

# **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: 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.

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

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

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

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

Signature: \_\_\_\_\_  
**John McCarthy, State Medicaid Director**

CHIP Program Name(s): **All, Ohio** \_\_\_\_\_

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

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

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

Address: **50 West Town Street, Suite 400** \_\_\_\_\_

City: **Columbus** \_\_\_\_\_ State: **OH** \_\_\_\_\_ Zip: **43215** \_\_\_\_\_

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

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

Submission Date: **1/29/2015** \_\_\_\_\_

*(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 , please provide the following information. If you would like to make any comments on your responses, please explain in narrative below this table.

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

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

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

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No			<input type="checkbox"/>	No			
	<input type="checkbox"/>	Yes			<input type="checkbox"/>	Yes			
	Enrollment fee amount					Enrollment fee amount			
	Premium amount					Premium amount			
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL				
	Premium Amount				Premium Amount				
	Range from	Range to	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				

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

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

**For FFY 2014, please include only the program changes that are in addition to and/or beyond those required by the Affordable Care Act.**

**For each topic you responded “yes” to below, please explain the change and why the change was made.**

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

k) Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Expansion to "Lawfully Residing" children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Expansion to "Lawfully Residing" pregnant women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Pregnant Women state plan expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Other – please specify						
a) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
C. Application	
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. Eligibility redetermination process	
L. Enrollment process for health plan selection	
M. Outreach	
N. Premium assistance	
O. 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)	
P. Expansion to "Lawfully Residing" children	
Q. Expansion to "Lawfully Residing" pregnant women	
R. Pregnant Women State Plan Expansion	
S. Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
T. 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 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 CARE QUALITY MEASURES (CHILD 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 a 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 Child Core Set measures beginning in January 2013. Three measures (Human Papillomavirus [HPV] Vaccine for Female Adolescents, Maternity Care - Behavioral Health Risk Assessment, and Medication Management for People with Asthma) were added to the Child Core Set in 2013 and one measure (Otitis Media with Effusion) was retired. Three additional measures (Annual Pediatric Hemoglobin A1C Testing, Appropriate Testing for Children with Pharyngitis, and Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits) were retired from the Child Core Set in 2014. Table 1 lists the Children's Core Set measures, their measure stewards, and a general description of each measure. Abbreviations 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 Child Core Set measures.

The Technical Specifications and Resource Manual for the Child 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>

**Table 1: Child Core Set Measures**

Measure Abbreviation	Measure	Measure Steward	Description
PPC-CH	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.

Measure Abbreviation	Measure	Measure Steward	Description
FPC-CH	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: 1. < 21 percent of expected visits 2. 21 percent – 40 percent of expected visits 3. 41 percent – 60 percent of expected visits 4. 61 percent – 80 percent of expected visits 5. ≥ 81 percent of expected visits
LBW-CH	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
PC02-CH	PC-02: Cesarean Section for Nulliparous Singleton Vertex	The Joint Commission	Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section
CIS-CH	Childhood Immunization Status	NCQA/HEDIS	Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday
IMA-CH	Immunization Status for Adolescents	NCQA/HEDIS	Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday.
WCC-CH	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 who 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 (BMI) percentile for age and gender
DEV-CH	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

Measure Abbreviation	Measure	Measure Steward	Description
CHL-CH	Chlamydia Screening in Women	NCQA/HEDIS	Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
W15-CH	Well-Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children who 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
W34-CH	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NCQA/HEDIS	Percentage of children ages 3 to 6 who had one or more well-child visits with a PCP during the measurement year
AWC-CH	Adolescent Well-Care Visit	NCQA/HEDIS	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a PCPC or an OB/GYN practitioner during the measurement year
PDENT-CH	Percentage of Eligibles that Received Preventive Dental Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
CAP-CH	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: 1. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 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
TDENT-CH	Percentage of Eligibles that Received Dental Treatment Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
AMB-CH	Ambulatory Care – Emergency Department (ED) Visits	NCQA/HEDIS	Rate of ED visits per 1,000 enrollee months among children up to age 19

Measure Abbreviation	Measure	Measure Steward	Description
CLABSI-CH	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
ADD-CH	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	NCQA/HEDIS	Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days 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
FUH-CH	Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS	Percentage of discharges for children ages 6 to 20 who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge
CPC-CH	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
HPV-CH	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NCQA/HEDIS	Percentage of female adolescents who turned 13 years old during the measurement year and who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday

Measure Abbreviation	Measure	Measure Steward	Description
BHRA-CH	Maternity Care - Behavioral Health Risk Assessment	AMA-PCPI	Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug-use screening (illicit and prescription, over the counter), and intimate partner violence screening
MMA-CH	Medication Management for People with Asthma	NCQA/HEDIS	<p>Percentage of children ages 5 to 20 who 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 who remained on asthma controller medication for at least 50 percent of their treatment period</li> <li>2. Percentage of children who 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; 19-20 years; and total</p>

## GUIDANCE FOR REPORTING

This section contains templates for reporting performance measurement data for each of the Child 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 2012 and FFY 2013) 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 data for those years, please enter the data in the appropriate column. Indicate the data were updated using the "Did you update data for this measure?" field. In the third column, report the most recent data available at the time you are submitting the current annual report (FFY 2014). Additional instructions for completing each row of the table are provided below.

**Beginning in 2011, the CARTS application requires 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 your state cannot report a specific measure, please check the box that applies to why data are not being reported for each measure. The user may select any applicable reason why data are not being reported, but must select at least one response as follows.

- Service not covered: Check this box if your program does not cover this service.
- Population not covered: Check this box if your program does not cover the population included in the measure. If this box is selected, users will also need to indicate whether the entire population or partial population was not covered under its program. A detailed explanation is required if partial population is not covered.
- Data not available: Check this box if data are not available for this measure in your state. If this box is selected, users will need to explain why data are not available for reporting. Reasons may include “Budget Constraints,” “Staff Constraints,” “Data Inconsistencies/Accuracy,” “Data Source Not Easily Accessible,” “Information Not Collected,” and “Other”.
- Small sample size: Check this box if the denominator size for this 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, the state will need to 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 Child Core Set measures are voluntarily reported, if the state does not report data on a specific measure, it is important for CMS to understand why each state is not 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.
- 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, the state should indicate whether a measure adheres to the Child Core Set technical specifications, based on HEDIS® or specifications developed by other measure steward (e.g. CMS, CDC, TJC, AMA/PCPI), or “Other” measurement specifications. If HEDIS® is selected, the HEDIS® Version field must be completed.

If “Other” measurement specification is selected, an explanation must be provided.

CMS encourages states to use the technical specifications outlined in the [Technical Specifications and Resource Manual](#) for the Child Core Set measures.

- **HEDIS® Version:**  
Please specify HEDIS® Version (example HEDIS 2014). This field must be completed only when a user selects the HEDIS® measurement specification.
- **“Other” Measurement Specification Explanation:**  
The explanation field must be completed when “Other” measurement specification has been selected.

**Data Source:**

Data for the Child Core Set measures may come from several sources, including medical claims and medical records. For each measure, the state must indicate the source of data or methodology used to calculate the measure using the following options (some options are unavailable for some measures):

- a. Administrative Data: Medical claims and encounter data or other administrative data source (e.g., immunization registry, vital records,). If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source.
- b. Hybrid: A combination of administrative and medical records data. If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source. The user must also indicate whether the medical record data for a measure are coming from electronic health records (EHR), paper, or EHR and paper.
- c. Survey Data: The state should specify the survey used.
- d. Other: An explanation box is available for the state to specify the other source of data.

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

**Denominator:** 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.

**Date Range:** 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 define 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.

**Child Core Set Performance Measurement Data:**

In this section, report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the data, depending on whether you are reporting using the technical specifications provided by the measure steward or another methodology. 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. “Additional Notes/Comments on Measure” may be entered but is not required. Please note that some measures require reporting of multiple rates.

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.”

In the section on “Definition of Population Included in the Measure,” states should indicate whether state-level rates were calculated based on rates for multiple reporting units, and if so, whether the rates were weighted based on the size of the measure-eligible population or other factor or were not weighted. 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://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf>.

### **Deviation from Measure Specifications**

If the data provided for a measure deviate from the measure technical specifications, please select the type(s) of measure specification deviation. The types of deviations parallel the measure specification categories for each measure. When one or more of the types of deviations are selected, states are required to provide an explanation.

The five types (and examples) of deviations are:

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

### **Other Performance Measure:**

If the state selected “Other” in the “Measure Specification” section of the template, and is thus reporting using another methodology, the user should provide a description of the measure, along with the numerator, denominator, and rate in the “Other Performance Measure” section. If reporting with another methodology, and the form fields do not give you enough space to fully report on the measure, please upload the information to the attachment facility, along with a brief description of the measure (e.g. “data reported for individuals in the 18-64 age range”). “Additional Notes/Comments on Measure” may be entered but is not required.

**Beginning in 2012, in an effort to reduce state burden of reporting on the Child 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 hospitals 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 Child 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.medicaid.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 CAHPS data on both Medicaid and CHIP enrollees, the agency must sample Title XIX (Medicaid) and Title XXI (CHIP) programs separately and submit separate results to CMS to fulfill the CHIPRA Requirement.

### **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 measure MMA-CH (Medication Management for People with Asthma) on the Word template.

**MEASURE PPC-CH: Timeliness of Prenatal Care**

FFY 2012	FFY 2013	FFY 2014
<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure?  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Update any Data for this Measure? <input type="checkbox"/> Yes</p> <p>Did you report on this measure?  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you Report on this Measure?  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i>  <input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i></p>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Other. <i>Explain:</i>	<input type="checkbox"/> Other. <i>Explain:</i>	<input type="checkbox"/> Other. <i>Explain:</i>
<p><b>Data Source:</b></p> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<p><b>Data Source:</b></p> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 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><b>Data Source:</b></p> <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input checked="" type="checkbox"/> Other: <i>Specify:</i> Fee-for-service claims rates were calculated using the administrative method with data from the Medicaid Management Information System (MMIS); managed care claims rates were calculated on a per-plan basis using the hybrid method with data coming from an appropriate source as determined by NCQA-certified Managed Care Plans.
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, on Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>            Definition of numerator: Per HEDIS, on Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input checked="" type="checkbox"/> Yes            If yes, indicate whether the state-level rate is weighted:  <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit</p>

FFY 2012	FFY 2013	FFY 2014
		<input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> 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	<b>Performance Measurement Data:</b> 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	<b>Performance Measurement Data:</b> 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
Numerator: 42935 Denominator: 53262 Rate: 80.6	Numerator: 51662 Denominator: 59955 Rate: 86.17	Numerator: 43316 Denominator: 51475 Rate: 84.15
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <input checked="" type="checkbox"/> Other, <i>Explain</i> . Measure includes managed care plan data only, which is approximately 89% of the total Medicaid population.	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input checked="" type="checkbox"/> Numerator, <i>Explain</i> . Numerator is extrapolated from the reported hybrid managed care rates to the entire population determined eligible in the administrative calculations. <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .
Additional notes on measure:	Additional notes 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.	Additional notes/comments on measure: Ohio combined and weighted the hybrid rates for managed care along with the administrative rates for fee-for-service to create a state-wide rate, and then extrapolated a numerator accordingly.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30)  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Report on this Measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>            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>Data Source:</b>  <input type="checkbox"/> Administrative Data Only            From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Vital Records  <input type="checkbox"/> Other. <i>Specify:</i>  <input type="checkbox"/> Hybrid (Administrative and Medical Records Data)            From where is the Administrative Data coming?  <i>Must select one or more</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Vital Records  <input type="checkbox"/> Other. <i>Specify:</i>            From where is the Medical Records Data coming?  <i>Must select one:</i>  <input type="checkbox"/> Electronic Health Record (EHR) Data  <input type="checkbox"/> Paper  <input type="checkbox"/> Both (EHR and paper)  <input checked="" type="checkbox"/> Other: <i>Specify:</i> Fee-for-service claims rates were calculated using the administrative method with data from the Medicaid Management Information System (MMIS); managed care claims rates were calculated on a per-plan basis using the hybrid method with data coming from an appropriate source as determined by NCQA-certified Managed Care Plans.</p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, on Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>            Definition of numerator: Per HEDIS, on Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input checked="" type="checkbox"/> Yes            If yes, indicate whether the state-level rate is weighted:</p>

FFY 2012	FFY 2013	FFY 2014
		<input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> 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: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	<b>Performance Measurement Data:</b> 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: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	<b>Performance Measurement Data:</b> 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: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits
< 21 percent of expected visits Numerator: 3504 Denominator: 51895 Rate: 6.8  21 percent – 40 percent of expected visits Numerator: 2496 Denominator: 51895 Rate: 4.8  41 percent – 60 percent of expected visits Numerator: 4295 Denominator: 51895 Rate: 8.3  61 percent – 80 percent of expected visits Numerator: 8257 Denominator: 51895 Rate: 15.9  ≥ 81 percent of expected visits Numerator: 33285 Denominator: 51895	< 21 percent of expected visits Numerator: 2892 Denominator: 59955 Rate: 4.82  21 percent – 40 percent of expected visits Numerator: 3263 Denominator: 59955 Rate: 5.44  41 percent – 60 percent of expected visits Numerator: 3187 Denominator: 59955 Rate: 5.32  61 percent – 80 percent of expected visits Numerator: 7718 Denominator: 59955 Rate: 12.87  ≥ 81 percent of expected visits Numerator: 42895 Denominator: 59955	< 21 percent of expected visits Numerator: 3176 Denominator: 51475 Rate: 6.17  21 percent – 40 percent of expected visits Numerator: 2219 Denominator: 51475 Rate: 4.31  41 percent – 60 percent of expected visits Numerator: 4468 Denominator: 51475 Rate: 8.68  61 percent – 80 percent of expected visits Numerator: 6872 Denominator: 51475 Rate: 13.35  ≥ 81 percent of expected visits Numerator: 34740 Denominator: 51475

FFY 2012	FFY 2013	FFY 2014
Rate: 64.1	Rate: 71.55	Rate: 67.49
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input checked="" type="checkbox"/> Other, <i>Explain.</i> Measure is calculated using managed care plan data only, which is approximately 86% of the total Medicaid population.	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> 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. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes 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.	Additional notes/comments on measure: Ohio combined and weighted the hybrid rates for managed care along with the administrative rates for fee-for-service to create a state-wide rate, and then extrapolated a numerator accordingly.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30)  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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 Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      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>Did you Report on this Measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
<b>Measurement Specification:</b> <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Vital Records Other. <i>Specify:</i> Claims and Encounter data; Enrollment Files <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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> Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input checked="" type="checkbox"/> The rates are not weighted No
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	<b>Performance Measurement Data:</b> Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	<b>Performance Measurement Data:</b> Percentage of live births that weighed less than 2,500 grams in the State during the reporting period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 4241 Denominator: 45818 Rate: 9.26

FFY 2012	FFY 2013	FFY 2014
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input checked="" type="checkbox"/> Other, <i>Explain.</i> Only managed care plan population data was included in this measure.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure: This measure includes only data reported by the managed care plans; for this measure the managed care plan data represents approximately 84% of the total Medicaid population.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

**MEASURE PCO2-CH: Cesarean Section for Nulliparous Singleton Vertex**

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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 Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> 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>

FFY 2012	FFY 2013	FFY 2014
<p><b>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<p><b>Measurement Specification:</b></p> <input type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i>	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i>	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> The Joint Commission <input type="checkbox"/> Other. <i>Explain:</i>
<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Vital Records <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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 2012	FFY 2013	FFY 2014
		<p><b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b></p> <p><input type="checkbox"/> Yes</p> <p>If yes, indicate whether the state-level rate is weighted:</p> <p><input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit</p> <p><input type="checkbox"/> The rates are weighted based on another weighting factor</p> <p><input type="checkbox"/> The rates are not weighted</p> <p><input type="checkbox"/> No</p>
<p><b>Date Range:</b> From: (mm/yyyy) To: (mm/yyyy)</p>	<p><b>Date Range:</b> From: (mm/yyyy) To: (mm/yyyy)</p>	<p><b>Date Range:</b> From: (mm/yyyy) To: (mm/yyyy)</p>
<p><b>Performance Measurement Data:</b> 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</p>	<p><b>Performance Measurement Data:</b> Percentage of women who 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</p>	<p><b>Performance Measurement Data:</b> Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</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 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 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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:</p>

**MEASURE CIS-CH: Childhood Immunization Status**

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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 Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered                      Explain the partial population not covered:  <input type="checkbox"/> Data not available                      Explain why data not available  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy                      Please explain:  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)                      Enter specific sample size:  <input checked="" type="checkbox"/> Other. Explain: 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>

FFY 2012	FFY 2013	FFY 2014
<p><b>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i>	<p><b>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i>	<p><b>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<p><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Immunization Registry <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>

FFY 2012	FFY 2013	FFY 2014
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>            Definition of numerator:            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes            If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input type="checkbox"/> No</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>Performance Measurement Data:</b>            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>            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>            Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday</p>

DTap Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:
IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:
MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:
HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:
Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:
VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:
PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:
Hep A Numerator: Denominator: Rate:		Hep A Numerator: Denominator: Rate:		Hep A Numerator: Denominator: Rate:	

FFY 2012		FFY 2013		FFY 2014	
RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:	RV Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate:
Flu Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	Flu Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:	Flu Numerator: Denominator: Rate:	Combo 10 Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	
Additional notes on measure:		Additional notes on measure:		Additional notes/comments on measure:	

**MEASURE IMA-CH: Immunization Status for Adolescents**

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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 Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered                      Explain the partial population not covered:  <input type="checkbox"/> Data not available                      Explain why data not available  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy                      Please explain:  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)                      Enter specific sample size:  <input checked="" type="checkbox"/> Other. Explain: 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>

FFY 2012	FFY 2013	FFY 2014
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. Specify version of HEDIS® used:  <input type="checkbox"/> Other. Explain:</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. Specify HEDIS® Version used:  <input type="checkbox"/> Other. Explain:</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. Specify HEDIS® Version used:  <input type="checkbox"/> Other. Explain:</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Immunization Registry  <input type="checkbox"/> Other. <i>Specify:</i>  <input type="checkbox"/> Hybrid (Administrative and Medical Records Data)  From where is the Administrative Data coming?  <i>Must select one or more</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Immunization Registry  <input type="checkbox"/> Other. <i>Specify:</i>  From where is the Medical Records Data coming?  <i>Must select one:</i>  <input type="checkbox"/> Electronic Health Record (EHR) Data  <input type="checkbox"/> Paper  <input type="checkbox"/> Both (EHR and paper)  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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 2012	FFY 2013	FFY 2014
		<p><b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b></p> <p><input type="checkbox"/> Yes</p> <p>If yes, indicate whether the state-level rate is weighted:</p> <p><input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit</p> <p><input type="checkbox"/> The rates are weighted based on another weighting factor</p> <p><input type="checkbox"/> The rates are not weighted</p> <p><input type="checkbox"/> No</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>Performance Measurement Data:</b>  The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.</p>	<p><b>Performance Measurement Data:</b>  Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday</p>	<p><b>Performance Measurement Data:</b>  Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday</p>
<p>Meningococcal  Numerator:  Denominator:  Rate:</p> <p>Tdap/Td  Numerator:  Denominator:  Rate:</p> <p>Combination (Meningococcal, Tdap/Td)  Numerator:  Denominator:  Rate:</p>	<p>Meningococcal  Numerator:  Denominator:  Rate:</p> <p>Tdap/Td  Numerator:  Denominator:  Rate:</p> <p>Combination (Meningococcal, Tdap/Td)  Numerator:  Denominator:  Rate:</p>	<p>Meningococcal  Numerator:  Denominator:  Rate:</p> <p>Tdap/Td  Numerator:  Denominator:  Rate:</p> <p>Combination (Meningococcal, Tdap/Td)  Numerator:  Denominator:  Rate:</p>

FFY 2012	FFY 2013	FFY 2014
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

**Screening**

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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 Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered                      Explain the partial population not covered:   <input type="checkbox"/> Data not available                      Explain why data not available  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy                      Please explain:  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)                      Enter specific sample size:  <input checked="" type="checkbox"/> Other. <i>Explain:</i> 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>

FFY 2012	FFY 2013	FFY 2014
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  <input type="checkbox"/> Hybrid (Administrative and Medical Records Data)  From where is the Administrative Data coming?  <i>Must select one or more</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  From where is the Medical Records Data coming?  <i>Must select one:</i>  <input type="checkbox"/> Electronic Health Record (EHR) Data  <input type="checkbox"/> Paper  <input type="checkbox"/> Both (EHR and paper)  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>

FFY 2012		FFY 2013		FFY 2014	
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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No	
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>		<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>		<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	
<b>Performance Measurement Data:</b> 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> 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> Percentage of children ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile (BMI) for age and gender	
<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:	<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:	<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:
<u>12-17 years</u> Numerator: Denominator: Rate:		<u>12-17 years</u> Numerator: Denominator: Rate:		<u>12-17 years</u> Numerator: Denominator: Rate:	

FFY 2012	FFY 2013	FFY 2014
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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 Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered                      Explain the partial population not covered:  <input type="checkbox"/> Data not available                      Explain why data not available  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy                      Please explain:  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)                      Enter specific sample size:  <input checked="" type="checkbox"/> Other. Explain: 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>

FFY 2012	FFY 2013	FFY 2014
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> CAHMI  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> OHSU  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> OHSU  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  <input type="checkbox"/> Hybrid (Administrative and Medical Records Data)  From where is the Administrative Data coming?  <i>Must select one or more</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  From where is the Medical Records Data coming?  <i>Must select one:</i>  <input type="checkbox"/> Electronic Health Record (EHR) Data  <input type="checkbox"/> Paper  <input type="checkbox"/> Both (EHR and paper)  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b></p>

FFY 2012	FFY 2013	FFY 2014
		<input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Percentage of children screened for risk development behavioral and social delays using a standardized tool in the 12 months preceding their first, second, or third birthday.	<b>Performance Measurement Data:</b> 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> 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 Numerator: Denominator: Rate:  Children screened by 24 months of age Numerator: Denominator: Rate:  Children screened by 36 months of age Numerator: Denominator: Rate:	Children screened by 12 months of age Numerator: Denominator: Rate:  Children screened by 24 months of age Numerator: Denominator: Rate:  Children screened by 36 months of age Numerator: Denominator: Rate:	Children screened by 12 months of age Numerator: Denominator: Rate:  Children screened by 24 months of age Numerator: Denominator: Rate:  Children screened by 36 months of age Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <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>	<b>Other Performance Measurement Data:</b>	<b>Other Performance Measurement Data:</b>

<b>FFY 2012</b>	<b>FFY 2013</b>	<b>FFY 2014</b>
<i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

**MEASURE CHL-CH: Chlamydia Screening in Women**

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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 Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered                      Explain the partial population not covered:  <input type="checkbox"/> Data not available                      Explain why data not available  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy                      Please explain:  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)                      Enter specific sample size:  <input checked="" type="checkbox"/> Other. Explain: 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>

FFY 2012	FFY 2013	FFY 2014
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS® used below:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input type="checkbox"/> No</p>
<p><b>Date Range:</b></p>	<p><b>Date Range:</b></p>	<p><b>Date Range:</b></p>

FFY 2012	FFY 2013	FFY 2014
<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> 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> 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> Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Report on this Measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i>  <input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.</p>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 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.	<b>Data Source:</b> <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input checked="" type="checkbox"/> Other: <i>Specify:</i> Fee-for-service claims rates were calculated using the administrative method with data from the Medicaid Management Information System (MMIS); managed care claims rates were calculated on a per-plan basis using the hybrid method with data coming from an appropriate source as determined by NCQA-certified Managed Care Plans.
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Per HEDIS, on Medicaid/SCHIP Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). 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> Definition of numerator: Per HEDIS, on Medicaid/SCHIP Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). 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> Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:

FFY 2012		FFY 2013		FFY 2014	
				<p><b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b></p> <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No	
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>		<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>		<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>	
<p><b>Performance Measurement Data:</b>            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</p>		<p><b>Performance Measurement Data:</b>            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</p>		<p><b>Performance Measurement Data:</b>            Percentage of children who 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</p>	
<p><u>0 visits</u>            Numerator: 1278            Denominator: 52079            Rate: 2.5</p>	<p><u>4 visits</u>            Numerator: 5176            Denominator: 52079            Rate: 9.9</p>	<p><u>0 visits</u>            Numerator: 1820            Denominator: 64657            Rate: 2.81</p>	<p><u>4 visits</u>            Numerator: 5469            Denominator: 64657            Rate: 8.46</p>	<p><u>0 visits</u>            Numerator: 1571            Denominator: 50767            Rate: 3.10</p>	<p><u>4 visits</u>            Numerator: 5110            Denominator: 50706            Rate: 10.08</p>
<p><u>1 visits</u>            Numerator: 1300            Denominator: 52079            Rate: 2.5</p>	<p><u>5 visits</u>            Numerator: 7592            Denominator: 52079            Rate: 14.6</p>	<p><u>1 visits</u>            Numerator: 2010            Denominator: 64657            Rate: 3.11</p>	<p><u>5 visits</u>            Numerator: 7616            Denominator: 64657            Rate: 11.78</p>	<p><u>1 visits</u>            Numerator: 1015            Denominator: 50706            Rate: 2.00</p>	<p><u>5 visits</u>            Numerator: 8416            Denominator: 50706            Rate: 16.60</p>
<p><u>2 visits</u>            Numerator: 2220            Denominator: 52079            Rate: 4.3</p>	<p><u>6+ visits</u>            Numerator: 31301            Denominator: 52079            Rate: 60.1</p>	<p><u>2 visits</u>            Numerator: 1807            Denominator: 64657            Rate: 2.79</p>	<p><u>6+ visits</u>            Numerator: 42414            Denominator: 64657            Rate: 65.60</p>	<p><u>2 visits</u>            Numerator: 1782            Denominator: 50706            Rate: 3.51</p>	<p><u>6+ visits</u>            Numerator: 29798            Denominator: 50706            Rate: 58.77</p>
<p><u>3 visits</u>            Numerator: 3212            Denominator: 52079            Rate: 6.2</p>		<p><u>3 visits</u>            Numerator: 3515            Denominator: 64657            Rate: 5.44</p>		<p><u>3 visits</u>            Numerator: 3014            Denominator: 50706            Rate: 5.94</p>	

FFY 2012	FFY 2013	FFY 2014
<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>  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>  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>  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>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>Additional notes on measure:</p>	<p>Additional notes 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>Additional notes/comments on measure: Ohio combined and weighted the hybrid rates for managed care along with the administrative rates for fee-for-service to create a state-wide rate, and then extrapolated a numerator accordingly.</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:    Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:    Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:    Additional notes on measure:</p>

**MEASURE W34-CH: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life**

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Report on this Measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
Specify year of annual report in which data previously reported:	Specify year of annual report in which data previously reported:	
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. Specify version of HEDIS used: 2012 <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2013 <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. Specify HEDIS® Version used: 2014 <input type="checkbox"/> Other. Explain:
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). Specify: <input checked="" type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify: 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.	<b>Data Source:</b> <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input checked="" type="checkbox"/> Other: Specify: Fee-for-service claims rates were calculated using the administrative method with data from the Medicaid Management Information System (MMIS); managed care claims rates were calculated on a per-plan basis using the hybrid method with data coming from an appropriate source as determined by NCQA-certified Managed Care Plans.
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Per HEDIS, on Medicaid/SCHIP Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). 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> Definition of numerator: Per HEDIS, on Medicaid/SCHIP Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). 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> Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:

FFY 2012	FFY 2013	FFY 2014
		<p><b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b></p> <p><input checked="" type="checkbox"/> Yes</p> <p>If yes, indicate whether the state-level rate is weighted:</p> <p><input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit</p> <p><input type="checkbox"/> The rates are weighted based on another weighting factor</p> <p><input type="checkbox"/> The rates are not weighted</p> <p><input type="checkbox"/> No</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b></p>
<p><b>Performance Measurement Data:</b>  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.</p>	<p><b>Performance Measurement Data:</b>  Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.</p>	<p><b>Performance Measurement Data:</b>  Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.</p>
<p><u>1+ visits</u>  Numerator: 139649  Denominator: 219468  Rate: 63.6</p>	<p><u>1+ visits</u>  Numerator: 172903  Denominator: 258222  Rate: 66.96</p>	<p><u>1+ visits</u>  Numerator: 137071  Denominator: 201308  Rate: 68.09</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>  Only data from managed care plans were included, which represents approximately 89% of the total Medicaid population for this measure.</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>  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>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>Additional notes on measure:</p>	<p>Additional notes 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>Additional notes/comments on measure: Ohio combined and weighted the hybrid rates for managed care along with the administrative rates for fee-for-service to create a state-wide rate, and then extrapolated a numerator accordingly.</p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Report on this Measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>            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>Data Source:</b>  <input type="checkbox"/> Administrative Data Only            From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  <input type="checkbox"/> Hybrid (Administrative and Medical Records Data)            From where is the Administrative Data coming?  <i>Must select one or more</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>            From where is the Medical Records Data coming?  <i>Must select one:</i>  <input type="checkbox"/> Electronic Health Record (EHR) Data  <input type="checkbox"/> Paper  <input type="checkbox"/> Both (EHR and paper)  <input checked="" type="checkbox"/> Other: <i>Specify:</i> Fee-for-service claims rates were calculated using the administrative method with data from the Medicaid Management Information System (MMIS); managed care claims rates were calculated on a per-plan basis using the hybrid method with data coming from an appropriate source as determined by NCQA-certified Managed Care Plans.</p>
<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: Per HEDIS, on Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>            Definition of numerator: Per HEDIS, on Medicaid/SCHIP            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>            Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input checked="" type="checkbox"/> Yes            If yes, indicate whether the state-level rate is weighted:</p>

FFY 2012	FFY 2013	FFY 2014
		<input checked="" type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> 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> 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> Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.
Numerator: 113864 Denominator: 304808 Rate: 37.4	Numerator: 155022 Denominator: 400333 Rate: 38.72	Numerator: 123068 Denominator: 309683 Rate: 39.74
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input checked="" type="checkbox"/> Other, <i>Explain.</i> Only data from the managed care plans were used, which is approximately 81% of the Medicaid population for this measure.	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input checked="" type="checkbox"/> Numerator, <i>Explain.</i> Numerator is extrapolated from the reported hybrid managed care rates to the entire population determined eligible in the administrative calculations. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes 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.	Additional notes/comments on measure: Ohio combined and weighted the hybrid rates for managed care along with the administrative rates for fee-for-service to create a state-wide rate, and then extrapolated a numerator accordingly.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

**Dental**

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

In an effort to reduce state burden of reporting on the Child Core Set measures, CMS will be calculating this measure for your state based on data submitted as part of the annual EPSDT report (Form CMS-416). If you are unfamiliar with the data reported by your state on the Form 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 2012	FFY 2013	FFY 2014
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Report on this Measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input type="checkbox"/> No</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>

FFY 2012	FFY 2013	FFY 2014
<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received preventive dental services	<b>Performance Measurement Data:</b> Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services	<b>Performance Measurement Data:</b> Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

Access

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Report on this Measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i>  <input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.</p>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012 <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2013 <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2014 <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other: <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Per HEDIS, on Medicaid/SCHIP Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). 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> Definition of numerator: Per HEDIS, on Medicaid/SCHIP Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). 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> Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input checked="" type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>

FFY 2012		FFY 2013		FFY 2014	
<b>Performance Measurement Data:</b> 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: 1. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 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		<b>Performance Measurement Data:</b> 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: 3. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 4. 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		<b>Performance Measurement Data:</b> Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: 5. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 6. 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	
<u>12-24 months</u> Numerator: 59135 Denominator: 61586 Rate: 96.0	<u>7-11 years</u> Numerator: 171027 Denominator: 193139 Rate: 88.6	<u>12-24 months</u> Numerator: 67026 Denominator: 70228 Rate: 95.44	<u>7-11 years</u> Numerator: 223118 Denominator: 251641 Rate: 88.67	<u>12-24 months</u> Numerator: 54665 Denominator: 57246 Rate: 95.49	<u>7-11 years</u> Numerator: 170448 Denominator: 196146 Rate: 86.90
<u>25 months-6 years</u> Numerator: 237418 Denominator: 271416 Rate: 87.5	<u>12-19 years</u> Numerator: 200694 Denominator: 227326 Rate: 88.3	<u>25 months-6 years</u> Numerator: 274692 Denominator: 315312 Rate: 87.12	<u>12-19 years</u> Numerator: 278159 Denominator: 315901 Rate: 88.05	<u>25 months-6 years</u> Numerator: 210387 Denominator: 245861 Rate: 85.57	<u>12-19 years</u> Numerator: 207726 Denominator: 241098 Rate: 86.16
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input checked="" type="checkbox"/> Other, <i>Explain.</i> Only managed care population was used in the calculation.		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	
Additional notes on measure:		Additional notes on measure:		Additional notes/comments on measure: Ohio combined administrative rates for managed care along with the administrative rates for fee-for-service to create a state-wide rate.	
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	

<b>FFY 2012</b>	<b>FFY 2013</b>	<b>FFY 2014</b>
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

**MEASURE TDENT-CH: 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 annual EPSDT report (Form CMS-416). If you are unfamiliar with the data reported by your state on the Form 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 2012	FFY 2013	FFY 2014
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Report on this Measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CMS  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input type="checkbox"/> No</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>

FFY 2012	FFY 2013	FFY 2014
<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received dental treatment services	<b>Performance Measurement Data:</b> Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services	<b>Performance Measurement Data:</b> Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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 Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered                      Explain the partial population not covered:  <input type="checkbox"/> Data not available                      Explain why data not available  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy                      Please explain:  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)                      Enter specific sample size:  <input checked="" type="checkbox"/> Other. Explain: 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>

FFY 2012	FFY 2013	FFY 2014
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input type="checkbox"/> No</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>

FFY 2012		FFY 2013		FFY 2014	
<b>Performance Measurement Data:</b> Rate of ED visits per 1,000 member months among children up to age 19		<b>Performance Measurement Data:</b> Rate of ED visits per 1,000 member months among children up to age 19		<b>Performance Measurement Data:</b> Rate of ED visits per 1,000 enrollee months among children up to age 19	
<1 year Numerator: Denominator: Rate:	10 to 19 years Numerator: Denominator: Rate:	<1 year Numerator: Denominator: Rate:	10 to 19 years Numerator: Denominator: Rate:	<1 year Numerator: Denominator: Rate:	10 to 19 years Numerator: Denominator: Rate:
1 to 9 years Numerator: Denominator: Rate:	Total Numerator: Denominator: Rate:	1 to 9 years Numerator: Denominator: Rate:	Total Numerator: Denominator: Rate:	1 to 9 years Numerator: Denominator: Rate:	Total Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>		Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:		<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	

**Inpatient**

**MEASURE CLABSI-CH: 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 2012	FFY 2013	FFY 2014
<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Report on this Measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i>   <input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.</p>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). 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> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). 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> Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No

FFY 2012	FFY 2013	FFY 2014
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	<b>Performance Measurement Data:</b> Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	<b>Performance Measurement Data:</b> Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
Pediatric Intensive Care Unit Numerator: Denominator: Rate:  Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate:  Neonatal Intensive Care Unit Numerator: Denominator: Rate:	Pediatric Intensive Care Unit Numerator: Denominator: Rate:  Neonatal Intensive Care Unit Numerator: Denominator: Rate:
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Report on this Measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>

FFY 2012	FFY 2013	FFY 2014
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2012</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2013</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2014</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Per HEDIS, on Medicaid/SCHIP Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). 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> Definition of numerator: Per HEDIS, on Medicaid/SCHIP Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). 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> Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input checked="" type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input checked="" type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
<b>Date Range:</b> <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2013 To: (mm/yyyy) 12/2013</b>
<b>Performance Measurement Data:</b> 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	<b>Performance Measurement Data:</b> 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	<b>Performance Measurement Data:</b> Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days 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

FFY 2012	FFY 2013	FFY 2014
Initiation Phase Numerator: 9063 Denominator: 18904 Rate: 47.94  Continuation and Maintenance (C&M) Phase: Numerator: 3082 Denominator: 5678 Rate: 54.28	Initiation Phase Numerator: 9543 Denominator: 20438 Rate: 46.69  Continuation and Maintenance (C&M) Phase: Numerator: 3547 Denominator: 6594 Rate: 53.79	Initiation Phase Numerator: 9116 Denominator: 17233 Rate: 52.90  Continuation and Maintenance (C&M) Phase: Numerator: 3256 Denominator: 5186 Rate: 62.78
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .
Additional notes on measure: HEDIS allows contraindicators to be removed. Initiation Phase excluded 5 and C&M Phase excluded 2 (removed from the above).	Additional notes on measure:	Additional notes/comments on measure: Ohio combined administrative rates for managed care along with the administrative rates for fee-for-service to create a state-wide rate.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:

**Mental Health**

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      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 Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input checked="" type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      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>Did you Report on this Measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered                      Explain the partial population not covered:  <input checked="" type="checkbox"/> Data not available                      Explain why data not available  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy                      Please explain:  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input checked="" type="checkbox"/> Other: 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 total eligible population, Ohio cannot report on separate rates for children.  <input type="checkbox"/> Small sample size (less than 30)                      Enter specific sample size:  <input type="checkbox"/> Other. Explain:</p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i></p> <p><input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative Data Only  From where is the Administrative Data coming?  <i>Must select one or more if Administrative Data is selected:</i>  <input type="checkbox"/> Medicaid Management Information System (MMIS)  <input type="checkbox"/> Other. <i>Specify:</i>  <input type="checkbox"/> Other: <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of numerator:  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input type="checkbox"/> No</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Performance Measurement Data:</b> Percentage of discharges for children aged 6 years and older that 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</p>	<p><b>Performance Measurement Data:</b> 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</p>	<p><b>Performance Measurement Data:</b> Percentage of discharges for children ages 6 to 20 who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge</p>
<p>7 Day Follow-Up Numerator: Denominator: Rate:</p> <p>30 Day Follow-Up Numerator: Denominator: Rate:</p>	<p>7 Day Follow-Up (children ages 6 to 20) Numerator: Denominator: Rate:</p> <p>30 Day Follow-Up (children ages 6 to 20) Numerator: Denominator: Rate:</p>	<p>7 Day Follow-Up (children ages 6 to 20) Numerator: Denominator: Rate:</p> <p>30 Day Follow-Up (children ages 6 to 20) Numerator: Denominator: Rate:</p>
<p>Deviations from Measure Specifications: <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: <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: <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

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

FFY 2012	FFY 2013	FFY 2014
<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you collect on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If yes, how did you report this measure (select all that apply)</b>  <input type="checkbox"/> Submitted raw data to AHRQ.  <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 collected:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you collect on this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If yes, how did you report this measure (select all that apply)</b>  <input checked="" type="checkbox"/> Submitted raw data to AHRQ.  <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 collected:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you Collect this measure?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Yes, How Did you Report this Measure (select all that apply):</b>  <input checked="" type="checkbox"/> Submitted raw data to AHRQ (CAHPS Database)  <input checked="" type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)  <input type="checkbox"/> Other: <i>Explain:</i></p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i>  <input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  <i>Explain the partial population not covered:</i></p> <p><input type="checkbox"/> Data not available  <i>Explain why data not available</i>  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  <i>Please explain:</i>  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  <i>Enter specific sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2012	FFY 2013	FFY 2014
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input checked="" 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: 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>  Definition of population included in the survey sample:  <input type="checkbox"/> Survey sample includes CHIP (Title XXI) population only.  <input type="checkbox"/> Survey sample includes Medicaid (Title XIX) population only.  <input checked="" type="checkbox"/> Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined.  <input type="checkbox"/> Two sets of survey results submitted; survey samples includes CHIP and Medicaid (Title XIX) populations, separately.</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: Denominator excludes SSI children, children receiving Title IV-E federal foster care maintenance, Title IV-E adoption assistance, children in foster care of other out-of-home placement and 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>  Definition of population included in the survey sample:  <input type="checkbox"/> Survey sample includes CHIP (Title XXI) population only.  <input type="checkbox"/> Survey sample includes Medicaid (Title XIX) population only.  <input checked="" type="checkbox"/> Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined.  <input type="checkbox"/> Two sets of survey results submitted; survey samples includes CHIP and Medicaid (Title XIX) populations, separately.</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: Denominator excludes children receiving Title IV-E federal foster care maintenance or Title IV-E adoption assistance, children in foster care of other out-of-home placement and children receiving services through the Ohio Department of Health's Bureau for Children with Medical Handicaps</p>
<p><b>Which Version of the CAHPS® Survey was Used?</b>  <input type="checkbox"/> CAHPS 4.0.  <input checked="" type="checkbox"/> CAHPS 4.0H.  <input type="checkbox"/> Other. Explain:</p>	<p><b>Which Version of the CAHPS® Survey was Used?</b>  <input type="checkbox"/> CAHPS 5.0.  <input checked="" type="checkbox"/> CAHPS 5.0H.  <input type="checkbox"/> Other. Explain:</p>	<p><b>Which Version of the CAHPS® Survey was Used?</b>  <input type="checkbox"/> CAHPS 5.0.  <input checked="" type="checkbox"/> CAHPS 5.0H.  <input type="checkbox"/> Other. Explain:</p>
<p><b>Which supplemental item sets were included in the survey?</b>  <input type="checkbox"/> No supplemental item sets were included  <input checked="" type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions  <input checked="" type="checkbox"/> Other CAHPS Item Set. Explain: Interpreter</p>	<p><b>Which supplemental item sets were included in the survey?</b>  <input type="checkbox"/> No supplemental item sets were included  <input checked="" type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions  <input checked="" type="checkbox"/> Other CAHPS Item Set. Explain: Quality Improvement - Access to Routine Care (response options modified with NCQA approval)</p>	<p><b>Which Supplemental Item Sets were Included in the Survey?</b>  <input type="checkbox"/> No supplemental item sets were included  <input checked="" type="checkbox"/> CAHPS Item Set for Children with Chronic Conditions  <input checked="" type="checkbox"/> Other CAHPS Item Set. Explain: Quality Improvement - Access to Routine Care (response options modified with NCQA approval)</p>
	<p><b>Which Administrative Protocol was Used to Administer the Survey?</b>  <input checked="" type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol  <input type="checkbox"/> AHRQ CAHPS administrative protocol  <input type="checkbox"/> Other administrative protocol. Explain:</p>	<p><b>Which Administrative Protocol was Used to Administer the Survey?</b>  <input checked="" type="checkbox"/> NCQA HEDIS CAHPS 5.0H administrative protocol  <input type="checkbox"/> AHRQ CAHPS administrative protocol  <input type="checkbox"/> Other administrative protocol. Explain:</p>

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

	FFY 2013	FFY 2014
	<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you report on this measure?</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b></p> <p><input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. Explain:  <input type="checkbox"/> Small sample size (less than 30).  Specify sample size:  <input checked="" type="checkbox"/> Other. Explain:  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></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available  Explain why data not available  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  Please explain:  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  Enter specific sample size:  <input checked="" type="checkbox"/> Other. Explain: 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>

	<b>FFY 2013</b>	<b>FFY 2014</b>
	<p><b>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final.	<p><b>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. Specify version of HEDIS® below: <input type="checkbox"/> Other. Explain:	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used: <input type="checkbox"/> Other. Explain:
	<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:  Explanation:	<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other: Specify:

	<b>FFY 2013</b>	<b>FFY 2014</b>
	<p><b>Definition of Population Included in the Measure:</b> Definition of numerator:</p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</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>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes  If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input type="checkbox"/> No</p>
	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
	<p><b>Performance Measurement Data:</b>  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><b>Performance Measurement Data:</b>  Percentage of females who turned 13 years old during the measurement year and who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday</p>
	<p>Numerator:  Denominator:  Rate:</p>	<p>Numerator:  Denominator:  Rate:</p>
	<p><b>Deviations from Measure Specifications:</b>  <input type="checkbox"/> Year of Data, Explain  <input type="checkbox"/> Data Source, Explain  <input type="checkbox"/> Numerator, Explain  <input type="checkbox"/> Denominator, Explain  <input type="checkbox"/> Other, Explain</p>	<p><b>Deviations from Measure Specifications:</b>  <input type="checkbox"/> Year of Data, Explain  <input type="checkbox"/> Data Source, Explain  <input type="checkbox"/> Numerator, Explain  <input type="checkbox"/> Denominator, Explain  <input type="checkbox"/> Other, Explain</p>

	<b>FFY 2013</b>	<b>FFY 2014</b>
	Additional notes/comments on measure:	Additional notes/comments on measure:
	<b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:  Additional notes on measure:

**MEASURE BHRA-CH: Maternity Care - Behavioral Health Risk Assessment**

	FFY 2013	FFY 2014
	<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you Report on this Measure?</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b></p> <p><input type="checkbox"/> Population not covered.  <input checked="" type="checkbox"/> Data not available. Explain:  <input type="checkbox"/> Small sample size (less than 30).  Specify sample size:  <input type="checkbox"/> Other. Explain:  Ohio does not collect information for this measure.</p>	<p><b>Did you Report on this Measure?</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  Explain the partial population not covered:</p> <p><input checked="" type="checkbox"/> Data not available  Explain why data not available</p> <p><input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  Please explain:</p> <p><input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i></p> <p><input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Information not collected.  <i>Select all that apply</i></p> <p><input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:</p> <p><input checked="" type="checkbox"/> Other: This measure is only specified for calculation using electronic health records; Ohio does not currently have access to this data.</p> <p><input type="checkbox"/> Small sample size (less than 30)  Enter specific sample size:  <input type="checkbox"/> Other. Explain:</p>
	<p><b>Status of Data Reported:</b></p> <p><input type="checkbox"/> Provisional.  Explanation of Provisional Data:  <input type="checkbox"/> Final.</p>	<p><b>Status of Data Reported:</b></p> <p><input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>

	FFY 2013	FFY 2014
	<b>Measurement Specification:</b> <input type="checkbox"/> AMA-PCPI. <input type="checkbox"/> Other. Explain:	<b>Measurement Specification:</b> <input type="checkbox"/> AMA-PCPI. <input type="checkbox"/> Other. Explain:
	<b>Data Source:</b> <input type="checkbox"/> Electronic Health Records. Specify: <input type="checkbox"/> Other. Specify:  Explanation:	<b>Data Source:</b> <input type="checkbox"/> Electronic Health Records. Specify: <input type="checkbox"/> Other. Specify:
	<b>Definition of Population Included in the Measure:</b> Definition of numerator:  Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  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>  Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:  <b>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b> <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No
	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>

**MEASURE BHRA-CH: Maternity Care - Behavioral Health Risk Assessment (continued)**

	<b>FFY 2013</b>	<b>FFY 2014</b>
	<p><b>Performance Measurement Data:</b>                      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>	<p><b>Performance Measurement Data:</b>                      Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug-use screening (illicit and prescription, over the counter), and intimate partner violence screening</p>
	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	<p><b>Deviations from Measure Specifications:</b></p> <input type="checkbox"/> Year of Data, Explain  <input type="checkbox"/> Data Source, Explain  <input type="checkbox"/> Numerator, Explain  <input type="checkbox"/> Denominator, Explain  <input type="checkbox"/> Other, Explain	<p><b>Deviations from Measure Specifications:</b></p> <input type="checkbox"/> Year of Data, Explain  <input type="checkbox"/> Data Source, Explain  <input type="checkbox"/> Numerator, Explain  <input type="checkbox"/> Denominator, Explain  <input type="checkbox"/> Other, Explain
	Additional notes/comments on measure:	Additional notes/comments on measure:
	<p><b>Other Performance Measurement Data:</b>                      (If reporting with another methodology)                      Numerator:                      Denominator:                      Rate:                       Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>                      (If reporting with another methodology)                      Numerator:                      Denominator:                      Rate:                       Additional notes on measure:</p>

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

	FFY 2013	FFY 2014
	<p><b>Did you Update any Data for this Measure?</b> <input type="checkbox"/> Yes</p> <p><b>Did you Report on this Measure?</b></p> <p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b></p> <p><input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. Explain:  <input type="checkbox"/> Small sample size (less than 30).  Specify sample size:  <input checked="" type="checkbox"/> Other. Explain:  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></p> <p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered  <input type="checkbox"/> Population not covered  <input type="checkbox"/> Entire population not covered  <input type="checkbox"/> Partial population not covered  Explain the partial population not covered:  <input type="checkbox"/> Data not available  Explain why data not available  <input type="checkbox"/> Budget constraints  <input type="checkbox"/> Staff constraints  <input type="checkbox"/> Data inconsistencies/accuracy  Please explain:  <input type="checkbox"/> Data source not easily accessible  <i>Select all that apply</i>  <input type="checkbox"/> Requires medical record review  <input type="checkbox"/> Requires data linkage which does not currently exist  <input type="checkbox"/> Other:  <input type="checkbox"/> Information not collected.  <i>Select all that apply</i>  <input type="checkbox"/> Not collected by provider (hospital/health plan)  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:  <input type="checkbox"/> Small sample size (less than 30)  Enter specific sample size:  <input checked="" type="checkbox"/> Other. Explain: 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>

	FFY 2013	FFY 2014
	<p><b>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. Explanation of Provisional Data: <input type="checkbox"/> Final.	<p><b>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used below: <input type="checkbox"/> Other. Explain:	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. Specify HEDIS® Version used below: <input type="checkbox"/> Other. Explain:
	<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative (claims data). Specify: <input type="checkbox"/> Hybrid (claims and medical record data). Specify: <input type="checkbox"/> Survey data. Specify: <input type="checkbox"/> Other. Specify:	<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other: Specify:
	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator:</p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</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>Definition of Population Included in the Measure:</b>            Definition of numerator:</p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</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>Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?</b>  <input type="checkbox"/> Yes            If yes, indicate whether the state-level rate is weighted:  <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit  <input type="checkbox"/> The rates are weighted based on another weighting factor  <input type="checkbox"/> The rates are not weighted  <input type="checkbox"/> No</p>

	<b>FFY 2013</b>	<b>FFY 2014</b>
	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>

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

	FFY 2013		FFY 2014	
	<p><b>Performance Measurement Data:</b>                      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> <p>Percentage of children that remained on an asthma controller medication for at least 50 percent of their treatment period</p> <p>Percentage of children that remained on an asthma controller medication for at least 75 percent of their treatment period.</p> <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>		<p><b>Performance Measurement Data:</b>                      Percentage of children ages 5 to 20 who 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> <p>Percentage of children who remained on an asthma controller medication for at least 50 percent of their treatment period</p> <p>Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period.</p> <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>	
	<p><u>Remained on Asthma Medication for 50 Percent of Treatment Period</u></p> <p><u>5-11 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>12-18 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>19-20 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Total</u>                      Numerator:                      Denominator:                      Rate:</p>	<p><u>Remained on Asthma Medication for 75 Percent of Treatment Period</u></p> <p><u>5-11 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>12-18 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>19-20 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Total</u>                      Numerator:                      Denominator:                      Rate:</p>	<p><u>Remained on Asthma Medication for 50 Percent of Treatment Period</u></p> <p><u>5-11 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>12-18 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>19-20 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Total</u>                      Numerator:                      Denominator:                      Rate:</p>	<p><u>Remained on Asthma Medication for 75 Percent of Treatment Period</u></p> <p><u>5-11 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>12-18 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>19-20 Years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Total</u>                      Numerator:                      Denominator:                      Rate:</p>
	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, Explain</p> <p><input type="checkbox"/> Data Source, Explain</p> <p><input type="checkbox"/> Numerator, Explain</p>		<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, Explain</p> <p><input type="checkbox"/> Data Source, Explain</p> <p><input type="checkbox"/> Numerator, Explain</p>	

	<input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain	<input type="checkbox"/> Denominator, Explain <input type="checkbox"/> Other, Explain
	Additional notes/comments on measure:	Additional notes/comments on measure:
	<b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:  Additional notes on measure:

**Reporting of state-specific measures:**

In addition to reporting the Child 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 2013	FFY 2014	Percent change FFY 2013-2014
CHIP Medicaid Expansion Program	286817	186445	-35
Separate Child Health Program	0	0	

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

Effective January 1, 2014 Ohio Medicaid implemented a new eligibility system. Due to a system error, children that should have been categorized as CHIP eligible were miss-classified as Medicaid eligible only causing CHIP enrollment to decrease. The system error has since been fixed and stabilized enrollment figures will be reflected in future reporting years.

- 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 2011-2013. 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 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	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
2013	94	8.0	3.4	.3
Percent change 1996-1998 vs. 2011-2013	-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 the rest of the question)

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 household 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: 97.0%; in 2010: 96.9%; in 2012: 96.8%

- 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 supplement the use of the Current Population survey. However, due to its size and scope, it validates the CPS and provides additional information for policy planning.
- 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 97.0%. The 2010 OFHS has a standard error of 0.5% with a 95.0% 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]**  
The Ohio Department of Medicaid has used it to better understand the uninsured population, and to estimate the fiscal impact for projected growth and new programming. This information has also been made available to others for analysis and is available to communities (via a website) for grant writing.

## SECTION 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 2012 and FFY 2013) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2014).

Note that the term performance measure is used differently in Section IIA versus IIC. In Section IIA, the term refers to the Child Core Set 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 2014.

**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 2014.
- **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.
  - 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:

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

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

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

### **Date Range: available for 2014 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 2015, 2016 and 2017. Based on your recent performance on the measure (from FFY 2012 through 2014), 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 2012	FFY 2013	FFY 2014
<p><b>Goal #1 (Describe)</b> Percent of Medicaid/SCHIP children with medical coverage for the entire year whose family income is below 200% FPL will be 95% or greater.</p>	<p><b>Goal #1 (Describe)</b> Percent of Medicaid/SCHIP children with medical coverage for the entire year whose family income is below 200% FPL will be 95% or greater.</p>	<p><b>Goal #1 (Describe)</b></p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i> 2012</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  2012 Ohio Medicaid Assessment Survey</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                   Definition of denominator: .                   Definition of numerator: .</p>	<p><b>Definition of Population Included in the Measure:</b>                   Definition of denominator: .                   Definition of numerator: .</p>	<p><b>Definition of Population Included in the Measure:</b>                   Definition of denominator:                   Definition of numerator:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>Performance Measurement Data:</b>                  Described what is being measured:                  Measurement from Ohio Medicaid Assessment Survey for 2012 (please see section IIB)</p> <p>Numerator: 0                  Denominator: 0                  Rate:</p>	<p><b>Performance Measurement Data:</b>                  Described what is being measured:                  Measurement from Ohio Medicaid Assessment Survey for 2012 (please see section IIB).</p> <p>Numerator: 0                  Denominator: 0                  Rate:</p>	<p><b>Performance Measurement Data:</b>                  Described what is being measured:</p> <p>Numerator:                  Denominator:                  Rate:</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 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:</p>

FFY 2012	FFY 2013	FFY 2014
<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><b>Explanation of Progress:</b></p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 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> Ohio will maintain a 95% coverage for children.  <b>Annual Performance Objective for FFY 2014:</b> Ohio will maintain a 95% coverage for children.  <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.  <b>Annual Performance Objective for FFY 2015:</b> Ohio will maintain a 95% coverage for children.  <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>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 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b></p> <p><b>Annual Performance Objective for FFY 2017:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

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

FFY 2012	FFY 2013	FFY 2014
<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 2013: Annual Performance Objective for FFY 2014: 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: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Explanation of Progress:</b>  How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?	<b>Explanation of Progress:</b>  How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?	<b>Explanation of Progress:</b>  How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
<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: Annual Performance Objective for FFY 2014: 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: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
<p><b>Goal #1 (Describe)</b> Ohio has a Medicaid expansion program and these goals are identified under Medicaid enrollment.</p>	<p><b>Goal #1 (Describe)</b> Ohio has a Medicaid expansion program and these goals are identified under Medicaid enrollment.</p>	<p><b>Goal #1 (Describe)</b></p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>

FFY 2012	FFY 2013	FFY 2014
<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><b>Explanation of Progress:</b></p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: 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: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
<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><b>Explanation of Progress:</b></p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014: 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: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Explanation of Progress:</b>  <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>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>

FFY 2012	FFY 2013	FFY 2014
<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 2013: Annual Performance Objective for FFY 2014: 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: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
<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>Explanation of Progress:</b></p> <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 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>  <b>Annual Performance Objective for FFY 2014:</b>  <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>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</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 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
<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><b>Explanation of Progress:</b></p> <p>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 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>  <b>Annual Performance Objective for FFY 2014:</b>  <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>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</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 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
<b>Explanation of Progress:</b>  <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>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>

FFY 2012	FFY 2013	FFY 2014
<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 2013: Annual Performance Objective for FFY 2014: 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: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
<p><b>Goal #1 (Describe)</b> To increase the Use of Appropriate Medications for People with Asthma (Age 5 to 11)</p>	<p><b>Goal #1 (Describe)</b> To increase the Use of Appropriate Medications for People with Asthma (Age 5 to 11).</p>	<p><b>Goal #1 (Describe)</b></p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2012  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2013  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Per HEDIS, Medicaid/SCHIP                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Per HEDIS, Medicaid/SCHIP.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator:                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2011 To: (mm/yyyy) 12/2011</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2012 To: (mm/yyyy) 12/2012</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 13350                      Denominator: 14565                      Rate: 91.6</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 13878                      Denominator: 15509                      Rate: 89.5</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>                       Numerator:                      Denominator:                      Rate:</p>

FFY 2012	FFY 2013	FFY 2014
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <input type="checkbox"/> Other, <i>Explain</i> .	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain</i> .  <input type="checkbox"/> Data Source, <i>Explain</i> .  <input type="checkbox"/> Numerator, <i>Explain</i> .  <input type="checkbox"/> Denominator, <i>Explain</i> .  <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>  <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2013:</b> 93.22% <b>Annual Performance Objective for FFY 2014:</b> 93.22%	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>  <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2014:</b> 90.4% <b>Annual Performance Objective for FFY 2015:</b> 91.3%	<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b>  <b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b>  <b>Annual Performance Objective for FFY 2015:</b> <b>Annual Performance Objective for FFY 2016:</b>

FFY 2012	FFY 2013	FFY 2014
<p><b>Annual Performance Objective for FFY 2015:</b> 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> 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>	<p><b>Annual Performance Objective for FFY 2017:</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 Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)**

FFY 2012	FFY 2013	FFY 2014
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:
<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional note/comments on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?</b>  What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?  Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.  <b>Annual Performance Objective for FFY 2013:</b> <b>Annual Performance Objective for FFY 2014:</b> <b>Annual Performance Objective for FFY 2015:</b>  <i>Explain how these objectives were set:</i>	<b>Explanation of Progress:</b>  <b>How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?</b>  What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?  Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.  <b>Annual Performance Objective for FFY 2014:</b> <b>Annual Performance Objective for FFY 2015:</b> <b>Annual Performance Objective for FFY 2016:</b>  <i>Explain how these objectives were set:</i>	<b>Explanation of Progress:</b>  <b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?</b>  What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?  Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.  <b>Annual Performance Objective for FFY 2015:</b> <b>Annual Performance Objective for FFY 2016:</b> <b>Annual Performance Objective for FFY 2017:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2012	FFY 2013	FFY 2014
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:
<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <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>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 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: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <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: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:
<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 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>  <b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <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>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 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 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional.. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:

FFY 2012	FFY 2013	FFY 2014
<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>  <input type="checkbox"/> Data Source, <i>Explain.</i>  <input type="checkbox"/> Numerator, <i>Explain.</i>  <input type="checkbox"/> Denominator, <i>Explain.</i>  <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> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 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>  <b>Annual Performance Objective for FFY 2014:</b>  <b>Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <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>  <b>Annual Performance Objective for FFY 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 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 2015:</b>  <b>Annual Performance Objective for FFY 2016:</b>  <b>Annual Performance Objective for FFY 2017:</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 2012	FFY 2013	FFY 2014
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:
<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>	<b>Deviations from Measure Specifications:</b> <input type="checkbox"/> Year of Data, <i>Explain.</i>

FFY 2012	FFY 2013	FFY 2014
<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	<input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
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<b>Explanation of Progress:</b>  <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: Annual Performance Objective for FFY 2014: Annual Performance Objective for FFY 2015:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <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: Annual Performance Objective for FFY 2015: Annual Performance Objective for FFY 2016:</b></p> <p><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 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 2015: Annual Performance Objective for FFY 2016: Annual Performance Objective for FFY 2017:</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]**

Over the last year's reporting period, the Ohio Department of Medicaid (ODM) focused efforts on further refining the Ohio Medicaid Quality Strategy which has been implemented across all delivery systems and Ohio Medicaid populations. 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 the majority of children eligible for Medicaid are enrolled in a Managed Care Plan (MCP), all of the MCPs are expected to participate in the State's efforts to meet the associated requirements and expected outcomes established in the Ohio Medicaid Quality Strategy. To ensure that MCPs are operating within the framework of the Quality Strategy, ODM created a comprehensive accountability system for assessing and improving the quality of care provided to its consumers. MCP performance is evaluated through a system of internal compliance reviews, monitoring 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 2013 to FY 2014, the percent of children who completed a visit with a primary care provider remained relatively unchanged (an approximate 1% decrease across all age groups). In the area of well child care, there was continued improvement in the number of children in the 3rd, 4th, 5th and 6th year of life who received a visit; however, for children in the first 15 months of life, there was a slight decrease of approximately 6 percentage points in the number of children who received 6 or more visits.

B) ODM uses results from annual member satisfaction surveys in order to provide important feedback on MCP performance but also to improve overall member satisfaction with the managed care program. In 2013, ODM required the MCPs to administer a consumer satisfaction survey for MCP members using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.0H Child Medicaid Health Plan Survey (with chronic conditions measurement set). The Ohio Medicaid Managed Care Program's overall member satisfaction (star) ratings were at or above the 75th percentile for the following global and composite measures: Rating of All Health Care, Rating of Personal Doctor, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

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 2015 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:

ODM administered a quality of life survey 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. Results from the 2014 survey will be available in spring 2015. In addition, ODM plans to conduct a survey to evaluate member'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.

In FY 2014, ODM continued 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. Efforts to monitor MCP performance on key clinical quality indicators will continue on an annual basis.

One-third of the 21 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 and prevalent conditions for the child populations as well as the greatest opportunities for improving health outcomes and quality of care.

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

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).

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 impactful 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. MCPs' high risk care management program are leading to measureable reductions in emergency department visits, inpatient utilization, and medical costs. In ffy 2014, ODM is working with

the external quality review organization, Health Services Advisory Group, to design an evaluation of the impact and effectiveness of the MCPs' high risk care management programs.

B. 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. Serving as a model for shared decision-making, a toolkit has been developed and is available at [ohiomindsmatter.org](http://ohiomindsmatter.org).

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. Following these efforts, OPQC will focus on pre-term birth prevention through the delivery of 17P. 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 (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. In fys 2013 and 2014, the BEACON Childhood Obesity Network focused 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 suggested that some participating provider practices have seen a decrease in some of their patients' body mass index. BEACON is focused on escalating the importance of the appropriate prescribing of opiates, specifically to transitional youth in foster care.

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. As a result of this study, ODM learned the value of opening a 72 hour stabilization unit, one of which is currently operating. In addition, another important takeaway is that ODM recognized that telemedicine must be delivered as part of a comprehensive solution, and not in isolation. ODM intends to link this promising practice to value-based purchasing, episodes of care, and accountable care organizations.

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:

Improving infant mortality rates continues to be a top priority for ODM. The goal in 2014 has been to move beyond isolated efforts, pilot projects, etc., and work towards creating systems that improve health outcomes by getting to meaningful action together with key partners. This was achieved through some of the following efforts:

- Extended Medicaid coverage to more individuals through expanding Medicaid eligibility.
- Provided temporary Medicaid coverage to pregnant women so medical services can be accessed while the Medicaid application is being processed in conjunction with recognizing entities that may establish Medicaid eligibility.
- Invested in linking Ohio Department of Health Vital Statistics' data and Medicaid claims in order to more timely identify high risk women and connecting them to enhanced maternal care services offered by the MCPs.
- Strengthened the connection between existing quality improvement initiatives and value based purchasing efforts through the creation of a high risk perinatal episode of care.
- Launched the planning phase of a rapid cycle performance improvement strategy that will focus on taking 17P to scale for high-risk pregnant women in 2015-2016.
- Focused efforts on addressing social determinants of health through adding health equity language to MCP contracts, through meaningful use of health equity data in quality improvement projects, and targeting populations and hot spots in conjunction with care management strategies.

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

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

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

Please reference and summarize attachments that are relevant to specific questions

### A. OUTREACH

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

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

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

Ohio 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.

3. 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.

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

Yes

No

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

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

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

(Identify the data source used). [7500]

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.*

1. Table 1.

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

	List all exemptions to imposing the period of uninsurance <b>[1000]</b>	
	<input type="checkbox"/>	N/A

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

1. 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]**
  
2. 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]**
  
3. Do you track the number of individuals who have access to private insurance?\_
  - Yes
  - No

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

### C. ELIGIBILITY

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

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

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

If yes

1. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]**

2. 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]

ii. Select the measures from those below that 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 TEST

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

Ohio sends at least 1 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 20 days before the end of the current eligibility period.

Other, please explain: [500]

iii. 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 B: Eligibility Data**

**Table 1. Application Status of Title XXI Children in FFY 2014**

States are required to report on all questions (1,2,2.a.,2.b., and 2.c) in FFY 2014. 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		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		
2. Total number of applicants denied for other reasons Please indicate: (Check here if there are no additional categories <input type="checkbox"/> )		

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

**Definitions:**

1. The “total number of title XXI applicants,” including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2014. 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 2014 (e.g., an application that was determined eligible in September 2014, but coverage was effective October 1, 2014 is counted in FFY 2014).
2. The “the total number of denials” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2014. This definition only includes denials for title XXI at the time of initial application (not redetermination).
  1. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2014 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
  2. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2014 (i.e., income too high, income too low for title XXI referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.)
    - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
  3. 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 2014.

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 (If unable to provide the data, check here <input type="checkbox"/> )					
2. Disenrolled from title XXI because income too low for title XXI (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 (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) Please indicate: (If unable to provide the data check here <input type="checkbox"/> )					
5. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/> )					

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:**

1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2014, 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.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the State for redetermination in FFY 2014 (i.e., those children whose families have returned redetermination forms to the State, as well as administrative redeterminations and ex parte redeterminations).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2014.
4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2014. 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 2014 (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 2014**

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 2014, with states identifying newly enrolled children in the second quarter of FFY 2014 (January, February, and March of 2014). If your eligibility system already has the capability to track a cohort of enrollees over time, an additional “flag” or unique identifier may not be necessary.**

**NOTE: The first cohort of newly enrolled children was identified in the second quarter of 2012 (January, February, and March of 2012), was followed for 18 months (through FFY2013), and stopped. This new cohort is required for all states in the second quarter of FFY2014 (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 2014, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2014 must have birthdates after July 1997 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18<sup>th</sup> month of coverage. Similarly, children enrolled in February 2014 must have birthdates after August 1997, and children enrolled in March 2014 must have birthdates after September 1997. Each child newly enrolled during this time frame needs a unique identifier or “flag” so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional “flag” or unique identifier may not be necessary. Please follow the child based on the child’s age category at the time of enrollment (e.g., the child’s age at enrollment creates an age cohort that does not change over the 18 month time span). Please enter the data requested in the 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 2014, he/she would not be enrolled in either title XXI or title XIX in December 2013, etc.)

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

Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2014		100%		100%		100%		100%		100%
<b>Enrollment Status 6 months later</b>										
2. Total number of children continuously enrolled in title XXI										

3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
4. Total number of children disenrolled from title XXI										
4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )										
<b>Enrollment Status 12 months later</b>										
5. Total number of children continuously enrolled in title XXI										
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )										

7. Total number of children disenrolled from title XXI										
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )										
<b>Enrollment Status 18 months later</b>										
8. Total number of children continuously enrolled in title XXI										
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )										
10. Total number of children disenrolled from title XXI										
10.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )										

**Definitions:**

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

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

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

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

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

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

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

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

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

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

## D. COST SHARING

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?
  - a. Cost sharing is tracked by:
    - Enrollees (shoebox method)  
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))
  - 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
  - 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 2014

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. 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:

- q. 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

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

s. 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]

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

- Yes
- No

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

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

- Yes
- No

v. Can you cap enrollment for your program?

- Yes
- No

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

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

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

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

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

Please explain: **[7500]**

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

- Yes
- No

Please Explain: **[500]**

2. For the reporting period, please report the

\_\_\_\_\_ Number of fair hearing appeals of eligibility denials  
\_\_\_\_\_ Number of cases found in favor of beneficiary

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

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 FFY: 2014	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 Treatment Services <sup>4</sup>	0						

<sup>1</sup> Total Individuals Enrolled for at Least 90 Continuous Days – Enter the total unduplicated number of children who have been continuously enrolled in a separate CHIP program or the

separate CHIP part of a combination program for at least 90 continuous days in the Federal fiscal year, distributed by age. For example, if a child was enrolled January 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>.

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

**Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement?**  Yes  No

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

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

**If No, Explain Why:**

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

- Service not covered
- Population not covered
  - Entire population not covered
  - Partial population not covered
  - Explain the partial population not covered:
- Data not available
  - Explain why data not available
  - Budget constraints
  - Staff constraints
  - Data inconsistencies/accuracy
  - Please explain:
  - Data source not easily accessible
    - Select all that apply:*
    - Requires medical record review
    - Requires data linkage which does not currently exist
    - Other:
  - Information not collected.
    - Select all that apply:*
    - Not collected by provider (hospital/health plan)
    - Other:
  - Other:
- Small sample size (less than 30).
  - Enter specific sample size:
- Other. Explain:

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

Definition of Population Included in the Survey Sample:

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

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

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

- CAHPS® 5.0
- CAHPS® 5.0H
- Other.

*Explain:*

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

- No supplemental item sets were included
- CAHPS Item Set for Children with Chronic Conditions
- Other CAHPS Item Set. Explain: CAHPS Item Set for Children with Chronic Conditions; Quality Improvement-- Access to Routine Care (Items 6a. and 6b. in AHRQ's CAHPS Health Plan Survey 4.0 supplemental Items for the Child Questionnaires)

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

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

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period =Federal Fiscal Year 2014. 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

	2014	2015	2016
<b>Benefit Costs</b>			
Insurance payments			
Managed Care	272911514	276004273	287013683
Fee for Service	94112707	97473121	101915140
<b>Total Benefit Costs</b>	367024221	373477394	388928823
(Offsetting beneficiary cost sharing payments)			
<b>Net Benefit Costs</b>	\$ 367024221	\$ 373477394	\$ 388928823

### Administration Costs

Personnel			
General Administration	10251499	10000000	10000000
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
<b>Total Administration Costs</b>	10251499	10000000	10000000
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	40780469	41497488	43214314

<b>Federal Title XXI Share</b>	279599036	283198055	294608936
<b>State Share</b>	97676684	100279339	104319887

<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	377275720	383477394	398928823
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2. What were the sources of non-federal funding used for state match during the reporting period?

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

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

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

	2014		2015		2016	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	1677754	\$ 163	1683139	\$ 164	1670593	\$ 172
Fee for Service	117971	\$ 798	132393	\$ 736	131403	\$ 776

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

## SECTION V: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

The Ohio Department of Medicaid (ODM), in conjunction with the Governor's Office of Health Transformation (OHT), continues to lead statewide efforts on Medicaid modernization and cost-containment. Over the past four years, this partnership has led a number of innovative new initiatives aimed at improving the health care options and outcomes for uninsured children and their families. Central to these efforts is our work to streamline how government-ran health systems and programs interact with each other and with beneficiaries and how private-sector partners can be engaged to drive system-wide reform that improves health outcomes for Ohio's children.

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

For the reporting period, implementing an extension of Medicaid coverage and developing a new eligibility system continued to be a challenge.

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

For the reporting period, Ohio was successful in:

1. Extending Medicaid coverage and maintained a core benefit package that focused on and encouraged primary care services.
  2. Linked Vital Statistics Files to Medicaid claims to identify women at-risk of poor birth outcomes.
  3. Continued the statewide rollout of the Medicaid presumptive eligibility for children and pregnant women initiative.
4. What changes have you made or are planning to make in your CHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

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

- 1) Through the State Innovation Model (SIM) initiative, Ohio intends to transform payment by implementing value-based reimbursement through population-based and episode-based payment. The result will be improved care, better outcomes, and healthier members.
- 2) Improving Medicaid managed care plan performance by modifying care management and incentive-based performance requirements. The state hopes to improve clinical quality measures by expanding care management requirements to more populations and rewarding performance in specific clinical areas.
- 3) Implement an eligibility modernization project to simplify client eligibility based on income, streamline state and local responsibility for eligibility determination, and modernize eligibility system technology. The impact of this change will be reduced churn leading to greater stability in health care coverage for members and improved clinical quality performance.

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