 88.05 |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |  | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input checked="" type="checkbox"/> Other, <i>Explain.</i><br>Only managed care population was used in the calculation.   |  | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i>   |   |
| Additional notes on measure:  |  | Additional notes on measure:  |  | Additional notes/comments on measure:   |   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   |  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   |  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   |   |

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

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  | If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  | If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>   | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>   | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>   |
| <b>HEDIS Performance Measurement Data:</b><br>Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode  | <b>Performance Measurement Data:</b><br>Percentage of children ages 2 to18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode  | <b>Performance Measurement Data:</b><br>Percentage of children ages 2 to18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode  |
| Numerator:<br>Denominator:<br>Rate:  | Numerator:<br>Denominator:<br>Rate:  | Numerator:<br>Denominator:<br>Rate:  |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator,. <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator,. <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator,. <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |
| Additional notes on measure:   | Additional notes on measure:   | Additional notes/comments on measure:  |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  |

## MEASURE DENT: Percentage of Eligibles that Received Dental Treatment Services

In an effort to reduce state burden of reporting on the Core Measures, CMS will be calculating this measure for your state based on data submitted as part of the FY 2012 EPSDT report (CMS-416). If you are unfamiliar with the data reported by your state on the CMS-416, CMS encourages communication with the responsible staff to ensure familiarity with the data as it will be reported publicly in the Annual Secretary's Report.

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

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CMS<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CMS<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CMS<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  |
| <b>Definition of Population Included in the Measure:</b><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes Medicaid population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: | <b>Definition of Population Included in the Measure:</b><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes Medicaid population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: | <b>Definition of Population Included in the Measure:</b><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes Medicaid population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Percentage of eligible children ages 1-20 who received dental treatment services  | <b>Performance Measurement Data:</b><br>Percentage of eligible children ages 1-20 who received dental treatment services  | <b>Performance Measurement Data:</b><br>Percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services  |
| Numerator:<br>Denominator:<br>Rate:   | Numerator:<br>Denominator:<br>Rate:   | Numerator:<br>Denominator:<br>Rate:   |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i>   | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i>   | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i>   |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:   |

| <b>FFY 2011</b>              | <b>FFY 2012</b>              | <b>FFY 2013</b>              |
|------------------------------|------------------------------|------------------------------|
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

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

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:   | If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:   | If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:   |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>HEDIS Performance Measurement Data:</b><br>The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year   | <b>Performance Measurement Data:</b><br>Rate of ED visits per 1,000 member months among children up to age 19   | <b>Performance Measurement Data:</b><br>Rate of ED visits per 1,000 member months among children up to age 19   |
| Numerator:<br>Denominator:<br>Rate:   | <1 year<br>Numerator:<br>Denominator:<br>Rate:<br><br>1 to 9 years<br>Numerator:<br>Denominator:<br>Rate:<br><br>10 to 19 years<br>Numerator:<br>Denominator:<br>Rate:<br><br>Total<br>Numerator:<br>Denominator:<br>Rate:  | <1 year<br>Numerator:<br>Denominator:<br>Rate:<br><br>1 to 9 years<br>Numerator:<br>Denominator:<br>Rate:<br><br>10 to 19 years<br>Numerator:<br>Denominator:<br>Rate:<br><br>Total<br>Numerator:<br>Denominator:<br>Rate:  |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <p><b>Other Performance Measurement Data:</b><br/> <i>(If reporting with another methodology)</i><br/>           Numerator:<br/>           Denominator:<br/>           Rate:<br/> <br/>           Additional notes on measure:</p> | <p><b>Other Performance Measurement Data:</b><br/> <i>(If reporting with another methodology)</i><br/>           Numerator:<br/>           Denominator:<br/>           Rate:<br/> <br/>           Additional notes on measure:</p> | <p><b>Other Performance Measurement Data:</b><br/> <i>(If reporting with another methodology)</i><br/>           Numerator:<br/>           Denominator:<br/>           Rate:<br/> <br/>           Additional notes on measure:</p> |

**Inpatient**

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

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

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CDC<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CDC<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> CDC<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <p><b>Definition of Population Included in the Measure:</b><br/>           Definition of numerator:<br/>           Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>           If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>           Definition of numerator:<br/>           Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>           If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>           Definition of numerator:<br/>           Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>           If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |
| <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  |
| <p><b>Performance Measurement Data:</b><br/>           Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance</p>  | <p><b>Performance Measurement Data:</b><br/>           Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance</p>  | <p><b>Performance Measurement Data:</b><br/>           Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance</p>  |
| <p>Pediatric Intensive Care Unit<br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p> <p>Neonatal Intensive Care Unit<br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p>   | <p>Pediatric Intensive Care Unit<br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p> <p>Neonatal Intensive Care Unit<br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p>   | <p>Pediatric Intensive Care Unit<br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p> <p>Neonatal Intensive Care Unit<br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p>   |
| <p>Deviations from Measure Specifications:<br/> <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>   | <p>Deviations from Measure Specifications:<br/> <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>   | <p>Deviations from Measure Specifications:<br/> <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>   |
| <p>Additional notes on measure:</p>  | <p>Additional notes on measure:</p>  | <p>Additional notes/comments on measure:</p>   |
| <p><b>Other Performance Measurement Data:</b><br/> <i>(If reporting with another methodology)</i><br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p>   | <p><b>Other Performance Measurement Data:</b><br/> <i>(If reporting with another methodology)</i><br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p>   | <p><b>Other Performance Measurement Data:</b><br/> <i>(If reporting with another methodology)</i><br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p>   |

| <b>FFY 2011</b>              | <b>FFY 2012</b>              | <b>FFY 2013</b>              |
|------------------------------|------------------------------|------------------------------|
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

**MEASURE ASMER: Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits**

| FFY 2011   | FFY 2012   | FFY 2013  |
|--|--|---|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     This is not a HEDIS measure, therefore, given the issues associated with data system transitions and data validation, Ohio is not able to report on this measure at the time of this report.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input checked="" type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i><br/>                     At the time of this report, Ohio had not yet received the data for this measure. Ohio expects to receive the data no later than March 31, 2014, and will report on this measure at that time.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> Alabama Medicaid<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> Alabama Medicaid<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> Alabama Medicaid<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>  |
| <p><b>Date Range:</b></p>  | <p><b>Date Range:</b></p>  | <p><b>Date Range:</b></p>   |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <b>From: (mm/yyyy) To: (mm/yyyy)</b>   | <b>From: (mm/yyyy) To: (mm/yyyy)</b>   | <b>From: (mm/yyyy) To: (mm/yyyy)</b>   |
| <b>Performance Measurement Data:</b><br>Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.  | <b>Performance Measurement Data:</b><br>Percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room(ER) visits  | <b>Performance Measurement Data:</b><br>Percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room(ER) visits  |
| Numerator:<br>Denominator:<br>Rate:  | Numerator:<br>Denominator:<br>Rate:  | Numerator:<br>Denominator:<br>Rate:  |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator,. <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator,. <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator,. <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |
| Additional notes on measure:   | Additional notes on measure:   | Additional notes/comments on measure:  |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  |

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

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2012<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, on Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |
| <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>   | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>  |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>HEDIS Performance Measurement Data:</b><br/>Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase.</p> <p>Continuation and Maintenance (C&amp;M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p> | <p><b>Performance Measurement Data:</b><br/>Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase</p> | <p><b>Performance Measurement Data:</b><br/>Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase</p> |
| <p>Initiation Phase<br/>Numerator: 8314<br/>Denominator: 17331<br/>Rate: 48</p> <p>Continuation and Maintenance (C&amp;M) Phase:<br/>Numerator: 896<br/>Denominator: 1611<br/>Rate: 55.6</p>  | <p>Initiation Phase<br/>Numerator: 9063<br/>Denominator: 18904<br/>Rate: 47.94</p> <p>Continuation and Maintenance (C&amp;M) Phase:<br/>Numerator: 3082<br/>Denominator: 5678<br/>Rate: 54.28</p>   | <p>Initiation Phase<br/>Numerator: 9543<br/>Denominator: 20438<br/>Rate: 46.69</p> <p>Continuation and Maintenance (C&amp;M) Phase:<br/>Numerator: 3547<br/>Denominator: 6594<br/>Rate: 53.79</p>   |
| <p>Deviations from Measure Specifications:<br/><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>   | <p>Deviations from Measure Specifications:<br/><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>                       | <p>Deviations from Measure Specifications:<br/><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>                       |
| <p>Additional notes on measure: HEDIS allows contraindicators to be removed. Initiation Phase excluded 13 and C&amp;M Phase exclude 1 (removed from the above).</p>   | <p>Additional notes on measure: HEDIS allows contraindicators to be removed. Initiation Phase excluded 5 and C&amp;M Phase excluded 2 (removed from the above).</p>   | <p>Additional notes/comments on measure:</p>  |
| <p><b>Other Performance Measurement Data:</b><br/><i>(If reporting with another methodology)</i><br/>Numerator:<br/>Denominator:<br/>Rate:</p>  | <p><b>Other Performance Measurement Data:</b><br/><i>(If reporting with another methodology)</i><br/>Numerator:<br/>Denominator:<br/>Rate:</p>  | <p><b>Other Performance Measurement Data:</b><br/><i>(If reporting with another methodology)</i><br/>Numerator:<br/>Denominator:<br/>Rate:</p>  |

| <b>FFY 2011</b>              | <b>FFY 2012</b>              | <b>FFY 2013</b>              |
|------------------------------|------------------------------|------------------------------|
| Additional notes on measure: | Additional notes on measure: | Additional notes on measure: |

**MEASURE PA1C: Annual Pediatric Hemoglobin A1C Testing**

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> NCQA<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> NCQA<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> NCQA<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:   | If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:   | If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:   |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period   | <b>Performance Measurement Data:</b><br>Percentage of children ages 5 to 17 with diabetes (type 1 and type 2) that had a Hemoglobin A1c (HbA1c) test during the measurement year  | <b>Performance Measurement Data:</b><br>Percentage of children ages 5 to 17 with diabetes (type 1 and type 2) that had a Hemoglobin A1c (HbA1c) test during the measurement year  |
| Numerator:<br>Denominator:<br>Rate:   | Numerator:<br>Denominator:<br>Rate:   | Numerator:<br>Denominator:<br>Rate:   |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes/comments on measure:  |

**Mental Health**

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

| FFY 2011  | FFY 2012   | FFY 2013  |
|---|--|---|
| <p><b>Did you report on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input checked="" type="checkbox"/> Other. <i>Explain:</i><br/>                     Ohio is in the process of transitioning to a new data system, and is still working on validating the data that would be applicable to this measure. Therefore, the data were not available at the time of this report.</p> | <p><b>Did you report on this measure?</b><br/> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input checked="" type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i><br/>                     For Ohio, this measure was calculated for the total eligible population and did not take age into account. Because this measure was calculated for the whole population, Ohio cannot report on what separate rates for children were.</p> |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i><br/> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i><br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>  |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Date Range:</b><br><b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>HEDIS Performance Measurement Data:</b><br>Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner                                      | <b>Performance Measurement Data:</b><br>Percentage of discharges for children ages 6 to 20 that were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge | <b>Performance Measurement Data:</b><br>Percentage of discharges for children ages 6 to 20 that were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge |
| 7 Day Follow-Up<br>Numerator: 6004<br>Denominator: 23687<br>Rate: 25.3<br><br>30 Day Follow-Up<br>Numerator: 11742<br>Denominator: 23687<br>Rate: 49.6  | 7 Day Follow-Up<br>Numerator:<br>Denominator:<br>Rate:<br><br>30 Day Follow-Up<br>Numerator:<br>Denominator:<br>Rate:   | 7 Day Follow-Up<br>Numerator:<br>Denominator:<br>Rate:<br><br>30 Day Follow-Up<br>Numerator:<br>Denominator:<br>Rate:   |
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i> | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i>                   | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i><br><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><br><input type="checkbox"/> Other, <i>Explain.</i>                   |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   |

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

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <p><b>Did you collect on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If yes, how did you report this measure?</b><br/> <input checked="" type="checkbox"/> Submitted raw data to AHRQ.<br/> <input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p><b>If no, explain why data were not reported:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p><b>Did you collect on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If no, explain why data were not reported:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Did you collect on this measure?</b><br/> <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p><b>If yes, how did you report this measure (select all that apply):</b><br/> <input checked="" type="checkbox"/> Submitted raw data to AHRQ<br/> <input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p><b>If no, explain why data were not reported:</b><br/> <input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. <i>Explain:</i><br/> <input type="checkbox"/> Small sample size (less than 30).<br/> <i>Specify sample size:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p><b>Definition of Population Included in the Measure:</b><br/>           Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>           If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: .</p>   | <p><b>Definition of Population Included in the Measure:</b><br/>           Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>           If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: Denominator excludes SSI children, children receiving Title IV-E federal foster care maintenance or Title IV-E adoption assistance, children in foster care or other out-of-home placement, &amp; children receiving services through the Ohio Department of Health's Bureau for Children with Medical Handicaps</p> | <p><b>Definition of Population Included in the Measure:</b><br/>           Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>           If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p>  |
|   | <p><b>Which version of CAHPS survey was used to report this measure?</b><br/> <input type="checkbox"/> CAHPS 4.0.<br/> <input checked="" type="checkbox"/> CAHPS 4.0H.<br/> <input type="checkbox"/> Other. Explain:</p>   | <p><b>Which version of CAHPS survey was used to report this measure?</b><br/> <input type="checkbox"/> CAHPS 4.0.<br/> <input checked="" type="checkbox"/> CAHPS 4.0H.<br/> <input type="checkbox"/> Other. Explain:</p>   |
|   | <p><b>Which supplemental item sets were included in the survey?</b><br/> <input type="checkbox"/> No supplemental item sets were included<br/> <input checked="" type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions<br/> <input checked="" type="checkbox"/> Other CAHPS Item Set. Explain: Interpreter</p>   | <p><b>Which supplemental item sets were included in the survey?</b><br/> <input type="checkbox"/> No supplemental item sets were included<br/> <input checked="" type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions<br/> <input checked="" type="checkbox"/> Other CAHPS Item Set. Explain: Quality Improvement - Access to Routine Care (response options modified with</p>  |

| FFY 2011 | FFY 2012 | FFY 2013   |
|----------|----------|--|
|          |          | NCQA approval)   |
|          |          | <p><b>Which administrative protocol was used to administer the survey?</b></p> <p><input checked="" type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol</p> <p><input type="checkbox"/> AHRQ CAHPS administrative protocol</p> <p><input type="checkbox"/> Other administrative protocol. Explain:</p> |

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

|  |  | FFY 2013   |
|--|--|--|
|  |  | <p><b>Did you report on this measure?</b></p> <p><input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b></p> <p><input type="checkbox"/> Population not covered.<br/> <input type="checkbox"/> Data not available. Explain:<br/> <input type="checkbox"/> Small sample size (less than 30).<br/> Specify sample size:<br/> <input checked="" type="checkbox"/> Other. Explain:<br/> Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> |
|  |  | <p><b>Status of Data Reported:</b></p> <p><input type="checkbox"/> Provisional.<br/> Explanation of Provisional Data:<br/> <input type="checkbox"/> Final.</p>   |
|  |  | <p><b>Measurement Specification:</b></p> <p><input type="checkbox"/> HEDIS. Specify HEDIS® Version used:<br/> <input type="checkbox"/> Other. Explain:</p>   |
|  |  | <p><b>Data Source:</b></p> <p><input type="checkbox"/> Administrative (claims data). Specify:<br/> <input type="checkbox"/> Hybrid (claims and medical record data). Specify:<br/> <input type="checkbox"/> Survey data. Specify:<br/> <input type="checkbox"/> Other. Specify:</p>  |

|  |  |  |
|--|--|--|
|  |  | <b>FFY 2013</b>  |
|  |  | <p><b>Definition of Population Included in the Measure:</b><br/> Definition of numerator:</p> <p>Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |
|  |  |  |
|  |  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  |
|  |  | <p><b>Performance Measurement Data:</b><br/> Percentage of females that turned 13 years old during the measurement year and had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday</p>   |
|  |  | <p>Numerator:<br/> Denominator:<br/> Rate:</p>   |
|  |  | <p><b>Deviations from Measure Specifications:</b><br/> <input type="checkbox"/> Year of Data, Explain<br/> <input type="checkbox"/> Data Source, Explain<br/> <input type="checkbox"/> Numerator, Explain<br/> <input type="checkbox"/> Denominator, Explain<br/> <input type="checkbox"/> Other, Explain</p>  |
|  |  | Additional notes/comments on measure:  |
|  |  | <p><b>Other Performance Measurement Data:</b><br/> (If reporting with another methodology)<br/> Numerator:<br/> Denominator:<br/> Rate:</p> <p>Additional notes on measure:</p>  |

**MEASURE BHRA: Behavioral Health Risk Assessment (for Pregnant Women)**

|  |  | FFY 2013   |
|--|--|--|
|  |  | <p><b>Did you report on this measure?</b></p> <p><input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b></p> <p><input type="checkbox"/> Population not covered.<br/> <input checked="" type="checkbox"/> Data not available. Explain:<br/> <input type="checkbox"/> Small sample size (less than 30).<br/> Specify sample size:<br/> <input type="checkbox"/> Other. Explain:<br/> Ohio does not collect information for this measure.</p>                   |
|  |  | <p><b>Status of Data Reported:</b></p> <p><input type="checkbox"/> Provisional.<br/> Explanation of Provisional Data:<br/> <input type="checkbox"/> Final.</p>   |
|  |  | <p><b>Measurement Specification:</b></p> <p><input type="checkbox"/> AMA-PCPI.<br/> <input type="checkbox"/> Other. Explain:</p>   |
|  |  | <p><b>Data Source:</b></p> <p><input type="checkbox"/> Administrative (claims data). Specify:<br/> <input type="checkbox"/> Hybrid (claims and medical record data). Specify:<br/> <input type="checkbox"/> Survey data. Specify:<br/> <input type="checkbox"/> Other. Specify:</p>  |
|  |  | <p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of numerator:</p> <p>Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |
|  |  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  |

**MEASURE BHRA: Behavioral Health Risk Assessment (for Pregnant Women) (continued)**

|  |  | <b>FFY 2013</b>  |
|--|--|--|
|  |  | <p><b>Performance Measurement Data:</b><br/>                     Percentage of women, regardless of age, who gave birth during a 12-month period that were seen at least once for prenatal care and who received a behavioral health risk assessment at the first prenatal visit</p>             |
|  |  | Numerator:<br>Denominator:<br>Rate:  |
|  |  | <p><b>Deviations from Measure Specifications:</b></p> <input type="checkbox"/> Year of Data, Explain<br><input type="checkbox"/> Data Source, Explain<br><input type="checkbox"/> Numerator, Explain<br><input type="checkbox"/> Denominator, Explain<br><input type="checkbox"/> Other, Explain |
|  |  | Additional notes/comments on measure:  |
|  |  | <p><b>Other Performance Measurement Data:</b><br/>                     (If reporting with another methodology)<br/>                     Numerator:<br/>                     Denominator:<br/>                     Rate:</p> Additional notes on measure:   |

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

|  |  | FFY 2013  |
|--|--|---|
|  |  | <p><b>Did you report on this measure?</b></p> <p><input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b></p> <p><input type="checkbox"/> Population not covered.<br/>           Data not available. Explain:<br/> <input type="checkbox"/> Small sample size (less than 30).<br/>               Specify sample size:<br/> <input checked="" type="checkbox"/> Other. Explain:<br/>           Ohio revamped the quality strategy in 2011 which includes priorities and clinical focus areas that set a clear direction for Ohio's performance measures. Specific measures that align with the quality strategy were selected to hold the managed care plans accountable and to improve performance; these measures are outlined in the plan's contract. This measure is not a part of the quality strategy measures and therefore will not be reported.</p> |
|  |  | <p><b>Status of Data Reported:</b></p> <p><input type="checkbox"/> Provisional.<br/>               Explanation of Provisional Data:<br/> <input type="checkbox"/> Final.</p>  |
|  |  | <p><b>Measurement Specification:</b></p> <p><input type="checkbox"/> HEDIS Specify version of HEDIS® used below</p> <p><input type="checkbox"/> Other. Explain:</p>   |
|  |  | <p><b>Data Source:</b></p> <p><input type="checkbox"/> Administrative (claims data). Specify:<br/> <input type="checkbox"/> Hybrid (claims and medical record data). Specify:<br/> <input type="checkbox"/> Survey data. Specify:<br/> <input type="checkbox"/> Other. Specify:</p>   |

|  |  |  |
|--|--|--|
|  |  | <b>FFY 2013</b>  |
|  |  | <p><b>Definition of Population Included in the Measure:</b><br/> Definition of numerator:</p> <p>Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes Medicaid population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:</p> |
|  |  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  |

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

|  |  |  |
|--|--|--|
|  |  | <b>FFY 2013</b>  |
|  |  | <p><b>Performance Measurement Data:</b><br/> Percentage of children ages 5 to 20 that were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Percentage of children that remained on an asthma controller medication for at least 50 percent of their treatment period</li> <li>2. Percentage of children that remained on an asthma controller medication for at least 75 percent of their treatment period.</li> </ol> <p>This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19 to 20 years; and total</p> |

|  |  |  |  |
|--|--|--|--|
|  |  | <u>Remained on Asthma Medication for 50 Percent of Treatment Period</u><br><br><u>5-11 Years</u><br>Numerator:<br>Denominator:<br>Rate:<br><br><u>12-18 Years</u><br>Numerator:<br>Denominator:<br>Rate:<br><br><u>19-20 Years</u><br>Numerator:<br>Denominator:<br>Rate:<br><br><u>Total</u><br>Numerator:<br>Denominator:<br>Rate: | <u>Remained on Asthma Medication for 75 Percent of Treatment Period</u><br><br><u>5-11 Years</u><br>Numerator:<br>Denominator:<br>Rate:<br><br><u>12-18 Years</u><br>Numerator:<br>Denominator:<br>Rate:<br><br><u>19-20 Years</u><br>Numerator:<br>Denominator:<br>Rate:<br><br><u>Total</u><br>Numerator:<br>Denominator:<br>Rate: |
|  |  | <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, Explain<br><input type="checkbox"/> Data Source, Explain<br><input type="checkbox"/> Numerator, Explain<br><input type="checkbox"/> Denominator, Explain<br><input type="checkbox"/> Other, Explain   |  |
|  |  | Additional notes/comments on measure:  |  |

|  |  |  |
|--|--|--|
|  |  | <b>Other Performance Measurement Data:</b><br>(If reporting with another methodology)<br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure: |
|--|--|--|

**Reporting of state-specific measures:**

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

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

Yes  No

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

| Program                            | FFY 2012 | FFY 2013 | Percent change<br>FFY 2012-2013 |
|------------------------------------|----------|----------|---------------------------------|
| CHIP Medicaid<br>Expansion Program | 284774   | 286817   | 0.72                            |
| Separate Child<br>Health Program   | 0        | 0        |                                 |

- Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**
- The table below shows trends in the three-year averages for the number and rate of uninsured children in your state based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2010-2012. Significant changes are denoted with an asterisk (\*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2012 Annual Report Template.

| Period      | Uninsured Children Under Age 19<br>Below 200 Percent of Poverty |            | Uninsured Children Under Age 19<br>Below 200 Percent of Poverty as a<br>Percent of Total Children Under Age 19 |            |
|-------------|---|------------|--|------------|
|             | Number  | 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  |
| Percent change<br>1996-1998 vs.<br>2010-2012 | -10.1% | NA   | .0% | NA |

- Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**
- Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates. **[7500]**
- Please indicate by checking the box below whether your state has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.
  - Yes (please report your data in the table below)
  - No (skip to Question #4)

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

|  |   |
|--|---|
| Data source(s)                                     | Ohio Family Health Survey (1998-2010)/Ohio Medicaid Assessment Survey (2012)  |
| Reporting period (2 or more points in time)        | 1998, 2004, 2008, 2010, and 2012  |
| 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. The sample included households with children: In 1998: 6,000; in 2004: 15,000; in 2008: 14,000; in 2010: 2,002; in 2012: 5,515 |
| Number and/or rate for two or more points in time  | Children with insurance at any time in the past year: In 1998: 94.4%; in 2004: 97.0%; in 2008: 97%; in 2010: 96.9%; in 2012: 96.8%  |
| Statistical significance of results                | See below   |

- Please explain why your state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children. **[7500]**  
Ohio Department of Medicaid has the OFHS/OMAS as an additional source of data. Since this survey is not administered yearly, it does not supplant the use of the Current Population Survey. However, due to its size and scope, it validates the CPS and provides additional information for policy planning.
- What is your state's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.) **[7500]**  
The OFHS/OMAS is significantly larger in sample size. The sample and weighting are more representative of Ohio's population. The 1998 OFHS has a standard error of 0.5% with a 95% lower and upper CL at 93.4% and 95.3% respectively. The 2004 OFHS has a standard error of 0.2% with the 95% lower and upper CL at 96.7% and 97.3% respectively. The 2008 OFHS has a standard error of 0.2% with the lower CL at 96.7% and the upper CL at 97% respectively. The 2010 OFHS has a standard error of 0.5% with a 95% lower and upper CL at 95.9% and 97.9% respectively. The 2012 OMAS has a standard error of 0.3% with a 95% lower and upper CL at 96.3% and 97.4% respectively.
- What are the limitations of the data or estimation methodology? **[7500]**  
The most significant limitation is that this survey cannot be produced annually.
- How does your state use this alternate data source in CHIP program planning? **[7500]**  
Ohio Department of Medicaid has used it to better understand the uninsured population to estimate the fiscal impact for projected growth and new programming. This information has also been made available to others for analysis and is available to communities (through a website) for grant writing.
- How many children do you estimate have been enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information **[7500]**  
Ohio is unable to make this assessment with our present data sources.

## SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2011 and FFY 2012) will be populated with data from previously reported data in CARTS. If you previously reported data in the 2 previous years reports (2011 and/or 2012) and you want to update/change the data, please enter that data. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2013).

Note that the term performance measure is used differently in Section IIA versus IIC. In Section IIA, the term refers to the 24 core child health measures. In this section, the term is used more broadly, to refer to any data your state provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are state-specific, and should be listed in the appropriate subsections within the space provided for each objective.

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

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

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

### Goal:

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

### Type of Goal:

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

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

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

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

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

- **Provisional:** Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2013.

**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 2013.
- **Same data as reported in a previous year’s annual report:** Check this box if the data you are reporting are the same data that your state reported for the goal in another annual report. Indicate in which year’s annual report you previously reported the data.

### **Measurement Specification:**

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

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

### **HEDIS® Version:**

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

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

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

### **Data Source:**

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

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

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

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

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

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

### **Deviations from Measure**

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

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

The five types (and examples) of deviations are:

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

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

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

### **Date Range: available for 2013 CARTS reporting period.**

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

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

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

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

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

### **Explanation of Progress:**

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2014, 2015 and 2016. Based on your recent performance on the measure (from FFY 2011 through 2013), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

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

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

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

| FFY 2011  | FFY 2012  | FFY 2013   |
|---|---|--|
| <p><b>Goal #1 (Describe)</b><br/>Percent of Medicaid/SCHIP children with medical coverage for the entire year whose family income is below 200% FPL will be 95% or greater.</p>   | <p><b>Goal #1 (Describe)</b><br/>Percent of Medicaid/SCHIP children with medical coverage for the entire year whose family income is below 200% FPL will be 95% or greater.</p>   | <p><b>Goal #1 (Describe)</b><br/>Percent of Medicaid/SCHIP children with medical coverage for the entire year whose family income is below 200% FPL will be 95% or greater.</p>  |
| <p><b>Type of Goal:</b><br/> <input type="checkbox"/> New/revised. <i>Explain:</i><br/> <input checked="" type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>   | <p><b>Type of Goal:</b><br/> <input type="checkbox"/> New/revised. <i>Explain:</i><br/> <input checked="" type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>   | <p><b>Type of Goal:</b><br/> <input type="checkbox"/> New/revised. <i>Explain:</i><br/> <input checked="" type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>  |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p> | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p> | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input type="checkbox"/> Final.<br/> <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported: 2012</i></p> |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Eligibility/Enrollment data<br/> <input checked="" type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Eligibility/Enrollment data<br/> <input checked="" type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   | <p><b>Data Source:</b><br/> <input type="checkbox"/> Eligibility/Enrollment data<br/> <input checked="" type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i><br/>                 2012 Ohio Medicaid Assessment Survey</p>  |
| <p><b>Definition of Population Included in the Measure:</b><br/><br/>                 Definition of denominator: .<br/><br/>                 Definition of numerator: .</p>   | <p><b>Definition of Population Included in the Measure:</b><br/><br/>                 Definition of denominator: .<br/><br/>                 Definition of numerator: .</p>   | <p><b>Definition of Population Included in the Measure:</b><br/><br/>                 Definition of denominator: .<br/><br/>                 Definition of numerator: .</p>  |
| <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>   | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>   | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>  |
| <p><b>Performance Measurement Data:</b><br/>                 Described what is being measured:<br/>                 .<br/><br/>                 Numerator: 0<br/>                 Denominator: 0<br/>                 Rate:</p>   | <p><b>Performance Measurement Data:</b><br/>                 Described what is being measured:<br/>                 Measurement from Ohio Medicaid Assessment Survey for 2012 (please see section IIB)<br/><br/>                 Numerator: 0<br/>                 Denominator: 0<br/>                 Rate:</p>                                    | <p><b>Performance Measurement Data:</b><br/>                 Described what is being measured:<br/>                 Measurement from Ohio Medicaid Assessment Survey for 2012 (please see section IIB).<br/><br/>                 Numerator: 0<br/>                 Denominator: 0<br/>                 Rate:</p>  |
| <p>Additional notes on measure:</p>   | <p>Additional notes on measure: Ohio has calculated a rate of 96.8%. Percent of children enrolled is based upon the 2012 OMAS (please see IIB, response #3). The U.S. Census estimates that the number of children in Ohio age 0 thru 18 as of July 1, 2011 is 2,853,220. Thus, 2,761,917 children were insured.</p>                                | <p>Additional notes/comments on measure: Ohio has calculated a rate of 96.8%. Percent of children enrolled is based upon the 2012 OMAS (please see IIB, response #3). The U.S. Census estimates that the number of children in Ohio age 0 thru 18 as of July 1, 2011 is 2,853,220. Thus, 2,761,917 children were insured.</p>                            |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <p><b>Explanation of Progress:</b></p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>   | <p><b>Explanation of Progress:</b></p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>   |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2012:</b> Ohio will maintain a 95% coverage for children.<br/> <b>Annual Performance Objective for FFY 2013:</b> Ohio will maintain a 95% coverage for children.<br/> <b>Annual Performance Objective for FFY 2014:</b> Ohio will maintain a 95% coverage for children.</p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b> Ohio will maintain a 95% coverage for children.<br/> <b>Annual Performance Objective for FFY 2014:</b> Ohio will maintain a 95% coverage for children.<br/> <b>Annual Performance Objective for FFY 2015:</b> Ohio will maintain a 95% coverage for children.</p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b> Ohio will maintain a 95% coverage for children.<br/> <b>Annual Performance Objective for FFY 2015:</b> Ohio will maintain a 95% coverage for children.<br/> <b>Annual Performance Objective for FFY 2016:</b> Ohio will maintain a 95% coverage for children.</p> <p><i>Explain how these objectives were set:</i></p> |
| <p><b>Other Comments on Measure:</b></p>   | <p><b>Other Comments on Measure:</b></p>   | <p><b>Other Comments on Measure:</b></p>   |

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

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Goal #2 (Describe)</b>   | <b>Goal #2 (Describe)</b>   | <b>Goal #2 (Describe)</b>   |
| <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   |
| <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> |
| <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>   | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>   | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>   |
| <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br>Numerator:<br>Denominator:<br>Rate:  |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Explanation of Progress:</b><br><br><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>   | <b>Explanation of Progress:</b><br><br><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>   | <b>Explanation of Progress:</b><br><br><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>   |

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

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

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Goal #3 (Describe)</b>   | <b>Goal #3 (Describe)</b>   | <b>Goal #3 (Describe)</b>   |
| <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   |
| <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> |
| <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>   | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>   | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>   |
| <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br>Numerator:<br>Denominator:<br>Rate:  |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Explanation of Progress:</b><br><br><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>   | <b>Explanation of Progress:</b><br><br><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>   | <b>Explanation of Progress:</b><br><br><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>   |

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

**Objectives Related to CHIP Enrollment**

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <p><b>Goal #1 (Describe)</b><br/>Ohio has a Medicaid expansion program and these goals are identified under Medicaid enrollment.</p>   | <p><b>Goal #1 (Describe)</b><br/>Ohio has a Medicaid expansion program and these goals are identified under Medicaid enrollment.</p>   | <p><b>Goal #1 (Describe)</b><br/>Ohio has a Medicaid expansion program and these goals are identified under Medicaid enrollment.</p>   |
| <p><b>Type of Goal:</b><br/> <input type="checkbox"/> New/revised. <i>Explain:</i><br/> <input type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>   | <p><b>Type of Goal:</b><br/> <input type="checkbox"/> New/revised. <i>Explain:</i><br/> <input type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>   | <p><b>Type of Goal:</b><br/> <input type="checkbox"/> New/revised. <i>Explain:</i><br/> <input type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>   |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year’s annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p> | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year’s annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p> | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year’s annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p> |
| <p><b>Data Source:</b><br/> <input type="checkbox"/> Eligibility/Enrollment data.<br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input type="checkbox"/> Eligibility/Enrollment data.<br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input type="checkbox"/> Eligibility/Enrollment data.<br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  |
| <p><b>Definition of Population Included in the Measure:</b><br/><br/>           Definition of denominator:<br/><br/>           Definition of numerator:</p>  | <p><b>Definition of Population Included in the Measure:</b><br/><br/>           Definition of denominator:<br/><br/>           Definition of numerator:</p>  | <p><b>Definition of Population Included in the Measure:</b><br/><br/>           Definition of denominator:<br/><br/>           Definition of numerator:</p>  |
| <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  |
| <p><b>Performance Measurement Data:</b><br/>           Described what is being measured:<br/><br/><br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p>  | <p><b>Performance Measurement Data:</b><br/>           Described what is being measured:<br/><br/><br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p>  | <p><b>Performance Measurement Data:</b><br/>           Described what is being measured:<br/><br/><br/>           Numerator:<br/>           Denominator:<br/>           Rate:</p>  |
| <p>Additional notes on measure:</p>  | <p>Additional notes on measure:</p>  | <p>Additional notes/comments on measure:</p>   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2012:</b><br/> <b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>  | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p>  | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b><br/> <b>Annual Performance Objective for FFY 2016:</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 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Goal #2 (Describe)</b>   | <b>Goal #2 (Describe)</b>   | <b>Goal #2 (Describe)</b>   |
| <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   |
| <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> |
| <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  |
| <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012 compare with the Annual Performance Objective documented in your 2011 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 2013 compare with the Annual Performance Objective documented in your 2012 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 2012:</b><br/> <b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</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 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</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 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b><br/> <b>Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p>  |
| <b>Other Comments on Measure:</b>  | <b>Other Comments on Measure:</b>  | <b>Other Comments on Measure:</b>  |

Objectives Related to CHIP Enrollment (Continued)

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Goal #3 (Describe)</b>   | <b>Goal #3 (Describe)</b>   | <b>Goal #3 (Describe)</b>   |
| <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   |
| <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> |
| <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  |
| <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Explanation of Progress:</b><br><br><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>   | <b>Explanation of Progress:</b><br><br><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>   | <b>Explanation of Progress:</b><br><br><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>  | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>  | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>  |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:<br/>Annual Performance Objective for FFY 2013:<br/>Annual Performance Objective for FFY 2014:</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 2013:<br/>Annual Performance Objective for FFY 2014:<br/>Annual Performance Objective for FFY 2015:</p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2014:<br/>Annual Performance Objective for FFY 2015:<br/>Annual Performance Objective for FFY 2016:</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 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Goal #1 (Describe)</b>   | <b>Goal #1 (Describe)</b>   | <b>Goal #1 (Describe)</b>   |
| <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   |
| <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> |
| <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  |
| <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012 compare with the Annual Performance Objective documented in your 2011 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 2013 compare with the Annual Performance Objective documented in your 2012 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 2012:</b><br/> <b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</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 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</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 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b><br/> <b>Annual Performance Objective for FFY 2016:</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 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Goal #2 (Describe)</b>   | <b>Goal #2 (Describe)</b>   | <b>Goal #2 (Describe)</b>   |
| <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   |
| <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i> |
| <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  |
| <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <p><b>Explanation of Progress:</b></p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> | <p><b>Explanation of Progress:</b></p> <p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2012:</b><br/> <b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>   | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p>   | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b><br/> <b>Annual Performance Objective for FFY 2016:</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 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Goal #3 (Describe)</b>   | <b>Goal #3 (Describe)</b>   | <b>Goal #3 (Describe)</b>   |
| <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   |
| <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i> | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i> |
| <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Eligibility/Enrollment data.<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  |
| <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  | <b>Definition of Population Included in the Measure:</b><br><br>Definition of denominator:<br><br>Definition of numerator:  |
| <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>Performance Measurement Data:</b><br>Described what is being measured:<br><br><br>Numerator:<br>Denominator:<br>Rate:  |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Explanation of Progress:</b><br><br><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>   | <b>Explanation of Progress:</b><br><br><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>   | <b>Explanation of Progress:</b><br><br><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>   |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>   | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>   | <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>   |
| <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2012:</b><br/> <b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p> | <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b><br/> <b>Annual Performance Objective for FFY 2016:</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 2011  | FFY 2012  | FFY 2013   |
|---|---|--|
| <p><b>Goal #1 (Describe)</b><br/>To increase the Use of Appropriate Medications for People with Asthma (Age 5 to 11)</p>  | <p><b>Goal #1 (Describe)</b><br/>To increase the Use of Appropriate Medications for People with Asthma (Age 5 to 11)</p>  | <p><b>Goal #1 (Describe)</b><br/>To increase the Use of Appropriate Medications for People with Asthma (Age 5 to 11).</p>  |
| <p><b>Type of Goal:</b><br/> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i><br/> <input type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>   | <p><b>Type of Goal:</b><br/> <input type="checkbox"/> New/revised. <i>Explain:</i><br/> <input checked="" type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>   | <p><b>Type of Goal:</b><br/> <input type="checkbox"/> New/revised. <i>Explain:</i><br/> <input checked="" type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>  |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>  |
| <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data).<br/> <input type="checkbox"/> Hybrid (claims and medical record data).<br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data).<br/> <input type="checkbox"/> Hybrid (claims and medical record data).<br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data).<br/> <input type="checkbox"/> Hybrid (claims and medical record data).<br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>   |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     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><br/>                     Definition of numerator: Per HEDIS, Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     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><br/>                     Definition of numerator: Per HEDIS, Medicaid/SCHIP.<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     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><br/> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>   | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>   | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>  |
| <p><b>HEDIS Performance Measurement Data:</b><br/> <i>(If reporting with HEDIS/HEDIS-like methodology)</i><br/><br/>                     Numerator: 13235<br/>                     Denominator: 14342<br/>                     Rate: 92.3</p>   | <p><b>HEDIS Performance Measurement Data:</b><br/> <i>(If reporting with HEDIS/HEDIS-like methodology)</i><br/><br/>                     Numerator: 13350<br/>                     Denominator: 14565<br/>                     Rate: 91.6</p>   | <p><b>HEDIS Performance Measurement Data:</b><br/> <i>(If reporting with HEDIS)</i><br/><br/>                     Numerator: 13878<br/>                     Denominator: 15509<br/>                     Rate: 89.5</p>   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain</i> .<br><br><input type="checkbox"/> Data Source, <i>Explain</i> .<br><br><input type="checkbox"/> Numerator, <i>Explain</i> .<br><br><input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input type="checkbox"/> Other, <i>Explain</i> .  | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain</i> .<br><br><input type="checkbox"/> Data Source, <i>Explain</i> .<br><br><input type="checkbox"/> Numerator, <i>Explain</i> .<br><br><input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input type="checkbox"/> Other, <i>Explain</i> .  | Deviations from Measure Specifications:<br><input type="checkbox"/> Year of Data, <i>Explain</i> .<br><br><input type="checkbox"/> Data Source, <i>Explain</i> .<br><br><input type="checkbox"/> Numerator, <i>Explain</i> .<br><br><input type="checkbox"/> Denominator, <i>Explain</i> .<br><br><input type="checkbox"/> Other, <i>Explain</i> .  |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes on measure:  |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   |
| <b>Explanation of Progress:</b><br><br><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b><br><br><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><br><br><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b><br><br><b>Annual Performance Objective for FFY 2012:</b><br>92.28%<br><b>Annual Performance Objective for FFY 2013:</b><br>93.22% | <b>Explanation of Progress:</b><br><br><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b><br><br><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><br><br><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b><br><br><b>Annual Performance Objective for FFY 2013:</b><br>93.22%<br><b>Annual Performance Objective for FFY 2014:</b><br>93.22% | <b>Explanation of Progress:</b><br><br><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b><br><br><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><br><br><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b><br><br><b>Annual Performance Objective for FFY 2014:</b><br>90.4%<br><b>Annual Performance Objective for FFY 2015:</b><br>91.3% |

| FFY 2011   | FFY 2012   | FFY 2013  |
|--|--|---|
| <p><b>Annual Performance Objective for FFY 2014:</b><br/>94.16%</p> <p><i>Explain how these objectives were set:</i> The above measure included within the Managed Care Organization Pay-for-Performance system. Annual Performance Object is weighted, with non-Managed Care Plan populations being held stable, and Managed Care Plan performance increasing at 125% natural growth.</p> | <p><b>Annual Performance Objective for FFY 2015:</b><br/>93.22%</p> <p><i>Explain how these objectives were set:</i> The above objectives are based on measures included in the Managed Care Organization Pay-for-Performance system. The goal is set to reach and maintain the previous objectives.</p> | <p><b>Annual Performance Objective for FFY 2016:</b><br/>92.2%</p> <p><i>Explain how these objectives were set:</i> The above objectives are based on measures included in the Managed Care Organization Pay-for-Performance system. The goal is set to reach and maintain the previous objectives.</p> |
| <b>Other Comments on Measure:</b>  | <b>Other Comments on Measure:</b>  | <b>Other Comments on Measure:</b>   |

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

| FFY 2011  | FFY 2012   | FFY 2013   |
|---|--|--|
| <p><b>Goal #2 (Describe)</b><br/>To improve the rate of Appropriate Treatment for Children with Upper Respiratory infection</p>   | <p><b>Goal #2 (Describe)</b></p>   | <p><b>Goal #2 (Describe)</b></p>   |
| <p><b>Type of Goal:</b><br/> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i><br/> <input type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>   | <p><b>Type of Goal:</b><br/> <input type="checkbox"/> New/revised. <i>Explain:</i><br/> <input type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>   | <p><b>Type of Goal:</b><br/> <input type="checkbox"/> New/revised. <i>Explain:</i><br/> <input type="checkbox"/> Continuing.<br/> <input type="checkbox"/> Discontinued. <i>Explain:</i></p>   |
| <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input checked="" type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   | <p><b>Status of Data Reported:</b><br/> <input type="checkbox"/> Provisional.<br/> <i>Explanation of Provisional Data:</i><br/> <input type="checkbox"/> Final.<br/> <input type="checkbox"/> Same data as reported in a previous year's annual report.<br/> <i>Specify year of annual report in which data previously reported:</i></p>   |
| <p><b>Measurement Specification:</b><br/> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2011<br/> <input type="checkbox"/> Other. <i>Explain:</i></p>  | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   | <p><b>Measurement Specification:</b><br/> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br/> <input type="checkbox"/> Other. <i>Explain:</i></p>   |
| <p><b>Data Source:</b><br/> <input checked="" type="checkbox"/> Administrative (claims data).<br/> <input type="checkbox"/> Hybrid (claims and medical record data).<br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data).<br/> <input type="checkbox"/> Hybrid (claims and medical record data).<br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  | <p><b>Data Source:</b><br/> <input type="checkbox"/> Administrative (claims data).<br/> <input type="checkbox"/> Hybrid (claims and medical record data).<br/> <input type="checkbox"/> Survey data. <i>Specify:</i><br/> <input type="checkbox"/> Other. <i>Specify:</i></p>  |
| <p><b>Definition of Population Included in the Measure:</b><br/>                     Definition of numerator: Per HEDIS, Medicaid/SCHIP<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     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><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     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><br/>                     Definition of numerator:<br/>                     Definition of denominator:<br/> <input type="checkbox"/> Denominator includes CHIP population only.<br/> <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br/>                     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><br/> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>   | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  | <p><b>Date Range:</b><br/> <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>  |
| <p><b>HEDIS Performance Measurement Data:</b><br/> <i>(If reporting with HEDIS/HEDIS-like methodology)</i><br/><br/>                     Numerator: 18476<br/>                     Denominator: 100124<br/>                     Rate: 18.5</p>  | <p><b>HEDIS Performance Measurement Data:</b><br/> <i>(If reporting with HEDIS/HEDIS-like methodology)</i><br/><br/>                     Numerator:<br/>                     Denominator:<br/>                     Rate:</p>   | <p><b>HEDIS Performance Measurement Data:</b><br/> <i>(If reporting with HEDIS)</i><br/><br/>                     Numerator:<br/>                     Denominator:<br/>                     Rate:</p>  |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>   | <p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>   | <p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>   |
| <p>Additional notes on measure:</p>   | <p>Additional notes on measure:</p>   | <p>Additional note/commentss on measure:</p>  |
| <p><b>Other Performance Measurement Data:</b><br/>(If reporting with another methodology)</p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>  | <p><b>Other Performance Measurement Data:</b><br/>(If reporting with another methodology)</p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>  | <p><b>Other Performance Measurement Data:</b><br/>(If reporting with another methodology)</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 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2012:</b></p> | <p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b><br/><b>Annual Performance Objective for FFY 2014:</b></p> | <p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b><br/><b>Annual Performance Objective for FFY 2015:</b></p> |

| FFY 2011   | FFY 2012  | FFY 2013  |
|--|---|---|
| <p>18.45%</p> <p><b>Annual Performance Objective for FFY 2013:</b><br/>17.03%</p> <p><b>Annual Performance Objective for FFY 2014:</b><br/>15.61%</p> <p><i>Explain how these objectives were set:</i> The above measure included within the Managed Care Organization Pay-for-Performance system. Annual Performance Object is weighted, with non-Managed Care Plan populations being held stable, and Managed Care Plan performance increasing at 125% natural growth.</p> | <p><b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p> | <p><b>Annual Performance Objective for FFY 2016:</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 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Goal #3 (Describe)</b>   | <b>Goal #3 (Describe)</b>   | <b>Goal #3 (Describe)</b>   |
| <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   |
| <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i>   | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i>   | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i>   |
| <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   | <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   | <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   |
| <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  |
| <b>Definition of Population Included in the Measure:</b><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>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><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>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><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: |
| <b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS/HEDIS-like methodology)</i><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS/HEDIS-like methodology)</i><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS)</i><br><br>Numerator:<br>Denominator:<br>Rate:   |
| <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i>   | <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i>   | <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i>   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <input type="checkbox"/> Numerator, <i>Explain.</i><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>   | <input type="checkbox"/> Numerator, <i>Explain.</i><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>   | <input type="checkbox"/> Numerator, <i>Explain.</i><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>   |
| Additional notes on measure:  | Additional notes on measure:  | Additional notes/comments on measure:   |
| <b>Other Performance Measurement Data:</b><br><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:   |
| <b>Explanation of Progress:</b><br><br><p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2012:</b><br/> <b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p> | <b>Explanation of Progress:</b><br><br><p>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p> | <b>Explanation of Progress:</b><br><br><p>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b><br/> <b>Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p> |
| <b>Other Comments on Measure:</b>   | <b>Other Comments on Measure:</b>   | <b>Other Comments on Measure:</b>   |

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

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Goal #1 (Describe)</b>   | <b>Goal #1 (Describe)</b>   | <b>Goal #1 (Describe)</b>   |
| <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   |
| <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i>   | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i>   | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i>   |
| <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   | <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   | <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   |
| <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  |
| <b>Definition of Population Included in the Measure:</b><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>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><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>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><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>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><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS/HEDIS-like methodology)</i><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS/HEDIS-like methodology)</i><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS)</i><br><br>Numerator:<br>Denominator:<br>Rate:   |
| <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i>   | <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i>   | <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i>   |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <input type="checkbox"/> Numerator, <i>Explain.</i><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>  | <input type="checkbox"/> Numerator, <i>Explain.</i><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>  | <input type="checkbox"/> Numerator, <i>Explain.</i><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>  |
| Additional notes on measure:   | Additional notes on measure:   | Additional notes/comments on measure:  |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  |
| <b>Explanation of Progress:</b><br><br><p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012:</b><br/> <b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p> | <b>Explanation of Progress:</b><br><br><p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p> | <b>Explanation of Progress:</b><br><br><p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 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 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b><br/> <b>Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p> |
| <b>Other Comments on Measure:</b>  | <b>Other Comments on Measure:</b>  | <b>Other Comments on Measure:</b>  |

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

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Goal #2 (Describe)</b>   | <b>Goal #2 (Describe)</b>   | <b>Goal #2 (Describe)</b>   |
| <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   |
| <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i>   | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional..<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i>  | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year’s annual report.<br><i>Specify year of annual report in which data previously reported:</i>   |
| <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   | <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   | <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   |
| <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  |
| <b>Definition of Population Included in the Measure:</b><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>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><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>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><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>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><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS/HEDIS-like methodology)</i><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS/HEDIS-like methodology)</i><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS)</i><br><br>Numerator:<br>Denominator:<br>Rate:   |
| <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i>   | <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i>   | <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i>   |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <input type="checkbox"/> Numerator, <i>Explain.</i><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>  | <input type="checkbox"/> Numerator, <i>Explain.</i><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>  | <input type="checkbox"/> Numerator, <i>Explain.</i><br><input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>  |
| Additional notes on measure:   | Additional notes on measure:   | Additional notes/comments on measure:  |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  |
| <b>Explanation of Progress:</b><br><br><p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2012:</b><br/> <b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p> | <b>Explanation of Progress:</b><br><br><p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p> | <b>Explanation of Progress:</b><br><br><p><b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b><br/> <b>Annual Performance Objective for FFY 2016:</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>  |
| <b>Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)</b>   |  |  |
| FFY 2011   | FFY 2012   | FFY 2013   |

| FFY 2011  | FFY 2012  | FFY 2013  |
|---|---|---|
| <b>Goal #3 (Describe)</b>   | <b>Goal #3 (Describe)</b>   | <b>Goal #3 (Describe)</b>   |
| <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   | <b>Type of Goal:</b><br><input type="checkbox"/> New/revised. <i>Explain:</i><br><input type="checkbox"/> Continuing.<br><input type="checkbox"/> Discontinued. <i>Explain:</i>   |
| <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i>   | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i>   | <b>Status of Data Reported:</b><br><input type="checkbox"/> Provisional.<br><i>Explanation of Provisional Data:</i><br><input type="checkbox"/> Final.<br><input type="checkbox"/> Same data as reported in a previous year's annual report.<br><i>Specify year of annual report in which data previously reported:</i>   |
| <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   | <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   | <b>Measurement Specification:</b><br><input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i><br><input type="checkbox"/> Other. <i>Explain:</i>   |
| <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  | <b>Data Source:</b><br><input type="checkbox"/> Administrative (claims data).<br><input type="checkbox"/> Hybrid (claims and medical record data).<br><input type="checkbox"/> Survey data. <i>Specify:</i><br><input type="checkbox"/> Other. <i>Specify:</i>  |
| <b>Definition of Population Included in the Measure:</b><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>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><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>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><br>Definition of numerator:<br>Definition of denominator:<br><input type="checkbox"/> Denominator includes CHIP population only.<br><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).<br>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><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  | <b>Date Range:</b><br><b>From: (mm/yyyy) To: (mm/yyyy)</b>  |
| <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS/HEDIS-like methodology)</i><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS/HEDIS-like methodology)</i><br><br>Numerator:<br>Denominator:<br>Rate:  | <b>HEDIS Performance Measurement Data:</b><br><i>(If reporting with HEDIS)</i><br><br>Numerator:<br>Denominator:<br>Rate:   |
| <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i>  | <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i>  | <b>Deviations from Measure Specifications:</b><br><input type="checkbox"/> Year of Data, <i>Explain.</i><br><br><input type="checkbox"/> Data Source, <i>Explain.</i><br><br><input type="checkbox"/> Numerator, <i>Explain.</i>  |

| FFY 2011   | FFY 2012   | FFY 2013   |
|--|--|--|
| <input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>   | <input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>   | <input type="checkbox"/> Denominator, <i>Explain.</i><br><input type="checkbox"/> Other, <i>Explain.</i>   |
| Additional notes on measure:   | Additional notes on measure:   | Additional notes/comments on measure:  |
| <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  | <b>Other Performance Measurement Data:</b><br><i>(If reporting with another methodology)</i><br>Numerator:<br>Denominator:<br>Rate:<br><br>Additional notes on measure:  |
| <b>Explanation of Progress:</b><br><br><p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2012:</b><br/> <b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p> | <b>Explanation of Progress:</b><br><br><p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2013:</b><br/> <b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p> | <b>Explanation of Progress:</b><br><br><p><b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b></p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2014:</b><br/> <b>Annual Performance Objective for FFY 2015:</b><br/> <b>Annual Performance Objective for FFY 2016:</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]

#### Ohio Medicaid Quality Strategy

The Ohio Department of Medicaid (ODM) focused efforts in 2012-2013 on refining the Ohio Medicaid Quality Strategy which has been implemented across all delivery systems and populations in Medicaid. The Quality Strategy serves as a framework to communicate Ohio's approach for ensuring that timely access to high quality health services is provided in a cost-effective, coordinated manner across the continuum of care for Medicaid individuals. Ohio's efforts to improve quality are consistent with the National Strategy's broad aims which focus on reliable, person-centered care; proven interventions to treat manageable conditions; and reduction of the cost of quality health care for everyone. Furthermore, the Quality Strategy supports Ohio Governor Kasich's Office of Health Transformation (OHT) goals which are aimed at keeping Ohioans healthy longer with a focus on prevention, reduction of chronic care, best-evidence medicine and efficient administration. Priorities for the Ohio Medicaid's Quality Strategy have been established to advance these goals and are based on the latest research to improve health outcomes and increase effectiveness of care. These priorities will guide Ohio's efforts in the next three years and are as follows: a) Making care safer by eliminating preventable health-acquired conditions and errors; b) Improving care coordination by creating a system that is less fragmented, where communication is clear, and patients and providers have access to information in order to optimize care; c) Promoting evidence based prevention and treatment practices by preventing and reducing harm associated with high cost, prevalent conditions; d) Supporting person and family centered care by integrating patient/family feedback on preferences, desired outcomes, and experiences into all care settings and delivery; and e) Ensuring effective and efficient administration by sustaining a quality-focused continuous learning organization.

Given that approximately 90 percent of children on Medicaid are enrolled in a Managed Care Plan (MCP), all of the MCPs are expected to participate in the State's efforts to meet the associated requirements and expected outcomes established in the Ohio Medicaid Quality Strategy. To ensure that MCPs are operating within the framework of the Quality Strategy, ODM created a comprehensive accountability system for assessing and improving the quality of care provided to its consumers. MCP performance is evaluated through a system of internal compliance reviews, monitoring performance in key areas (e.g., clinical quality, access, consumer satisfaction), and independent reviews by the external quality review organization. Following is an overview of the findings:

A) MCPs are held accountable for quality improvement measured against nationally recognized quality benchmarks and indicators. MCPs must meet minimum performance standards established in key clinical focus areas that are part of the Quality Strategy and relevant (i.e., high cost, high prevalence) to the Ohio Medicaid child population. These clinical focus areas are behavioral health, asthma, upper respiratory infections, and premature births. Financial penalties and incentives are used for both program compliance and continuous quality improvement. From FY 2012 to FY 2013, ODM observed continued improvement in the areas of well child visits and percent of children who completed a visit with a primary care provider.

B. Finally, ODM administers an annual survey of member satisfaction in order to provide important feedback on MCP performance but also to improve overall member satisfaction with the managed care program. In 2012, ODM, through a contract with the external quality review organization, administered a consumer satisfaction survey for MCP members using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) 4.0H Child Medicaid Health Plan Survey (with chronic conditions measurement set). Performance highlights based on 2012 survey results include the following:

-The Managed Program results for three of the four general child global ratings were similar to the national average: Rating of All Health Care; Rating of Personal Doctor; and Rating of Specialist Seen Most Often.

-Program results for all five general child composite measures were above or similar to the national average: Getting Needed Care; Getting Care Quickly; How Well Doctors Communicate; Customer Service; and Shared Decision Making.

-One of the four global ratings' overall means for the CFC Program was significantly higher in 2012 than in 2011: Rating of Health Plan.

-None of the global ratings' composite measures or individual measures overall means for the CFC program was significantly lower in 2012 than in 2011.

In FY 2012 and 2013, considerable attention was focused on revising the Quality Strategy and then updating the contracts with managed care plans to reflect the revamped Quality Strategy. In the next fiscal year, ODM will continue to enhance the accountability strategy for the Managed Care Program in order to improve access, quality, and health outcomes for children enrolled in an MCP. Additionally, ODM intends to broaden the focus of quality assessment and improvement efforts by addressing children who are not enrolled in an MCP (e.g., children on waivers or in institutions) as well as children who are new to the managed care delivery system (i.e., 37,000 children with an Aged, Blind, or Disabled aid category were enrolled in an MCP effective July 1, 2013).

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

In order to continue advancing the goals and priorities in the Quality Strategy, as previously mentioned, ODM will focus efforts in FY 2014 on creating a more balanced portfolio of quality measurement and reporting initiatives that cuts across all delivery systems for the child population. The following are the most relevant measurement and reporting strategies planned for the next fiscal year:

A. ODM intends to create a "performance dashboard" by using the Medicaid information technology infrastructure and decision support system which will assist in the effective monitoring of key quality indicators across the Medicaid program that will be inclusive of all Medicaid-eligible children. As part of this effort, ODM will select a small set of national measures (i.e., between 5 and 10) to monitor the care received by children on ODM-administered waivers; some of the measures selected for the children receiving waiver services will be the same as the measures used for the Managed Care Program. ODM expects to complete this over the next 12 months.

B. ODM intends to assess the impact of health on quality of life for children enrolled in a Managed Care Plan. The Quality of Life study is designed to produce information for program monitoring and evaluation, and potentially the development of targeted interventions to improve health. A baseline survey is planned for the summer of 2014 with a second, potentially repeat, study planned for the summer of 2016. In addition, ODM plans to conduct a survey to evaluate children's experiences and satisfaction with the MCPs' care management program operations and service delivery. Surveys are planned for the fall of 2014 and again in the fall of 2016. The 2014 survey will establish baseline information, to potentially be measured against the 2016 survey data.

C. Efforts to monitor MCP performance on key clinical quality indicators will continue on an annual basis. More than half of the 22 contract measures focus on the child population in the areas of premature births, behavioral health, asthma, and upper respiratory infections. ODM is committed to reviewing and analyzing Medicaid data every three years to ensure that areas of clinical focus reflect the high cost, prevalent conditions for the child populations as well as the greatest opportunities for improving health outcomes and quality of care.

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

A. Enhancing the high risk care management strategy: In 2011, there was an increased national and state focus on improving systems of care by strengthening care coordination efforts, emphasizing health promotion and disease focus, and improving health outcomes. ODM used data to identify Medicaid "hot spots" - i.e., few cases that accounted for high health care costs and utilization. Based on the hot spots exercise, ODM enhanced its care management strategy to focus on the population with the highest costs who are impactable by way of improving health outcomes, reducing inappropriate utilization, and decreasing medical costs. In 2011, ODM redesigned the overall care management model to place greater emphasis on helping the most vulnerable, high-need consumers with a more hands-on, comprehensive, and coordinated approach to care. New features of the program that went into effect in January 2012 include use of a team of health professionals led by an accountable care manager to manage clinical and non-clinical needs; a lower staffing ratio that allows the MCP to interact with the face-to-face visit each quarter. High risk care management is extended to at least 1 percent of an MCP's overall membership. Preliminary data indicates that the MCPs' high risk care management program on improving health outcomes, reducing emergency department/inpatient utilization, and reducing medical costs is scheduled for CY 2014.

B. Improving care coordination efforts and health outcomes for Neonatal Intensive Care Unit infants: In 2012, ODM conducted an analysis of infants who were admitted to the NICU within 28 days of birth with lengths of stay of one week or more. Discharge dates between July-December 2009 were included as well as infants enrolled in Managed Care or Medicaid fee for service. Average per member per month annual costs after the NICU discharge were compared to the costs of healthy newborns. Total average per member per month annual costs after the NICU discharge date were 4 times greater for infants in a NICU between 1 and 2 weeks and 26 times greater for infants in the NICU 4 weeks or more than for infants never in the NICU. There were equally higher admission rates and emergency department visits for infants following the first six months of the NICU discharge than for healthy newborns. Data also revealed that mothers of NICU infants were two times more likely than mothers of a healthy newborn to have a behavioral health admission or substance abuse diagnoses within the two years prior to the birth. Recognizing that the greatest impact on this infant cohort can occur within the first six months post discharge, ODM implemented a key care management program enhancement for the MCPs and established a statewide collaborative between ODM, the Children's Hospitals and Medicaid Managed Care Plans. First, ODM required MCPs to begin care managing at least 40% of the NICU infants at the high risk level. Second, ODM established a statewide collaborative which will focus on streamlining discharge and care management processes, sharing/coordinating appropriate information exchange, improving coordination between in- and outpatient services to ensure alignment of appropriate clinical providers and services post-discharge, and providing creative avenues for parental education and involvement in their infants' care while in the NICU and post-discharge. Data from these initiatives will be available in 2014.

C. Ohio Psychotropic Medication Quality Improvement Collaborative (Minds Matter): Approximately 70 to 80 percent of youth in foster care have mental health issues and psychotropics are prescribed for them at a rate that is 2 to 3 times higher than for other Medicaid children who are not in foster care. The Ohio Psychotropic Medication Quality Improvement Collaborative is working to raise awareness of the issue, increase timely access to safe and effective psychotropic medications, develop guidelines for usage, improve health outcomes for these children, and reduce potential medication-related adverse effects. Data from this initiative will be available in the next 3 to 12 months. There are future plans to pilot streamlined communication, informed consent, and prescriber profiling.

D. Enhanced Waiver Case Management Guidelines: Effective July 1, 2013, ODM released new care management guidelines for its ODM-administered waivers. These new requirements support ODM and the contractor's ability to assure the health and welfare of each waiver participant. The following are a summary of the new requirements: a more robust and intensive contact schedule with the participant; stricter guidelines for the case manager to convene and facilitate the interdisciplinary team for meetings and service planning; creation of stricter timelines for case managers to ensure the timely completion of assessments and updates to the service plan; and clinical oversight of medical tasks that are performed by family/informal supports. In addition, ODM contracts with a separate entity to perform investigations whereas previously these investigations were performed by the case management entity. Investigations must now be completed within required timeframes and prevention plans must follow specific guidelines.

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

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

A. Ohio Perinatal Quality Collaborative: The Ohio Perinatal Quality Collaborative (OPQC) focuses on improving perinatal health in the state of Ohio. This has been accomplished through spreading the success of early elective delivery efforts to suburban and rural maternity hospitals and by achieving better compliance with a catheter care maintenance bundle aimed at reducing the late onset of infections in 22-29 week gestation infants. New efforts are focused on the use of antenatal steroids and the increased consumption of human milk to reduce infection and rates of necrotizing enterocolitis. Many of these initiatives are ongoing and supported through a rapid cycle feedback approach in an effort to move them from a small-scale to a statewide spread.

B. Leveraging MEDTAPP Projects and Initiatives: The Medicaid Technical Assistance and Policy Program (MEDTAPP) is a partnership between ODM, sister state agencies, and Ohio's academic medical centers, colleges and universities combining federal and non-federal dollars to support projects aimed at improving the access, quality, and outcomes for the Medicaid child population. ODM would like to highlight the following MEDTAPP projects:

a) BEACON Childhood Obesity Network: BEACON (Best Evidence for Advancing Child Health in Ohio NOW!) is an evolving statewide public/private partnership that supports initiatives that achieve measurements in child/adolescent healthcare and outcomes through improvement science. The BEACON Childhood Obesity Network focuses on training providers in the "Ounce of Prevention" program and to implement a "Pound of Cure" learning collaborative that brings obesity counseling to primary care. This program has been effective for young children identified as overweight or obese. Preliminary data from 2013 suggests that some participating provider practices have seen a decrease in some of their patients' body mass index.

b) BEACON Pediatric Telepsychiatry: The purpose of this study is to evaluate the effectiveness and efficiency related to the use of telepsychiatry for the Ohio Medicaid pediatric population. If proven effective, this strategy could increase access to psychiatric services for the pediatric population.

c) Ohio Medicaid Assessment Survey: The Ohio Medicaid Assessment Survey (OMAS) is intended to provide data/research on access to the health system, health status, and health determinant characteristics for Ohio Medicaid, Medicaid eligible, and comparative non-Medicaid populations. The OMAS is an important tool to help identify gaps in needed health services, inform strategies to increase service capacity, monitor health status and risks, and evaluate the impact of Medicaid programs among Ohioans.

C. Efforts to Reduce Infant Mortality:

a) Statewide Neonatal Abstinence Program Implementation. Ohio has many pockets of promising practice around how best to care for opiate addicted babies to minimize length of stay and ensure safety. The development of a new eligibility system and implementation of ICD-10 coding may allow systems changes that immediately identify those at risk to fast track evidence-based services to mitigate this problem. Such an effort would be anchored in the patient centered medical home and integrated care efforts in conjunction with the Ohio Department of Mental Health and Addiction Services, Criminal Justice, CHIP Annual Report Template – FFY 2013

and child protective services. Ohio Medicaid would ensure that all mothers with these challenges have timely access to evidence-based care, develop the systems efficiencies and communications with toolkits for health care workers with interconnectivity, streamlining through electronic health record vendors, providers, and agencies. Success would be measured by a drop in the current 4% of NICU beds filled, with shorter length of stays at lower costs.

b) Maternal Assisted Treatment for Opiates. Ohio is proposing an effort to standardize evidence-based treatment regimens, including the use of Buprenorphine, concurrent with residential and/or intensive outpatient therapy and support for a period of 12-18 months post-delivery for mothers with substance abuse issues. This treatment would extend beyond their Medicaid eligibility, strongly encouraging infants to remain with their mothers and reinforcing the maternal/infant bonding while preventing relapse of substance abuse for the mothers.

c) Use of Pathways or HUB Model of Connecting to and Coordination of Services. Ohio intends to closely evaluate the effectiveness of clinical pathways or the HUB model of connecting high risk pregnant women to care that is critical for improving birth outcomes.

Future work in the perinatal area is planned. ODM intends to harness the capacity to link Ohio Department of Vital Statistics' data with Medicaid claims to more rapidly identify high-risk women and provide timely access to evidence-based treatments, including the administration of 17P to prevent pre-term births.

Ohio Medicaid continues to be a participating state in the national Children in the Vanguard project. Our state partners are Voices for Ohio's Children and Ohio Children's Defense Fund. The goals for the project in 2012 and 2013 were to:

- 1) Promote a positive image of Medicaid by working to secure funding for the creation of an outreach and enrollment marketing plan targeting racial and ethnic minority children. Ohio continues to work with stakeholder groups and our Vanguard partners to identify ways to improve the image of Medicaid.
- 2) Promote and implement care coordination by hosting meetings with Managed Care Organizations regarding family expectations.
- 3) Improve enrollment retention and reduce churning by working toward securing funding for a joint project to identify best practices in County Based enrollment and retention.

As of the conclusion of 2013, Ohio had entered into agreements with 15 Ohio hospitals to become qualified entities to make presumptive eligibility determinations in the MITS portal for children and pregnant women. Ohio is completing the work to implement presumptive eligibility statewide in our new eligibility system by February 2014.

Ohio began the work with our state partners to develop comprehensive recommendations for best practices in outreach and enrollment. Ohio also began developing a culturally competent marketing and outreach plan with our state partners to enroll Latino, Asian, and African uninsured children in Ohio's largest urban centers.

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

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

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Please reference and summarize attachments that are relevant to specific questions

### A. OUTREACH

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

Outreach strategies have not been redirected or changed during the reporting period.

- b. 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 is working with the Vanguard for Children project on outreach efforts and to promote a positive image and messaging for Medicaid. Our partners are Voices for Ohio's Children and Ohio Children Defense Fund. Due to limited resources, Ohio has relied on word-of-mouth and community organization referrals to reach families or low-income, uninsured children. Ohio does not measure the effectiveness of these methods.

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

Ohio considers community organization referrals as the best practice. Ohio works with and has educated numerous community organizations that work with low-income families.

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

Yes

No

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

Ohio does not measure the effectiveness of targeting outreach to specific populations.

- e. 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]

Generally, outreach activities occur through activities performed by county agencies. The state office does not have access to information to make this assessment.

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

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

- i. Do you have substitution prevention policies in place?

Yes

No

If yes, indicate if you have the following policies:

Imposing waiting periods between terminating private coverage and enrolling in CHIP

Imposing cost sharing in approximation to the cost of private coverage

Monitoring health insurance status at the time of application

Other, please explain [7500]

- i. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**
- ii. Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy. **[7500]**

**All states must complete the following questions**

- iii. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) \* 100] **[5]** and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) \* 100] **[5]**? Provide a combined percent if you cannot calculate separate percentages. **[5]**
- iv. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]**
  - a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)\*100]? **[5]**
  - v. Does your state have an affordability exception to its waiting period?

- Yes
- No

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

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

- Yes
- No

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

2. What expenses are counted for purposes of determining when the family exceeds the affordability threshold? (e.g., Does the state consider only premiums, or premiums and other cost-sharing charges? Does the state base the calculation on the total premium for family coverage under the employer plan or on the difference between the amount of the premium for employee-only coverage and the amount of the premium for family coverage? Other approach?) **[7500]**

3. What percentage of enrollees at initial application qualified for this exception in the last federal fiscal year? (e.g., Number of applicants who were exempted because of affordability exception/total number of applicants who were enrolled). [5]

4. Does the state conduct surveys or focus groups that examine whether affordability is a concern?

- Yes  
 No

If yes, please provide relevant findings. [7500]

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

No.

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

- Yes  
 No

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

- Yes  
 No

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

### C. ELIGIBILITY

(This subsection should be completed by all states)

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

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

i. Does the state use a joint application for establishing eligibility for Medicaid or CHIP?

- Yes  
 No

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

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

Ohio is a Medicaid expansion state; therefore, the program appears seamless to the consumer.

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

Yes

No

If no, please explain. [7500]

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

If yes

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

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

**Table B1**

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

| Program Feature   | Question   | Medicaid  | CHIP  |
|---|--|---|---|
| Continuous Eligibility                                  | 1. Does the state provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below:<br><br>a. child is no longer a resident of the state;<br><br>b. death of the child;<br><br>c. child reaches the age limit;<br><br>d. child/representative requests disenrollment;<br><br>e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap. | In accordance with section 1902(e)(12) of the Act<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Liberalization of Asset (or Resource Test) Requirements | ii. Does the state have an assets test?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No    |

|  |   |  |   |
|--|---|--|---|
|  | iii. If there is an assets test, does the state allow administrative verification of assets?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| Elimination of In-Person Interview   | iv. Does the state require an in-person interview to apply?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
|  | v. Has the state eliminated an in-person requirement for renewal of CHIP eligibility?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                    |   |
| Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP | vi. Does the state use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                    |   |
|  | vii. Does the state use the same application form, supplemental forms, and information verification process for <i>renewing</i> eligibility for Medicaid and CHIP?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                    |   |
| Automatic/Administrative Renewal   | viii. For renewals of Medicaid or CHIP eligibility, does the state provide a preprinted form populated with eligibility information available to the state, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |

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

|                    |   |  |   |
|--------------------|---|--|---|
|                    |   |  |   |
| Premium Assistance | xii. Has the state implemented premium assistance as added or modified by CHIPRA? | In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**Section IIIC: Subpart C: Eligibility Renewal and Retention**

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

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

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families
  1. How many notices are sent to the family prior to disenrolling the child from the program? **[500]**  
Ohio sends at least one notice to the family prior to disenrolling the child from the program.
  2. At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the state?) **[500]**  
A reminder notice is sent at least twenty days before the end of the current eligibility period.
- Other, *please explain:* **[500]**

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

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

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

**Table 1. Application Status of Title XXI Children in FFY 2012**

States are required to report on all questions (1,2,2.a.,2.b., and 2.c) in FFY 2013. Please enter the data requested in the table below and the template will tabulate the requested percentages.

|  | Number | Percent |
|--|--------|---------|
| 1. Total number of title XXI applicants                                      | 0      | 100     |
| 2. Total number of application denials                                       |        |         |
| 1. Total number of procedural denials  |        |         |
| 2. Total number of eligibility denials                                       |        |         |
| 1. Total number of applicants denied for title XXI and enrolled in title XIX |        |         |
| (Check here if there are no additional categories <input type="checkbox"/> ) |        |         |
| 3. Total number of applicants denied for other reasons Please indicate:      |        |         |

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

**Definitions:**

- The “total number of title XXI applicants,” including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2013. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI eligibility determination made in FFY 2013 (e.g., an application that was determined eligible in September 2013, but coverage was effective October 1, 2013 is counted in FFY 2013).
- The “the total number of denials” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2013. This definition only includes denials for title XXI at the time of initial application (not redetermination).
- The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2013 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
- The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2013 (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.)
- The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
- The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

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

For this table, reporting is required for FFY 2013.

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

|    |   | Number | Percent |      |      |      |
|----|---|--------|---------|------|------|------|
| 1. | Total number of children who are eligible to be redetermined  |        | 100%    |      |      |      |
| 2. | Total number of children screened for redetermination   |        |         | 100% |      |      |
| 3. | Total number of children retained after the redetermination process   |        |         |      |      |      |
| 4. | Total number of children disenrolled from title XXI after the redetermination process   |        |         |      | 100% |      |
| 1. | Total number of children disenrolled from title XXI for failure to comply with procedures   |        |         |      |      |      |
| 2. | Total number of children disenrolled from title XXI for failure to meet eligibility criteria  |        |         |      |      | 100% |
| 1. | Disenrolled from title XXI because income too high for title XXI<br>(If unable to provide the data, check here <input type="checkbox"/> ) |        |         |      |      |      |

|    |  |  |  |  |  |  |
|----|--|--|--|--|--|--|
| 2. | Disenrolled from title XXI because income too low for title XXI<br>(If unable to provide the data, check here <input type="checkbox"/> )   |  |  |  |  |  |
| 3. | Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage<br>(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"/> ) |  |  |  |  |  |
| 4. | Disenrolled from title XXI for other eligibility reason(s)<br>Please indicate:<br>(If unable to provide the data check here <input type="checkbox"/> )   |  |  |  |  |  |
| 5. | Total number of children disenrolled from title XXI for other reason(s)<br>Please indicate:<br>(Check here if there are no additional categories <input type="checkbox"/> )  |  |  |  |  |  |

6. 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.

**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) 2013, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total number may include children whose eligibility can be renewed through administrative redeterminations, whereby the State sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes. This total may also include ex parte redeterminations, the process when a State uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility.
- 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 2013 (i.e., those children whose families have returned redetermination forms to the State, as well as administrative redeterminations and ex parte redeterminations).
- 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 2013.
- 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 2013. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.

1. 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 2013 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
2. 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.
3. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

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

**Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XXI, Second Quarter FFY 2012**

The purpose of this table is to measure title XXI enrollees' duration, or continuity, of public coverage (title XIX and title XXI). This information is required by CHIPRA, Section 402(a). **Reporting is required in 2013, with states identifying newly enrolled children in the second quarter of FFY 2012 (January, February, and March of 2012). If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

**NOTE: A new cohort identifying newly enrolled children will be required for all states in the second quarter of FFY 2014 (January, February, and March of 2014) for the purpose of measuring duration of public coverage (title XIX and title XXI), similar to the measurement of the first 2012 cohort.**

**Instructions:** For this prospective duration measure, please identify newly enrolled children in title XXI in the second quarter of FFY 2012, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2012 must have birthdates after July 1995 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18<sup>th</sup> month of coverage. Similarly, children enrolled in February 2012 must have birthdates after August 1995, and children enrolled in March 2012 must have birthdates after September 1995. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span). Please enter the data requested in the table below and the template will tabulate the percentages. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

Specify how your "newly enrolled" population is defined:

**Not Previously Enrolled in CHIP or Medicaid**—"Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2012, he/she would not be enrolled in either title XXI or title XIX in December 2011, 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 2012, he/she would not be enrolled in title XXI in December 2011, etc.)

| Duration Measure, Title XXI   | All Children Ages 0-16 |         | Age Less than 12 months |         | Ages 1-5 |         | Ages 6-12 |         | Ages 13-16 |         |
|---|------------------------|---------|-------------------------|---------|----------|---------|-----------|---------|------------|---------|
|   | Number                 | Percent | Number                  | Percent | Number   | Percent | Number    | Percent | Number     | Percent |
| 1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2012 | 51756                  | 100%    | 19701                   | 100%    | 12212    | 100%    | 13405     | 100%    | 6438       | 100%    |
| <b>Enrollment Status 6 months later</b>   |                        |         |                         |         |          |         |           |         |            |         |
| 2. Total number of children continuously enrolled in title XXI                            | 48287                  | 93.3    | 19006                   | 96.47   | 11138    | 91.21   | 12273     | 91.56   | 5870       | 91.18   |

|  |   |       |       |       |       |       |       |       |       |      |       |
|--|---|-------|-------|-------|-------|-------|-------|-------|-------|------|-------|
| 3.                                       | Total number of children with a break in title XXI coverage but re-enrolled in title XXI  | 446   | 0.86  | 49    | 0.25  | 181   | 1.48  | 159   | 1.19  | 57   | 0.89  |
|  | 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   | 3023  | 5.84  | 646   | 3.28  | 893   | 7.31  | 973   | 7.26  | 511  | 7.94  |
|  | 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   | 46391 | 89.63 | 17694 | 89.81 | 10876 | 89.06 | 12136 | 90.53 | 5685 | 88.3  |
| 6.                                       | Total number of children with a break in title XXI coverage but re-enrolled in title XXI  | 650   | 1.26  | 284   | 1.44  | 157   | 1.29  | 124   | 0.93  | 85   | 1.32  |
|  | 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   | 4715  | 9.11  | 1723  | 8.75  | 1179  | 9.65  | 1145  | 8.54  | 668  | 10.38 |

|  |  |       |       |       |       |       |       |       |       |      |       |
|--|--|-------|-------|-------|-------|-------|-------|-------|-------|------|-------|
|  | children disenrolled from title XXI  |       |       |       |       |       |       |       |       |      |       |
|  | 7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI<br>(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  | 41926 | 81.01 | 15368 | 78.01 | 10054 | 82.33 | 11293 | 84.24 | 5211 | 80.94 |
| 9.                                       | Total number of children with a break in title XXI coverage but re-enrolled in title XXI   | 1530  | 2.96  | 813   | 4.13  | 318   | 2.6   | 249   | 1.86  | 150  | 2.33  |
|  | 9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break<br>(If unable to provide the data, check here <input type="checkbox"/> )        |       |       |       |       |       |       |       |       |      |       |
| 10.                                      | Total number of children disenrolled from title XXI  | 8300  | 16.04 | 3520  | 17.87 | 1840  | 15.07 | 1863  | 13.9  | 1077 | 16.73 |
|  | 10.a Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI<br>(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 2012” 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 1995, who were newly enrolled in January 2012 and who were continuously enrolled through the end of June 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who were continuously enrolled through the end of July 2012
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who were continuously enrolled through the end of August 2012
  
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 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by the end of June 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by the end of July 2012
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by the end of August 2012
  - 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 1995, who were newly enrolled in January 2012 and were disenrolled by the end of June 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were disenrolled by the end of July 2012
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were disenrolled by the end of August 2012
  - 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 1995, who were newly enrolled in January 2012 and were continuously enrolled through the end of December 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through the end of January 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through the end of February 2013

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 1995, who were newly enrolled in January 2012 and who disenrolled and then re-enrolled in title XXI by the end of December 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and then re-enrolled in title XXI by the end of January 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and then re-enrolled in title XXI by the end of February 2013
- 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 1995, who were enrolled in January 2012 and were disenrolled by the end of December 2012
  - + the number of children with birthdates after August 1995, who were enrolled in February 2012 and were disenrolled by the end of January 2013
  - + the number of children with birthdates after September 1995, who were enrolled in March 2012 and were disenrolled by the end of February 2013
- 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 1995, who were newly enrolled in January 2012 and were continuously enrolled through the end of June 2013
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through the end of July 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through the end of August 2013
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 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by the end of June 2013
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by the end of July 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by the end of August 2013
- 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 1995, who were newly enrolled in January 2012 and disenrolled by the end of June 2013
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and disenrolled by the end of July 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and disenrolled by the end of August 2013

\* The definition of “6 months” has been clarified in the FFY 2013 CARTS to be consistent with the intended meaning of six calendar months of coverage (rather than seven months of coverage). For those states that reported this measure in 2012, no change in reporting should be necessary if the data represented six months of coverage.

† The definition of “12 months” has been clarified in the FFY 2013 CARTS to be consistent with the intended meaning of twelve calendar months of coverage (rather than thirteen months of coverage). The definition is based on an assumption that most states enroll children in a health plan on the first of the month. However, regardless of the date of enrollment, the principle remains to measure a full twelve-month period of coverage.

‡ The definition of “18 months” has been clarified in the FFY 2013 CARTS to be consistent with the intended meaning of eighteen calendar months of coverage (rather than nineteen months of coverage).

## D. COST SHARING

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?
  - a. Cost sharing is tracked by:
    - Enrollees (shoebox method)  
If the state uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**
    - Health Plan(s)
    - State
    - Third Party Administrator
    - N/A (No cost sharing required)
    - Other, please explain. **[7500]**
2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? **[7500]**  Yes  No
3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**
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, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of children's health services in CHIP. If so, what have you found? **[7500]**

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

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

## Children

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

## Adults

- Yes, Check all that apply and complete each question for each authority.
  - Purchase of Family Coverage under the CHIP state plan (2105(c)(10))
  - Additional Premium Assistance Option under CHIP state plan (2105(c)(3))
  - Section 1115 demonstration (Title XXI)
  - Premium Assistance option under the Medicaid state plan (1906)
  - Premium Assistance option under the Medicaid state plan (1906A)
- b. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
- Parents and Caretaker Relatives
  - Childless Adults
  - Pregnant Women
- c. 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]**
- d. What benefit package does the ESI program use? **[7500]**
- e. Are there any minimum coverage requirements for the benefit package?
- Yes
  - No
- f. Does the program provide wrap-around coverage for benefits?
- Yes
  - No
- g. Are there any limits on cost sharing for children in your ESI program?
- Yes
  - No
- h. Are there any limits on cost sharing for adults in your ESI program?
- Yes
  - No
- i. 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]?

- j. 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

- k. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2013

Children \_\_\_\_\_

Parents \_\_\_\_\_

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

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

- n. 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]**

- o. 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]**

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

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

Children Parent

State: State:

Employer: Employer:

Employee: Employee:

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

|          |     |      |
|----------|-----|------|
| Children | Low | High |
| Parents  | Low | High |

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

t. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under CHIP or Medicaid)?

- Yes  
 No

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

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

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

- Yes  
 No

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

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

- Yes  
 No

x. Can you cap enrollment for your program?

- Yes  
 No

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

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

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

a. 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]**

b. For the reporting period, please report the

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

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

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

a. Provider Credentialing

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

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

b. Provider Billing

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

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

c. Beneficiary Eligibility

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

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

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

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

Yes

No

Please explain: **[500]**

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

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

Explain: [7500]

- 1. Information on Dental Care 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)

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

| State: OH<br>FFY: 2013  | Age Group |     |      |     |     |       |       |
|---|-----------|-----|------|-----|-----|-------|-------|
|   | Total     | < 1 | 1-2* | 3-5 | 6-9 | 10-14 | 15-18 |
| 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>       | 0         |     |      |     |     |       |       |
| Total Enrollees Receiving Dental  | 0         |     |      |     |     |       |       |

|                                 |  |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|
| Treatment Services <sup>4</sup> |  |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|

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

**<sup>2</sup>Total Eligibles Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days and receiving at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (CDT codes D0100 - D9999).

**<sup>3</sup>Total Eligibles Receiving Preventive Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days and receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 -(CDT codes D1000 - D1999).

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

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

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

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

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

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

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

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

## H. CHIPRA CAHPS REQUIREMENT

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

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

**If no, explain why data were not collected:**

- Population not covered
- Data not available.

*Explain: [300]*

- Small sample size (less than 30).

*Specify sample size: [300]*

- Other

*Explain: [300]*

**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: **[300]**

**Which version of the CAHPS® survey was used?**

- CAHPS® 5.0
- CAHPS® 5.0H
- Other.

*Explain: [300]*

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period =Federal Fiscal Year 2012. 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

|   | 2013                | 2014                | 2015                |
|---|---------------------|---------------------|---------------------|
| <b>Benefit Costs</b>                                  |                     |                     |                     |
| Insurance payments                                    |                     |                     |                     |
| Managed Care  | 270206684           | 340508439           | 363075751           |
| Fee for Service                                       | 106133049           | 141398371           | 154717507           |
| <b>Total Benefit Costs</b>                            | <b>376339733</b>    | <b>481906810</b>    | <b>517793258</b>    |
| <i>(Offsetting beneficiary cost sharing payments)</i> |                     |                     |                     |
| <b>Net Benefit Costs</b>                              | <b>\$ 376339733</b> | <b>\$ 481906810</b> | <b>\$ 517793258</b> |

### Administration Costs

|   |                 |                 |                 |
|---|-----------------|-----------------|-----------------|
| Personnel   |                 |                 |                 |
| General Administration                                | 4836420         | 5524000         | 5636000         |
| Contractors/Brokers (e.g., enrollment contractors)    |                 |                 |                 |
| Claims Processing                                     |                 |                 |                 |
| Outreach/Marketing costs                              |                 |                 |                 |
| Other (e.g., indirect costs)                          |                 |                 |                 |
| Health Services Initiatives                           |                 |                 |                 |
| <b>Total Administration Costs</b>                     | <b>4836420</b>  | <b>5524000</b>  | <b>5636000</b>  |
| <b>10% Administrative Cap</b> (net benefit costs ÷ 9) | <b>41815526</b> | <b>53545201</b> | <b>57532584</b> |

|                                |                  |                  |                  |
|--------------------------------|------------------|------------------|------------------|
| <b>Federal Title XXI Share</b> | <b>284014352</b> | <b>361234973</b> | <b>387913423</b> |
| <b>State Share</b>             | <b>97161801</b>  | <b>126195837</b> | <b>135515835</b> |

|  |                  |                  |                  |
|--|------------------|------------------|------------------|
| <b>TOTAL COSTS OF APPROVED CHIP PLAN</b> | <b>381176153</b> | <b>487430810</b> | <b>523429258</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]**

No.

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

|                 | 2013           |         | 2014           |         | 2015           |         |
|-----------------|----------------|---------|----------------|---------|----------------|---------|
|                 | # of eligibles | \$ PMPM | # of eligibles | \$ PMPM | # of eligibles | \$ PMPM |
| Managed Care    | 1696003        | \$ 159  | 2033245        | \$ 167  | 2162102        | \$ 168  |
| Fee for Service | 174707         | \$ 607  | 213124         | \$ 663  | 233128         | \$ 664  |

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

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

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

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

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

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

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

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

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

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

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

- Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (federal fiscal year 2013 starts 10/1/2012 and ends 9/30/2013).*

| COST PROJECTIONS OF DEMONSTRATION<br>(SECTION 1115 or HIFA)               | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|------|------|------|------|------|
| <b>Benefit Costs for Demonstration Population #1<br/>(e.g., children)</b> |      |      |      |      |      |
| Insurance Payments  |      |      |      |      |      |
| Managed care<br>per member/per month rate @ # of eligibles                |      |      |      |      |      |
| Fee for Service<br>Average cost per enrollee in fee for service           |      |      |      |      |      |
| <b>Total Benefit Costs for Waiver Population #1</b>                       |      |      |      |      |      |

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

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

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

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

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

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

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

**Administration Costs**

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

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

|                                     |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|
| <b>TOTAL COSTS OF DEMONSTRATION</b> |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|

When was your budget last updated (please include month, day and year)? [500]

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

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

## SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

---

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]**

Ohio's Governor's Office of Health Transformation (OHT) continues to lead all statewide efforts on Medicaid modernization and cost-containment. OHT has taken the lead on Governor Kasich's efforts to improve overall health-system performance by streamlining how government health systems and programs interact with each other and with our customer and by engaging private-sector partners to drive system-wide reform and make all Ohio's children healthier.

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

Ohio, like many other states, is working through challenges with developing and implementing the mandates of the Affordable Care Act, as well as developing a new eligibility system.

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

Ohio has been successful at not reducing eligibility and has maintained a core benefit package that is focused on and encourages primary care services.

Ohio's accomplishments include:

- 1) Implementing a series of improvements in Medicaid managed care that improved care coordination for Medicaid beneficiaries.

- 2) Initiated the statewide rollout of the Medicaid presumptive eligibility for children and pregnant women initiative.

- 3) Initiated an eligibility modernization project to simplify client eligibility based on income, streamline state and local responsibility for eligibility determination and modernize eligibility system technology.

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

Ohio will be focused on development and implementation of:

- 1) Complete the statewide rollout of presumptive eligibility for children and pregnant women statewide to simplify the eligibility and enrollment process and improve health outcomes for children.

- 2) Improving Medicaid managed care plan performance by requiring plans to meet national performance standards.

- 3) Expecting increased enrollment due to the woodwork effect when Medicaid eligibility changes under the ACA.

4) Implement eligibilty modernization project to simplify client eligibility based on income, streamline state and local responsibility for eligibility determination, and medernize eligibility system technology.

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