

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

## **Preamble**

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

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

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

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

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

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

**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: IL  
(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: \_\_\_\_\_  
**Theresa Eagleson**

CHIP Program Name(s): All, KidCare & FamilyCare

CHIP Program Type:

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

Reporting Period: 2011 Note: Federal Fiscal Year 2011 starts 10/1/2010 and ends 9/30/2011.

Contact Person/Title: Lynne Thomas/Chief, Bureau of All Kids

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Submission Date: 3/1/2012

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

## SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

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

		CHIP Medicaid Expansion Program				Separate Child Health Program					
* Upper % of FPL are defined as <u>Up to and Including</u>											
Gross or Net Income: ALL Age Groups as indicated below											
		Is income calculated as gross or net income?	<input type="checkbox"/>	Income Net of Disregards	Is income calculated as gross or net income?	<input type="checkbox"/>	Gross Income				
						<input type="checkbox"/>	Income Net of Disregards				
Eligibility					From	0	% of FPL conception to birth	200	% of FPL *		
	From		% of FPL for infants	% of FPL *	From	0	% of FPL for infants	200	% of FPL *		
	From		% of FPL for children ages 1 through 5	% of FPL *	From	134	% of FPL for children ages 1 through 5	200	% of FPL *		
	From	101	% of FPL for children ages 6 through 16	133	% of FPL *	From	134	% of FPL for children ages 6 through 16	200	% of FPL *	
	From	101	% of FPL for children ages 17 and 18	133	% of FPL *	From	134	% of FPL for children ages 17 and 18	200	% of FPL *	
					From	134	% of FPL for pregnant women ages 19 and above	200	% of FPL *		

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	<p>Yes, for whom and how long? <b>[1000]</b>  All applicants under age 19 with declared income up to 200% FPL who do not appear to be undocumented non-citizens and who have not had PE in the last 12 months. PE begins with the date of application and continues until regular medical coverage begins or for five days after the application is denied.</p>	<input checked="" type="checkbox"/>	<p>Yes - Please describe below:</p> <p>For which populations (include the FPL levels) <b>[1000]</b>  All applicants under age 19 with declared income up to 200% FPL who do not appear to be undocumented non-citizens and who have not had PE in the last 12 months. PE begins with the date of application and continues until regular medical coverage begins or for five days after the application is denied.</p> <p>Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period <b>[1000]</b>  Only one PE period per child is allowed within a 12 month period.</p> <p>Brief description of your presumptive eligibility policies <b>[1000]</b>  PE is authorized at the time the application is registered by state staff</p>
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	<p>Yes, for whom and how long? <b>[1000]</b>  For up to 3 months prior to the date of application. Available to all who request and are income eligible for the backdate period.</p>	<input checked="" type="checkbox"/>	<p>Yes, for whom and how long? <b>[1000]</b>  Prior coverage is available for up to 2 weeks prior to the date of application. It is only available the first time the child enters the separate CHIP program.</p>
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Please check all the methods of application utilized by your state.	<input checked="" type="checkbox"/>	Mail-in application	<input checked="" type="checkbox"/>	Mail-in application
	<input checked="" type="checkbox"/>	Phoned-in application	<input checked="" type="checkbox"/>	Phoned-in application
	<input checked="" type="checkbox"/>	Program has a web-based application that can be printed, completed, and mailed in	<input checked="" type="checkbox"/>	Program has a web-based application that can be printed, completed, and mailed in
	<input checked="" type="checkbox"/>	Applicant can apply for your program on-line	<input checked="" type="checkbox"/>	Applicant can apply for your program on-line

	<input checked="" type="checkbox"/>	Signature page must be printed and mailed in	<input checked="" type="checkbox"/>	Signature page must be printed and mailed in
	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input type="checkbox"/>	Electronic signature is required
			<input type="checkbox"/>	No Signature is required

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

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

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

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No		
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes		
	Specify number of months		12	Specify number of months		12
	Explain circumstances when a child would lose eligibility during the time period in the box below [1000]			Explain circumstances when a child would lose eligibility during the time period in the box below [1000]		
	If the child moves out of state, turns 19 or becomes an inmate of a public institution.			If the child moves out of state, turns 19 or becomes an inmate of a public institution. Children in families with income above 150% FPL lose coverage if the premium is not paid.		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A			

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No				
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes				
	Enrollment fee amount		Enrollment fee amount					
	Premium amount		Premium amount		15			
	If premiums are tiered by FPL, please breakout by FPL				If premiums are tiered by FPL, please breakout by FPL			
	Premium Amount		Premium Amount		Premium Amount		Premium Amount	
	Range from	Range to	From	To	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL	\$15	\$ 15	% of FPL 151	% of FPL 200
	\$	\$	% 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		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	\$15	\$40	% of FPL 151	% of FPL 200
	\$	\$	% 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 [500]				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) [500]			
					The premium is \$15 to \$40 per month depending on the number of family members covered. There is a \$100 annual cap per family on copayments.			
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A					

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

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

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

Does your program require income disregards? <b>(Note: if you checked off net income in the eligibility question, you must complete this question)</b>	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below <b>[1000]</b>		If Yes, please describe below <b>[1000]</b>	
	The first \$90 of earnings per employed adult and the first \$50 of child support received.		The first \$90 of earnings per employed adult and the first \$50 of child support received.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Which delivery system(s) does your program use?	<input checked="" type="checkbox"/>	Managed Care	<input checked="" type="checkbox"/>	Managed Care
	<input checked="" type="checkbox"/>	Primary Care Case Management	<input checked="" type="checkbox"/>	Primary Care Case Management
	<input checked="" type="checkbox"/>	Fee for Service	<input checked="" type="checkbox"/>	Fee for Service
	Please describe which groups receive which delivery system <b>[500]</b> Most children are required to enroll in either PCCM or Managed Care. PCCM is available statewide. Managed care is only offered in a few counties. Children who are American Indians or Alaska Natives, receive SSI, are blind or disabled, in foster care, subsidixed guardianship or receiving adoption assistance are excluded from both PCCM and Managed Care.		Please describe which groups receive which delivery system <b>[500]</b> Most children are required to enroll in either PCCM or Managed Care. PCCM is available statewide. Managed care is only offered in a few counties. Children who are American Indians or Alaska Natives, receive SSI, are blind or disabled, in foster care, subsidixed guardianship or receiving adoption assistance are excluded from both PCCM and Managed Care.	

Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes

	<input type="checkbox"/> We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/> We send out form to family with their information pre-completed and ask for confirmation
	<input checked="" type="checkbox"/> We send out form but do not require a response unless income or other circumstances have changed	<input checked="" type="checkbox"/> We send out form but do not require a response unless income or other circumstances have changed
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

**Comments on Responses in Table:**

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

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

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

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

Childless adults

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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x) Other – please specify

a.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	_____ _____
b) Application	_____ _____
c) Application documentation requirements	_____ _____
d) Benefits	_____ _____
e) Cost sharing (including amounts, populations, & collection process)	_____ _____
f) Crowd out policies	_____ _____
g) Delivery system	_____ _____
h) Eligibility determination process	_____ _____
i) Implementing an enrollment freeze and/or cap	_____ _____
j) Eligibility levels / target population	_____ _____
k) Assets test in Medicaid and/or CHIP	_____ _____

l) Income disregards in Medicaid and/or CHIP	
m) Eligibility redetermination process	
n) Enrollment process for health plan selection	
o) Family coverage	
p) Outreach	
q) Premium assistance	
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
s) Expansion to "Lawfully Residing" children	
t) Expansion to "Lawfully Residing" pregnant women	
u) Pregnant Women State Plan Expansion	
v) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
x) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. **[7500]**  
CHIP Annual Report Template – FFY 2011



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

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

### SECTION IIA: REPORTING OF THE INITIAL CORE SET OF CHILDREN'S HEALTH CORE QUALITY MEASURES

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

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

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

<http://www.cms.gov/MedicaidCHIPQualPrac/Downloads/CHIPRACoreSetTechManual.pdf>

**The reporting of the Initial Care Set of Measures 1-23 is voluntary. Title XXI programs are required to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013.**

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

	Measure	Measure Steward	Description	Reporting
2	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 visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	Measure is voluntary.
3	Percentage of live births weighing less than 2,500 grams	CDC	Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	Measure is voluntary.
4	Cesarean Rate for Nulliparous Singleton Vertex	California Maternal Care Collaborative	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	Measure is voluntary.
5	Childhood Immunization Status	NCQA/HEDIS	Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday.	Measure is voluntary.
6	Immunizations for Adolescents	NCQA/HEDIS	Percentage of adolescents who turned 13 years old during the measurement year who had specific vaccines by their thirteenth birthday.	Measure is voluntary.
7	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender.	Measure is voluntary.
8	Developmental Screening in the First Three Years of Life	Child and Adolescent Health Measurement Initiative and NCQA	Percentage of children screened for risk development, behavioral, and social delays using a standardized, screening tool in the first, second, and third year of life	Measure is voluntary.
9	Chlamydia Screening	NCQA/HEDIS	Percentage of women 16- 20 who were identified as sexually active who had at least one test for Chlamydia during the measurement year	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
10	Well Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	Measure is voluntary.
11	Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	NCQA/HEDIS	Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	Measure is voluntary.
12	Adolescent Well-Care Visits	NCQA/HEDIS	Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Measure is voluntary.
13	Percentage of Eligibles who Received Preventive Dental Services	CMS	Percentage of eligible children ages 1-20 who received preventive dental services	Measure is voluntary.
14	Children and Adolescents' Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none"> <li>• Children 12- 24 months and 25 months – 6 years who had a visit with a PCP during the measurement year</li> <li>• Children 7 – 11 years and adolescents 12 – 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year</li> </ul>	Measure is voluntary.
15	Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS	Percentage of children who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	Measure is voluntary.
16	Otitis Media with Effusion – avoidance of inappropriate use of systemic antimicrobials in children – ages 2-12	American Medical Association/ Physician Consortium for Performance Improvement	Percentage of children ages 2 months through 12 years with a diagnosis of otitis media with effusion (OME) who were not prescribed systemic antimicrobials	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
17	Percentage of Eligibles who Received Dental Treatment Services	CMS	Percentage of eligible children Ages 1-20 who received dental treatment services	Measure is voluntary.
18	Ambulatory Care: Emergency Department Visits	NCQA/HEDIS	The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	Measure is voluntary.
19	Pediatric central-line associated blood stream infections – NICU and PICU	CDC	Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Measure is voluntary.
20	Annual percentage of asthma patients (2-20 yo) with 1 or more asthma-related emergency room visits	Alabama Medicaid	Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ER visits	Measure is voluntary.
21	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 when the first ADHD medication was dispensed. Two rates are reported: one for the initiation phase and one for the continuation and maintenance phase	Measure is voluntary.
22	Annual Pediatric hemoglobin A1C testing	NCQA	Percentage of children with diabetes and an HbA1c test during the measurement year.	Measure is voluntary.
23	Follow-up after hospitalization for mental illness	NCQA/HEDIS	Percentage of discharges for children 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner	Measure is voluntary.

	Measure	Measure Steward	Description	Reporting
24	Consumer Assessment Of Healthcare Providers And Systems (CAHPS®) Health Plan Survey 4.0H (Child version including Medicaid and Children with Chronic Conditions supplemental items)	NCQA/HEDIS	Survey on parents' experience with their child's care	<p><b>Reporting Required in 2013</b></p> <p>Title XXI programs are <u>required</u><sup>1</sup> to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013.</p> <p>If States are already working with the <b>Agency for Healthcare Research and Quality (AHRQ)</b> to report CAHPS, they can continue doing so. We ask that States indicate in CARTS that they have submitted CAHPS data to AHRQ and using the CARTS attachment facility, provide a copy of the CAHPS results to CMS (do not submit raw data on CAHPS to CMS).</p>

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second columns, data from the previous to years' annual reports (FFY 2009 and FFY 2010) will be populated with data from previously reported data in CARTS; enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data 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 2011). Additional instructions for completing each row of the table are provided below.

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

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

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

- Population not covered: Check this box if your program does not cover the population included in the measure.

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<sup>1</sup> P.L. 111-3, §402(a)(2)(e)

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

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

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

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

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

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

- Final: Check this box if the data you are reporting are considered final for the current CARTS reporting period.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

#### **Measurement Specification:**

For each measure, please indicate whether the measure is based on HEDIS® technical specifications, the specifications developed by other measure stewards listed in the Technical Specifications and Resource Manual (e.g. CMS, CDC, AMA/PCPI), or “other” measurement specifications. If HEDIS® is selected, the HEDIS® Version field must be completed. If “Other” measurement specification is selected, the explanation field must be completed. States should use the technical specifications outlined in the Technical Specifications and Resource Manual for the Initial Core Set of Children's Health Care Quality Measures.

#### **HEDIS® Version:**

Please specify HEDIS® Version (example 2009, 2010). This field must be completed only when a user selects the HEDIS® measurement specification.

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

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

#### **Data Source:**

For each measure, please indicate the source of data or methodology used to calculate the measure – administrative data (such as claims and encounters) (specify the kind of administrative data used); hybrid methods (combining administrative data and medical records) (specify how the two were used to create the rate); survey data (specify the survey used); or other source (specify the other source).

#### **Definition of Population included in the Measure:**

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

**Denominator:** Please indicate the definition of the population included in the denominator for each measure by checking one box to indicate whether the data are for the CHIP population only, the Medicaid 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, the Medicaid population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator, including those who are excluded from the denominator. For example, please note if the denominator excludes children enrolled in managed care in certain counties or certain plans or if it excludes children in fee-for-service or PCCM. Also, please report the number of children excluded. The provision of this information is important and will provide CMS with a context so that comparability of denominators can be assessed across the States and over time.

#### **Deviation from Measure Technical Specification**

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

The five types (and examples) of deviations are:

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).

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

#### **Year of Data: not available for the 2011 CARTS reporting period.**

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

#### **Date Range: available for 2011 CARTS reporting period.**

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

#### **Initial Core Set Measurement Data (HEDIS® or Other):**

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

**Note: 2011 CARTS will calculate the rate when you enter the numerator and denominator.**

**For CARTS versions prior to 2011 States were able to enter a rate without entering a numerator and denominator (If you typically calculate separate rates for each health plan or delivery system, report the aggregate state-level rate for each measure [or component]. The preferred method is to calculate a single state-level “weighted rate” based on the distribution of the eligible population included in each separate rate.) Beginning in 2011, CARTS will be requiring States to report numerators and denominators rather than providing them the option of only reporting the rate. If States reported a rate in years prior to 2011, that data will be able to be edited if the need arises.**

**Explanation of Progress:**

The intent of this section is to allow your State to demonstrate how you are using the measures. Please highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2012, 2013, and 2014. Based on your recent performance on the measure (from FFY 2009 through 2011), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

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

**Other Comments on Measure:**

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

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

**CHIPRA Quality Demonstration States have the option of reporting State developed quality measures through CARTS. Instructions may be found on page 25 in the web-based template and after core measure 24 on the Word template.**

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

**Is the State submitting an EQRO report as an attachment to the 2011 CARTS?**

Yes       No

**If yes, please provide a further description of the attachment. [7500]**

In accordance with the Balanced Budget Act of 1997, 42 CFR 438, the state requires the External Quality Review Organization (EQRO) to produce a detailed External Quality Review (EQR) Technical Report, annually, that describes the manner in which the data from all activities conducted in accordance with 438.358 were aggregated and analyzed, and conclusions were drawn as to the quality, timeliness, and access to the care furnished by the MCO. For each activity the EQR Technical Report must include: objectives; technical methods of data collection and analysis; description of data obtained; and conclusions drawn from the data.

The EQR Technical Report includes the following information:

- (1) An analysis of each MCO's strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to program participants.
- (2) An analysis of MCO compliance with state and Federal regulations, contract compliance and compliance with its quality assurance program (QAP).
- (3) Methodologically appropriate, comparative information about all the MCOs.
- (4) Findings relative to MCO specific and aggregate results of performance measures and performance improvement projects (PIPs).
- (5) Recommendations for improving the quality of health care services furnished by each MCO.
- (6) An assessment of the degree to which each MCO has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's external quality review.
- (7) The EQRO's recommendations regarding the State's Quality Strategy.

**If the State is not submitting an EQRO report as an attachment to the 2011 CARTS, please explain. [7500]**



**Category I - PREVENTION AND HEALTH PROMOTION**  
**Prenatal/Perinatal**

**MEASURE 1: Timeliness of prenatal care**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2009</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2010</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 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 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>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).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled (Title XIX, Title XXI) with prenatal visit in the first trimester or within 42 days of enrollment, depending on the date of enrollment and any gaps in enrollment during pregnancy.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled (Title XIX, Title XXI) with prenatal visit in the first trimester or within 42 days of enrollment, depending on the date of enrollment and any gaps in enrollment during pregnancy.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.</p>

FFY 2009	FFY 2010	FFY 2011
	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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year using methods identified in HEDIS® to identify live births.	<input type="checkbox"/> Denominator includes Medicaid 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: HFS continuously enrolled (Title XIX, Title XXI) with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year using methods identified in HEDIS® to identify live births.
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 11/2008 To: (mm/yyyy) 11/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 11/2009 To: (mm/yyyy) 11/2010</b>
<b>HEDIS 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>HEDIS 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>HEDIS 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: Denominator: Rate:	Numerator: 45567 Denominator: 84293 Rate: 54.1	Numerator: 45505 Denominator: 81973 Rate: 55.5
Additional notes on 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> The deviation(s) consists of differences between HFS' measure based on HEDIS® 2007 and the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>  Additional notes on measure: The HEDIS® version used for this measure is 2007. To continue data entry, 2009 was entered in the "Measurement Specifications" section since 2007 was not allowed as an entry.	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> The deviation(s) consists of differences between HFS' measure based on HEDIS® 2007 and the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>  Additional notes on measure: The HEDIS® version used for this measure is 2007. To continue data entry, 2010 was entered in the "Measurement Specifications" section since 2007 was not allowed as an entry.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i>	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i>	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i>

FFY 2009	FFY 2010	FFY 2011																																																																						
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:																																																																						
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:																																																																						
<b>Explanation of Progress:</b>																																																																								
<p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 to FFY2011, there was a percent change increase of +2.59 in the percent of deliveries where a prenatal care visit was received within the first trimester or within 42 days of enrollment.</p>																																																																								
<p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> The Illinois Department of Healthcare and Family Services (HFS), the states sole Medicaid agency, is developing an interconception program focusing on high-risk pregnant women, including pregnant teens, who are at risk of having poor birth outcomes (e.g., low and very low birth weight births, and infant demise). Improved birth outcomes may be obtained by identifying pregnant women early in their pregnancy; promoting healthy pregnancies through assuring evidence-based clinical guidelines are being followed; prenatal education is made available to the entire membership; and stratified levels of support, based on risks, are provided to pregnant women through monitoring and support sufficient to access needed services.</p>																																																																								
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p>																																																																								
<p><b>Annual Performance Objective for FFY 2012:</b> 59.96% (2011 data)</p>																																																																								
<p><b>Annual Performance Objective for FFY 2013:</b> 63.96% (2012 data)</p>																																																																								
<p><b>Annual Performance Objective for FFY 2014:</b> 67.57% (2013 data)</p>																																																																								
<p><i>Explain how these objectives were set:</i></p>																																																																								
<table border="1"> <thead> <tr> <th colspan="10">Timeliness of Prenatal Care (HFS Continuously Enrolled)</th> </tr> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> <th>% Improve-ment</th> <th>Annual Improve-ment</th> <th>Projection for Following Year</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>2010</td> <td>55.51</td> <td>100</td> <td>44.49</td> <td>10%</td> <td>4.45</td> <td>59.96</td> <td colspan="2"></td> </tr> <tr> <td>2012</td> <td>2011</td> <td>59.96</td> <td>100</td> <td>40.04</td> <td>10%</td> <td>4.00</td> <td>63.96</td> <td colspan="2"></td> </tr> <tr> <td>2013</td> <td>2012</td> <td>63.96</td> <td>100</td> <td>36.04</td> <td>10%</td> <td>3.60</td> <td>67.57</td> <td colspan="2"></td> </tr> <tr> <td>2014</td> <td>2013</td> <td>67.57</td> <td>100</td> <td>32.43</td> <td>10%</td> <td>3.24</td> <td>70.81</td> <td colspan="2"></td> </tr> <tr> <td>2015</td> <td>2014</td> <td>70.81</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> </tbody> </table>			Timeliness of Prenatal Care (HFS Continuously Enrolled)										FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year			2011	2010	55.51	100	44.49	10%	4.45	59.96			2012	2011	59.96	100	40.04	10%	4.00	63.96			2013	2012	63.96	100	36.04	10%	3.60	67.57			2014	2013	67.57	100	32.43	10%	3.24	70.81			2015	2014	70.81							
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2011	2010	55.51	100	44.49	10%	4.45	59.96																																																																	
2012	2011	59.96	100	40.04	10%	4.00	63.96																																																																	
2013	2012	63.96	100	36.04	10%	3.60	67.57																																																																	
2014	2013	67.57	100	32.43	10%	3.24	70.81																																																																	
2015	2014	70.81																																																																						
<b>Other Comments on Measure:</b>																																																																								

**MEASURE 2: Frequency of Ongoing Prenatal Care**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2009</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2010</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 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 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>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).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Women with unduplicated count of &lt;21%, 21-40%, 41-60%, 61-80%, or &gt;81% of the expected visits, adjusted by month of pregnancy at enrollment and gestational age.                      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><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Women with unduplicated count of &lt;21%, 21-40%, 41-60%, 61-80%, or &gt;81% of the expected visits, adjusted by month of pregnancy at enrollment and gestational age.                      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>

FFY 2009	FFY 2010	FFY 2011
	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year using methods identified in HEDIS® to identify live births.	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) with a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year using methods identified in HEDIS® to identify live births.
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 11/2008 To: (mm/yyyy) 11/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 11/2009 To: (mm/yyyy) 11/2010</b>
<b>HEDIS 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: <ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits</li> <li>21 percent – 40 percent of expected visits</li> <li>41 percent – 60 percent of expected visits</li> <li>61 percent – 80 percent of expected visits</li> <li>≥ 81 percent of expected visits</li> </ul>	<b>HEDIS 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: <ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits</li> <li>21 percent – 40 percent of expected visits</li> <li>41 percent – 60 percent of expected visits</li> <li>61 percent – 80 percent of expected visits</li> <li>≥ 81 percent of expected visits</li> </ul>	<b>HEDIS 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: <ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits</li> <li>21 percent – 40 percent of expected visits</li> <li>41 percent – 60 percent of expected visits</li> <li>61 percent – 80 percent of expected visits</li> <li>≥ 81 percent of expected visits</li> </ul>
<ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits Numerator: Denominator: Rate:</li> <li>21 percent – 40 percent of expected visits Numerator: Denominator: Rate:</li> <li>41 percent – 60 percent of expected visits Numerator: Denominator: Rate:</li> <li>61 percent – 80 percent of expected visits Numerator: Denominator: Rate:</li> <li>≥ 81 percent of expected visits Numerator:</li> </ul>	<ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits Numerator: 9592 Denominator: 84293 Rate: 11.4</li> <li>21 percent – 40 percent of expected visits Numerator: 5598 Denominator: 84293 Rate: 6.6</li> <li>41 percent – 60 percent of expected visits Numerator: 9439 Denominator: 84293 Rate: 11.2</li> <li>61 percent – 80 percent of expected visits Numerator: 18479 Denominator: 84293 Rate: 21.9</li> <li>≥ 81 percent of expected visits Numerator: 41185</li> </ul>	<ul style="list-style-type: none"> <li>&lt; 21 percent of expected visits Numerator: 9136 Denominator: 81973 Rate: 11.1</li> <li>21 percent – 40 percent of expected visits Numerator: 5349 Denominator: 81973 Rate: 6.5</li> <li>41 percent – 60 percent of expected visits Numerator: 8783 Denominator: 81973 Rate: 10.7</li> <li>61 percent – 80 percent of expected visits Numerator: 17477 Denominator: 81973 Rate: 21.3</li> <li>≥ 81 percent of expected visits Numerator: 41228</li> </ul>

FFY 2009	FFY 2010	FFY 2011
Denominator: Rate:	Denominator: 84293 Rate: 48.9	Denominator: 81973 Rate: 50.3
Additional notes on 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> The deviation(s) consists of differences between HFS' measure based on HEDIS® 2007 and the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>  Additional notes on measure: HEDIS® version used for this measure is 2007. To continue data entry, 2009 was entered in the "Measurement Specifications" section since 2007 was not allowed as an entry.	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> The deviation(s) consists of differences between HFS' measure based on HEDIS® 2007 and the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>  Additional notes on measure: HEDIS® version used for this measure is 2007. To continue data entry, 2010 was entered in the "Measurement Specifications" section since 2007 was not allowed as an entry.
<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 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 to FFY2011, there was a percent change increase of +2.86 in the percent of women who received <math>\geq</math> 81 percent of expected visits.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> The Illinois Department of Healthcare and Family Services (HFS), the states sole Medicaid agency, is developing an interconception program focusing on high-risk pregnant women, including pregnant teens, who are at risk of having poor birth outcomes (e.g., low and very low birth weight births, and infant demise). Improved birth outcomes may be obtained by identifying pregnant women early in their pregnancy; promoting healthy pregnancies through assuring evidence-based clinical guidelines are being followed; prenatal education is made available to the entire membership; and stratified levels of support, based on risks, are provided to pregnant women through monitoring and support sufficient to access needed services.</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>		

FFY 2009		FFY 2010				FFY 2011		
<b>Annual Performance Objective for FFY 2012:</b> 55.26% (2011 data; projection based on those receiving >= 81% of expected visits)								
<b>Annual Performance Objective for FFY 2013:</b> 59.73% (2012 data; projection based on those receiving >= 81% of expected visits)								
<b>Annual Performance Objective for FFY 2014:</b> 63.76% (2013 data; projection based on those receiving >= 81% of expected visits)								
<i>Explain how these objectives were set:</i> Frequency of Ongoing Prenatal Care (HFS Continuously Enrolled)								
FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year	
2011 2010	50.29 100	49.71	10%	4.97	55.26			
2012 2011	55.26 100	44.74	10%	4.47	59.73			
2013 2012	59.73 100	40.27	10%	4.03	63.76			
2014 2013	63.76 100	36.24	10%	3.62	67.39			
2015 2014	67.39							
Projection based on those receiving >=81% of expected visits								
<b>Other Comments on Measure:</b>								

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

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>  <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>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>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input 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 checked="" type="checkbox"/> Other. <i>Explain:</i>                      U.S. Centers for Disease Control and Prevention, National Center for Health Statistics</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CDC  <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 checked="" type="checkbox"/> Other. <i>Specify:</i>                      State Vital Records birth data</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 checked="" type="checkbox"/> Other. <i>Specify:</i>                      State Vital Records birth data</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).                      Definition of numerator:</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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS-covered births with match between baby's Vital Record and baby's HFS</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of resident live births &lt;2,500 grams with Medicaid and/or CHIP payer source                      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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS-covered births with</p>

FFY 2009	FFY 2010	FFY 2011
	eligibility file. Link needed since birth file has weight, but no Medicaid/CHIP indicator. During 2008, 4.07% births were unmatched (3,417 of 83,926 Medicaid/CHIP births). Analysis shows no systematic exclusion by demographics.	match between baby's Vital Record and baby's HFS eligibility file. Link needed since birth file has weight, but no Medicaid/CHIP indicator. During 2009, 5.29% births were unmatched (4,296 of 81,178 Medicaid/CHIP births). Analysis shows no systematic exclusion by demographics.
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2008 To: (mm/yyyy) 12/2008</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</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 resident live births that weighed less than 2,500 grams in the State reporting period
Numerator: Denominator: Rate: Additional notes on measure:	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>  Additional notes on measure:	Numerator: 7237 Denominator: 76882 Rate: 9.4  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: Denominator excludes records (n=4,296) where there is no match between the Vital Records baby file and the baby's HFS eligibility file.
<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: 7469 Denominator: 80509 Rate: 9.3	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure: Denominator excludes records (n=3,417) where there is no match between the Vital Records baby file and the baby's HFS eligibility file.	Additional notes on measure:
<b>Explanation of Progress:</b>		

FFY 2009	FFY 2010	FFY 2011																														
<p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 to FFY2011, there was a percent change increase of +1.08 in the percent of HFS covered low birth weight births. However, there is a percent change decrease of -3.11 in the total number of HFS covered low birth weight infants (7,469 and 7,237, respectively).</p>																																
<p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> The Illinois Department of Healthcare and Family Services (HFS), the states sole Medicaid agency, is developing an interconception program focusing on high-risk pregnant women, including pregnant teens, who are at risk of having poor birth outcomes (e.g., low and very low birth weight births, and infant demise). Improved birth outcomes may be obtained by identifying pregnant women early in their pregnancy; promoting healthy pregnancies through assuring evidence-based clinical guidelines are being followed; prenatal education is made available to the entire membership; and stratified levels of support, based on risks, are provided to pregnant women through monitoring and support sufficient to access needed services.</p>																																
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p>																																
<p><b>Annual Performance Objective for FFY 2012:</b> 9.15% (2010 data)</p>																																
<p><b>Annual Performance Objective for FFY 2013:</b> 8.9% (2011 data)</p>																																
<p><b>Annual Performance Objective for FFY 2014:</b> 8.65% (2012 data)</p>																																
<p><i>Explain how these objectives were set:</i> Percent of all Illinois live births weighing less than 2,500 grams</p> <table border="1"> <thead> <tr> <th data-bbox="71 800 239 821">FFY for CARTS</th> <th data-bbox="260 800 386 821">DATA Year</th> <th data-bbox="449 800 533 821">Baseline</th> <th data-bbox="554 800 743 821">Annual % Reduction</th> <th data-bbox="827 800 1121 821">Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td data-bbox="71 824 176 846">2011 2009</td> <td data-bbox="260 824 302 846">9.40</td> <td data-bbox="344 824 386 846">0.25</td> <td data-bbox="449 824 491 846">9.15</td> <td></td> </tr> <tr> <td data-bbox="71 849 176 870">2012 2010</td> <td data-bbox="260 849 302 870">9.15</td> <td data-bbox="344 849 386 870">0.25</td> <td data-bbox="449 849 491 870">8.90</td> <td></td> </tr> <tr> <td data-bbox="71 873 176 894">2013 2011</td> <td data-bbox="260 873 302 894">8.90</td> <td data-bbox="344 873 386 894">0.25</td> <td data-bbox="449 873 491 894">8.65</td> <td></td> </tr> <tr> <td data-bbox="71 898 176 919">2014 2012</td> <td data-bbox="260 898 302 919">8.65</td> <td data-bbox="344 898 386 919">0.25</td> <td data-bbox="449 898 491 919">8.40</td> <td></td> </tr> <tr> <td data-bbox="71 922 176 943">2015 2013</td> <td data-bbox="260 922 302 943">8.40</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FFY for CARTS	DATA Year	Baseline	Annual % Reduction	Projection for Following Year	2011 2009	9.40	0.25	9.15		2012 2010	9.15	0.25	8.90		2013 2011	8.90	0.25	8.65		2014 2012	8.65	0.25	8.40		2015 2013	8.40			
FFY for CARTS	DATA Year	Baseline	Annual % Reduction	Projection for Following Year																												
2011 2009	9.40	0.25	9.15																													
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2014 2012	8.65	0.25	8.40																													
2015 2013	8.40																															
<p><b>Other Comments on Measure:</b></p>																																

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

FFY 2009	FFY 2010	FFY 2011
<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 type="checkbox"/> Other. <i>Explain:</i></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>                      A request was submitted to have this measure programmed.                      The programming has not yet been completed.</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>                      A request was submitted to have this measure programmed.                      The programming has not yet been completed.</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>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>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"/> CMQCC  <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 (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>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).                      Definition of numerator:</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 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 Medicaid 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>Year of Data:</b></p>	<p><b>Date Range:</b></p>	<p><b>Date Range:</b></p>

FFY 2009	FFY 2010	FFY 2011
<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>From: (mm/yyyy) To: (mm/yyyy)</b> <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>From: (mm/yyyy) To: (mm/yyyy)</b> <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>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>	<p>Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>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:</p>	<p>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:</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>

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></p>		

**Immunizations**

**MEASURE 5: Childhood Immunization Status**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <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 checked="" type="checkbox"/> Other. <i>Specify:</i>                      Administrative (claims data) and registry data.</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 checked="" type="checkbox"/> Other. <i>Specify:</i>                      Administrative (claims data) and registry data.</p>

FFY 2009	FFY 2010	FFY 2011
<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).            Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 24 months of age by the end of the calendar year and achieve the vaccine series.            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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI) who turn 24 months of age by the end of the calendar year.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 24 months of age by the end of the calendar year and achieve the vaccine series.            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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI) who turn 24 months of age by the end of the calendar year.</p>
<p><b>Year of Data:</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>
<p><b>HEDIS 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>HEDIS 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>HEDIS 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>

FFY 2009		FFY 2010		FFY 2011	
DTap Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: 62640 Denominator: 93166 Rate:	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: 59408 Denominator: 94315 Rate: 63
IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: 67.2 Denominator: 56997 Rate: 93166	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: 54706 Denominator: 94315 Rate: 58
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 2009		FFY 2010		FFY 2011	
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:
Additional notes on 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> HFS Combo 3: 4Dtap, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1 VZV, 4 PCV <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>  Additional notes on measure: Individual vaccines and Combos 4-10 are not reported. A request was submitted to have this measure programmed. The programming has not yet been completed.		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> HFS Combo 3: 4Dtap, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1 VZV, 4 PCV <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>  Additional notes on measure: Individual vaccines and Combos 4-10 are not reported. A request was submitted to have this measure programmed. The programming has not yet been completed.	
<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:	

FFY 2009	FFY 2010	FFY 2011
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**Explanation of Progress:**

**How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** Data indicate that the immunization rates of 24 month olds are lower than rates achieved by 36 months of age. The immunization rate among children 36 months of age and younger is reported as one of the objectives in another section. This measure allows for a "catch-up" period and shows that immunization by 36 months of age is higher than that at 24 months of age.

**What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Childhood immunizations (by age 2) is a bonus payment strategy within the managed care program (MCO and PCCM). Making child-specific immunization data available in the expanded format (e.g., all available data sources) is viewed as a best practice strategy to promote appropriate immunization status. Annually, the Illinois Department of Human Services mails HFS Form 1802 to all families with children under 21 years of age. This document provides information to families about the importance of vaccines and the recommended vaccination schedule.

Additionally, HFS imports immunization data from all sources (e.g., Illinois Department of Public Health's immunization registry of private providers [I-CARE], and the Illinois Department of Human Services' Cornerstone public health data). The expanded child-specific data are being made available to the child's primary care provider.

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

**Annual Performance Objective for FFY 2012:** Combo 2: 70.43%  
 Combo 3: 62.10%  
 (2011 data)

**Annual Performance Objective for FFY 2013:** Combo 2: 71.90%  
 Combo 3: 63.99%  
 (2012 data)

**Annual Performance Objective for FFY 2014:** Combo 2: 73.31%  
 Combo 3: 65.79%  
 (2013 data)

*Explain how these objectives were set:* Combo 2

FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year
2010	2009	67.23	100	32.77	5%	1.64	68.87
2011	2010	68.87	100	31.13	5%	1.56	70.43
2012	2011	70.43	100	29.57	5%	1.48	71.90
2013	2012	71.90	100	28.10	5%	1.40	73.31
2014	2013	73.31	100	26.69	5%	1.33	74.64
2015	2014	74.64					

Using 2009 as baseline for projections since it is higher than the 2010 rate

FFY 2009			FFY 2010				FFY 2011	
<b>Other Comments on Measure:</b> Combo 3								
FFY for CARTS	DATA	Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year
2010	2009	58	100	42.00	5%	2.10	60.10	
2011	2010	60.10	100	39.90	5%	2.00	62.10	
2012	2011	62.10	100	37.91	5%	1.90	63.99	
2013	2012	63.99	100	36.01	5%	1.80	65.79	
2014	2013	65.79	100	34.21	5%	1.71	67.50	
2015	2014	67.50						
Using 2009 as baseline for projections since it is higher than the 2010 rate								

**MEASURE 6: Immunizations for Adolescents**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2011  <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 checked="" type="checkbox"/> Other. <i>Specify:</i>                      Administrative (claims data) and registry data.</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 checked="" type="checkbox"/> Other. <i>Specify:</i>                      Administrative (claims data) and registry data.</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).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Meningococcal: One meningococcal conjugate or meningococcal polysaccharide vaccine on or between the member's 11th and 13th birthdays.                      Tdap/Td: One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the member's 10th and 13th birthdays.                      Definition of denominator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Meningococcal: One meningococcal conjugate or meningococcal polysaccharide vaccine on or between the member's 11th and 13th birthdays.                      Tdap/Td: One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the member's 10th and 13th birthdays.                      Definition of denominator:</p>

FFY 2009	FFY 2010	FFY 2011
	<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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Adolescents who turn 13 years of age during the measurement year.	<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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Adolescents who turn 13 years of age during the measurement year.
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>
<b>HEDIS Performance Measurement Data:</b> The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	<b>HEDIS Performance Measurement Data:</b> The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	<b>HEDIS Performance Measurement Data:</b> The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.
Meningococcal Numerator: Denominator: Rate:  Tdap/Td Numerator: Denominator: Rate:  Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate:	Meningococcal Numerator: 11925 Denominator: 53499 Rate: 22.3  Tdap/Td Numerator: 15993 Denominator: 53499 Rate: 29.9  Combination (Meningococcal, Tdap/Td) Numerator: 9024 Denominator: 53499 Rate: 16.9	Meningococcal Numerator: 18341 Denominator: 56866 Rate: 32.3  Tdap/Td Numerator: 22230 Denominator: 56866 Rate: 39.1  Combination (Meningococcal, Tdap/Td) Numerator: 14720 Denominator: 56866 Rate: 25.9
Additional notes on measure:	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: The HEDIS® version used for this measure is 2011. To continue data entry, 2010 was entered in the "Measurement Specifications" section since 2011 was not allowed as an entry.	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:

FFY 2009	FFY 2010	FFY 2011
<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>

FFY 2009	FFY 2010	FFY 2011
<b>Explanation of Progress:</b>		
<p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 to FFY2011, the combined Meningococcal and Tdap/Td immunization rate for adolescents increased by a percent change of +53.25.</p>		
<p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Beginning school year 2012-2013, students entering sixth and ninth grades will be required to provide documentation of receipt of one dose of Tdap. This requirement is being facilitated through notifications by the Illinois Department of Public Health (IDPH) and Illinois State Board of Education (ISBE). School centers will communicate directly with students/parents via a variety of communication methods. IDPH has communicated via memo, Q&amp;As, parent memo to all Local Health Departments, Illinois Chapter of the American Academy of Pediatrics, and IDPH and ISBE Web site postings. HFS will include this information in the state's provider manual to increase awareness of this new rule among enrolled providers.</p>		
<p>Annually, the Illinois Department of Human Services mails HFS Form 1802 to all families with children under 21 years of age. This document provides information to families about the importance of vaccines and the recommended vaccination schedule.</p>		
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p>		
<p><b>Annual Performance Objective for FFY 2012:</b> Meningococcal: 39.03%  Tdap/Td: 45.18%  Combo (M/Tdap/Td): 33.30%  (2011 data)</p>		
<p><b>Annual Performance Objective for FFY 2013:</b> Meningococcal: 45.12%  Tdap/Td: 50.66%  Combo (M/Tdap/Td): 39.97%  (2012 data)</p>		
<p><b>Annual Performance Objective for FFY 2014:</b> Meningococcal: 50.61%  Tdap/Td: 55.60%  Combo (M/Tdap/Td): 45.97%  (2013 data)</p>		
<p><i>Explain how these objectives were set:</i> Immunizations for Adolescents: HFS Continuously Enrolled (Meningococcal)</p>		
FFY for CARTS	DATA Year	Baseline 100th Percentile Difference % Improve-ment Annual Improve-ment Projection for Following Year
2011	2010	32.25 100 67.75 10% 6.78 39.03
2012	2011	39.03 100 60.98 10% 6.10 45.12
2013	2012	45.12 100 54.88 10% 5.49 50.61
2014	2013	50.61 100 49.39 10% 4.94 55.55
2015	2014	55.55
<p>Projections for Tdap/Td projections follows the above methodology.</p>		

FFY 2009		FFY 2010				FFY 2011	
<b>Other Comments on Measure:</b> Immunizations for Adolescents: HFS Continuously Enrolled (Combo: Meningococcal/Tdap/Td)							
FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year
2011 2010	25.89 100	74.11	10%	7.41	33.30		
2012 2011	33.30 100	66.70	10%	6.67	39.97		
2013 2012	39.97 100	60.03	10%	6.00	45.97		
2014 2013	45.97 100	54.03	10%	5.40	51.38		
2015 2014	51.38						

**Screening**

**MEASURE 7: BMI Assessment for Children/Adolescents**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2011  <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 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 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>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).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: BMI percentile during the measurement year (using HEDIS® table WCC-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><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: BMI percentile during the measurement year (using HEDIS® table WCC-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>

FFY 2009		FFY 2010		FFY 2011	
		If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Children 3 - 17 years who had an outpatient visit with a PCP or OB/GYN.		If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Children 3 - 17 years who had an outpatient visit with a PCP or OB/GYN.	
<b>Year of Data:</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	
<b>HEDIS 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>HEDIS 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>HEDIS 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.	
<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:	<u>3-11 years</u> Numerator: 2993 Denominator: 710295 Rate: 0.4	<u>Total</u> Numerator: 4437 Denominator: 1082746 Rate: 0.4	<u>3-11 years</u> Numerator: 4429 Denominator: 766748 Rate: 0.6	<u>Total</u> Numerator: 6575 Denominator: 1166859 Rate: 0.6
<u>12-17 years</u> Numerator: Denominator: Rate:		<u>12-17 years</u> Numerator: 1444 Denominator: 372451 Rate: 0.4		<u>12-17 years</u> Numerator: 2146 Denominator: 400111 Rate: 0.5	
Additional notes on measure:		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: The HEDIS® version used for this measure is 2011. To continue data entry, 2010 was entered in the "Measurement Specifications" section since 2011 was not allowed as an entry.		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:	
<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:	

FFY 2009	FFY 2010	FFY 2011																																																
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 to FFY2011, there was a percent change increase of +50.0 in the eligible population that had an outpatient visit and had evidence of a documented BMI percentile. However, this increase is based on small numbers in each of the measurement years. We believe the actual rate of BMI documentation is much higher, but the use of only administrative claims data is reducing our rates on this measure.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> HFS received grant funding from the Otho S.A. Sprague Memorial Institute. The award will fund a 2-year grant agreement (January 1, 2012 through December 31, 2013) with the Illinois Chapter, American Academy of Pediatrics (ICAAP) to administer the Obesity Prevention Project.</p> <p>The project is to improve the ability of pediatric practices to manage overweight and obese children within the practice through screening, counseling and appropriate clinical services; and outside the practice, through referrals to community resources. ICAAP will train pediatricians and family practice providers, FQHCs, and Rural Health Centers. ICAAP will establish an obesity prevention committee that will focus on policies affecting obesity prevention and treatment, and will provide clinical expertise to HFS. ICAAP will seek approval from the American Board of Pediatrics to provide an incentive to providers who participate by offering credit for physician Maintenance of Board Certification (MoC).</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 10.5% (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b> 19.45% (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b> 27.51% (2013 data)</p> <p><i>Explain how these objectives were set:</i> Weight Assessment - BMI: HFS Continuously Enrolled (3-17 yrs)</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> <th>% Improve-ment</th> <th>Annual Improve-ment</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>2010</td> <td>0.56</td> <td>100</td> <td>99.44</td> <td>10%</td> <td>9.94</td> <td>10.50</td> </tr> <tr> <td>2012</td> <td>2011</td> <td>10.50</td> <td>100</td> <td>89.50</td> <td>10%</td> <td>8.95</td> <td>19.45</td> </tr> <tr> <td>2013</td> <td>2012</td> <td>19.45</td> <td>100</td> <td>80.55</td> <td>10%</td> <td>8.05</td> <td>27.51</td> </tr> <tr> <td>2014</td> <td>2013</td> <td>27.51</td> <td>100</td> <td>72.49</td> <td>10%</td> <td>7.25</td> <td>34.76</td> </tr> <tr> <td>2015</td> <td>2014</td> <td>34.76</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year	2011	2010	0.56	100	99.44	10%	9.94	10.50	2012	2011	10.50	100	89.50	10%	8.95	19.45	2013	2012	19.45	100	80.55	10%	8.05	27.51	2014	2013	27.51	100	72.49	10%	7.25	34.76	2015	2014	34.76					
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2015	2014	34.76																																																
<p><b>Other Comments on Measure:</b></p>																																																		

**MEASURE 8: Developmental Screening in the First Three Years of Life**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> CAHMI/NCQA  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> CAHMI/NCQA  <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 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 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>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).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Children with one developmental screening at ages: a) &lt;=12 months, b) between &gt;12 and &lt;=24 months, and c) between &gt;24 and &lt;=36 months                      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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Children with one developmental screening at ages: a) &lt;=12 months, b) between &gt;12 and &lt;=24 months, and c) between &gt;24 and &lt;=36 months                      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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the</p>

FFY 2009	FFY 2010	FFY 2011
	number of children excluded: Children ages 12 months through 36 months	number of children excluded: Children ages 12 months through 36 months
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>
<b>Performance Measurement Data:</b> Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life	<b>Performance Measurement Data:</b> Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life	<b>Performance Measurement Data:</b> Percentage of children screened for risk development, behavioral, and social delays using a standardized tool in the first, second, or third year of life
<p>Children screened by 12 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 24 months of age Numerator: Denominator: Rate:</p> <p>Children screened by 36 months of age Numerator: Denominator: Rate:</p>	<p>Children screened by 12 months of age Numerator: 40806 Denominator: 93440 Rate: 43.7</p> <p>Children screened by 24 months of age Numerator: 30486 Denominator: 96345 Rate: 31.6</p> <p>Children screened by 36 months of age Numerator: 17878 Denominator: 94014 Rate: 19</p>	<p>Children screened by 12 months of age Numerator: 49147 Denominator: 93589 Rate: 52.5</p> <p>Children screened by 24 months of age Numerator: 38988 Denominator: 95532 Rate: 40.8</p> <p>Children screened by 36 months of age Numerator: 26161 Denominator: 99439 Rate: 26.3</p>

FFY 2009	FFY 2010	FFY 2011
<p>Additional notes on measure:</p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input checked="" type="checkbox"/> Data Source, <i>Explain.</i> Administrative claims data, not hybrid.</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> The specifications state domain-specific objective developmental screening tools should not be used in this measure. However, HFS' provider manual allows domain-specific tools under CPT 96110. We cannot determine whether providers billing CPT 96110 used general or domain-specific screening tools.</p> <p>Additional notes on measure: The deviation(s) consists of differences between HFS' measure based on the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011 and any subsequent changes to the CHIPRA Technical Specifications Manual released December 2011.</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> The specifications state domain-specific objective developmental screening tools should not be used in this measure. However, HFS' provider manual allows domain-specific tools under CPT 96110. We cannot determine whether providers billing CPT 96110 used general or domain-specific screening tools.</p> <p>Additional notes on measure: The deviation(s) consists of differences between HFS' measure based on the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011 and any subsequent changes to the CHIPRA Technical Specifications Manual released December 2011.</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>

FFY 2009	FFY 2010	FFY 2011																																																
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> Each age category showed an increase in the screening rate from FFY2010 to FFY2011. Among those screened by 12 months of age the percent change increase was +20.1, among 24 month olds the increase was +29.1, and among those 36 months of age the percent change increase was +38.4.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> A comprehensive provider training was instituted by HFS focusing on enhancing developmentally oriented primary care. The initiative offers on-going technical assistance to providers to promote practice change to deliver evidence-based, comprehensive EPSDT services. Objective developmental screening is a provider bonus incentive. Illinois received a grant from the National Academy of State Health Policy (NASHP) through funding from The Commonwealth Fund for Advancing Better Child Health Development(ABCD) III initiatives. The Illinois project focuses on policy, systems and provider practice improvements to strengthen linkages between PCPs and Early Intervention offices for children screened at risk of developmental delay. In collaboration with HFS and DHS the Illinois Chapter, AAP developed a Maintenance of Certification quality improvement initiative focused on improving the referral and feedback loop between the primary care provider and Early Intervention CFC offices in Illinois.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 12 months: 57.25%  24 months: 46.73%  36 months: 33.67%  (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b> 12 months: 61.53%  24 months: 52.06%  36 months: 40.30%  (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b> 12 months: 65.37%  24 months: 56.85%  36 months: 46.27%  (2013 data)</p> <p><i>Explain how these objectives were set:</i> Developmental screening: Age 1 HFS Continuously Enrolled</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> <th>% Improve-ment</th> <th>Annual Improve-ment</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>2010</td> <td>52.5</td> <td>100</td> <td>47.50</td> <td>10%</td> <td>4.75</td> <td>57.25</td> </tr> <tr> <td>2012</td> <td>2011</td> <td>57.25</td> <td>100</td> <td>42.75</td> <td>10%</td> <td>4.28</td> <td>61.53</td> </tr> <tr> <td>2013</td> <td>2012</td> <td>61.53</td> <td>100</td> <td>38.48</td> <td>10%</td> <td>3.85</td> <td>65.37</td> </tr> <tr> <td>2014</td> <td>2013</td> <td>65.37</td> <td>100</td> <td>34.63</td> <td>10%</td> <td>3.46</td> <td>68.84</td> </tr> <tr> <td>2015</td> <td>2014</td> <td>68.84</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Similar methodology used for 24 and 36 months</p>			FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year	2011	2010	52.5	100	47.50	10%	4.75	57.25	2012	2011	57.25	100	42.75	10%	4.28	61.53	2013	2012	61.53	100	38.48	10%	3.85	65.37	2014	2013	65.37	100	34.63	10%	3.46	68.84	2015	2014	68.84					
FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year																																											
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2015	2014	68.84																																																
<p><b>Other Comments on Measure:</b></p>																																																		

**MEASURE 9: Chlamydia Screening 16-20 females**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2009  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <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 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 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>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).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: At least one Chlamydia test during the measurement year as documented through administrative data. A woman is counted as having had a test if she had a claim/encounter with a service date during the measurement year with one or more of the codes.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: At least one Chlamydia test during the measurement year as documented through administrative data. A woman is counted as having had a test if she had a claim/encounter with a service date during the measurement year with one or more of the codes.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>

FFY 2009	FFY 2010	FFY 2011
	<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: Females identified as sexually active and 16 - 24 years of age as of December 31 of the measurement year.	<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: Females identified as sexually active and 16 - 24 years of age as of December 31 of the measurement year.
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>
<b>HEDIS Performance Measurement Data:</b> Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year	<b>HEDIS Performance Measurement Data:</b> Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year	<b>HEDIS Performance Measurement Data:</b> Percentage of 16-20 year old females who were identified as sexually active and who had at least one test for Chlamydia during the measurement year
Numerator: Denominator: Rate:	Numerator: 29116 Denominator: 130550 Rate: 22.3	Numerator: 29430 Denominator: 140488 Rate: 20.9
Additional notes on measure:	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: Any deviation(s) results from differences between HFS' measure based on HEDIS® 2009 and the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011.	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: The HEDIS® version used for this measure is 2009. To continue data entry, 2010 was entered in the "Measurement Specifications" section since 2009 was not allowed as an entry. Any deviation(s) results from differences between HFS' measure based on HEDIS® 2009 and the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011.  A request was submitted to have this measure programmed. The programming has not yet been completed.
<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:

FFY 2009	FFY 2010	FFY 2011																																																								
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:																																																								
<b>Explanation of Progress:</b>																																																										
<p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 to FFY2011, there was a percent change decrease of -6.28 in the percent of sexually active 16 through 20 year olds who received at least one test for Chlamydia. However, from 2010 to 2011 there is a percent change increase of +1.1 in the total number who received a Chlamydia test (29,116 and 29,430, respectively).</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Chlamydia screening is the standard of care for sexually active females and is a covered service of EPSDT, the Illinois Healthy Women (IHW) waiver, and comprehensive medical programs. During 2010 a webinar, “STD Update”, was presented by the Illinois Department of Public Health (IDPH) STD Section and the Chicago Department of Public Health (CDPH) STD Medical Director. These webinars are conducted by Illinois Health Connect (IHC) as part of the primary care case management program. HFS will continue to collaborate with the IDPH to create webinars for providers that encourage STD testing and treatment. On February 16, 2012, an IHC webinar is being held – “Illinois Healthy Women: Opportunities to Improve Assessment and Treatment” – eQHealth Solutions Medical Director will present. This webinar is based on the focused quality study (medical chart audit) of IHW participants. A review of recommended screening and treatment for STDs is included in the presentation.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 43.36% (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b> 49.02% (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b> 54.12% (2013 data)</p> <p><i>Explain how these objectives were set:</i> Chlamydia screening</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> <th>% Improve-ment</th> <th>Annual Improve-ment</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>2009</td> <td>22.3</td> <td>100</td> <td>77.70</td> <td>10%</td> <td>7.77</td> <td>30.07</td> </tr> <tr> <td>2011</td> <td>2010</td> <td>30.07</td> <td>100</td> <td>69.93</td> <td>10%</td> <td>6.99</td> <td>37.06</td> </tr> <tr> <td>2012</td> <td>2011</td> <td>37.06</td> <td>100</td> <td>62.94</td> <td>10%</td> <td>6.29</td> <td>43.36</td> </tr> <tr> <td>2013</td> <td>2012</td> <td>43.36</td> <td>100</td> <td>56.64</td> <td>10%</td> <td>5.66</td> <td>49.02</td> </tr> <tr> <td>2014</td> <td>2013</td> <td>49.02</td> <td>100</td> <td>50.98</td> <td>10%</td> <td>5.10</td> <td>54.12</td> </tr> <tr> <td>2015</td> <td>2014</td> <td>54.12</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Using 2009 as baseline for projections since it is higher than the 2010 rate</p>			FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year	2010	2009	22.3	100	77.70	10%	7.77	30.07	2011	2010	30.07	100	69.93	10%	6.99	37.06	2012	2011	37.06	100	62.94	10%	6.29	43.36	2013	2012	43.36	100	56.64	10%	5.66	49.02	2014	2013	49.02	100	50.98	10%	5.10	54.12	2015	2014	54.12					
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2014	2013	49.02	100	50.98	10%	5.10	54.12																																																			
2015	2014	54.12																																																								
<b>Other Comments on Measure:</b>																																																										

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

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

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2011  <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 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 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>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).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who have received 0, 1, 2, 3, 4, 5, 6+ well child visits by fifteen months of age.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who have received 0, 1, 2, 3, 4, 5, 6+ well child visits by fifteen months of age.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.</p>

FFY 2009		FFY 2010		FFY 2011	
		<input type="checkbox"/> Denominator includes Medicaid 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: HFS continuously enrolled (Title XIX, Title XXI) children (31 days to 15 months of age with no more than 45 day break in enrollment).		<input type="checkbox"/> Denominator includes Medicaid 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: HFS continuously enrolled (Title XIX, Title XXI) children (31 days to 15 months of age with no more than 45 day break in enrollment).	
<b>Year of Data:</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	
<b>HEDIS Performance Measurement Data:</b> Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life		<b>HEDIS Performance Measurement Data:</b> Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life		<b>HEDIS Performance Measurement Data:</b> Percentage of children who had zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	
<u>0 visits</u> Numerator: Denominator: Rate:	<u>4 visits</u> Numerator: Denominator: Rate:	<u>0 visits</u> Numerator: 2433 Denominator: 92527 Rate: 2.6	<u>4 visits</u> Numerator: 6475 Denominator: 92527 Rate: 7	<u>0 visits</u> Numerator: 2533 Denominator: 91367 Rate: 2.8	<u>4 visits</u> Numerator: 6172 Denominator: 91367 Rate: 6.8
<u>1 visits</u> Numerator: Denominator: Rate:	<u>5 visits</u> Numerator: Denominator: Rate:	<u>1 visits</u> Numerator: 2372 Denominator: 92527 Rate: 2.6	<u>5 visits</u> Numerator: 9313 Denominator: 92527 Rate: 10.1	<u>1 visits</u> Numerator: 2273 Denominator: 91367 Rate: 2.5	<u>5 visits</u> Numerator: 8878 Denominator: 91367 Rate: 9.7
<u>2 visits</u> Numerator: Denominator: Rate:	<u>6+ visits</u> Numerator: Denominator: Rate:	<u>2 visits</u> Numerator: 3340 Denominator: 92527 Rate: 3.6	<u>6+ visits</u> Numerator: 63974 Denominator: 92527 Rate: 69.1	<u>2 visits</u> Numerator: 3044 Denominator: 91367 Rate: 3.3	<u>6+ visits</u> Numerator: 64160 Denominator: 91367 Rate: 70.2
<u>3 visits</u> Numerator: Denominator: Rate:		<u>3 visits</u> Numerator: 4620 Denominator: 92527 Rate: 5		<u>3 visits</u> Numerator: 4307 Denominator: 91367 Rate: 4.7	

FFY 2009	FFY 2010	FFY 2011
<p>Additional notes on 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 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: Measure complies with the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011.</p> <p>The HEDIS® version used for this measure is 2011. To continue data entry, 2010 was entered in the "Measurement Specifications" section since 2011 was not allowed as an entry.</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: Measure complies with the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** From FFY2010 (2009 data) to FFY2011 (2010 data), there was a percent change increase of +1.59 in the percent of those 15 months of age who received six or more well child visits.

**What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Under the Affordable Care Act, health plans will be required to provide preventive health services for children as recommended by "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents" (Bright Futures). The Illinois Department of Healthcare and Family Services (HFS) will promote Bright Futures well-child recommendations as a standard of care for providers serving Medicaid clients in the state of Illinois. Under contract to HFS, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) is integrating Bright Futures guidelines into the state's provider handbook. To support this effort, ICAAP is also developing other materials to clarify guidelines to Medicaid-enrolled pediatricians and family physicians, and promoting Bright Futures to providers and patients alike through innovative outreach.

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

**Annual Performance Objective for FFY 2012:** 73.20% (2011 data)

**Annual Performance Objective for FFY 2013:** 75.88% (2012 data)

**Annual Performance Objective for FFY 2014:** 78.29% (2013 data)

*Explain how these objectives were set:* Well Child Visits in the First 15 Months of Life: 6 or More Visits  
HFS Continuously Enrolled

FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year
2011	2010	70.22	100	29.78	10%	2.98	73.20
2012	2011	73.20	100	26.80	10%	2.68	75.88
2013	2012	75.88	100	24.12	10%	2.41	78.29
2014	2013	78.29	100	21.71	10%	2.17	80.46
2015	2014	80.46					

**Other Comments on Measure:**

**MEASURE 11: Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2011  <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 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 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>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).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) ages three, four, five or six years during the measurement year, and who received one or more well child visits during the measurement year.                      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><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) ages three, four, five or six years during the measurement year, and who received one or more well child visits during the measurement year.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>

FFY 2009	FFY 2010	FFY 2011
	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI) children ages three, four, five or six years of age.	<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: HFS continuously enrolled (Title XIX, Title XXI) children ages three, four, five or six years of age.
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>
<b>HEDIS 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.	<b>HEDIS 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.	<b>HEDIS 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.
<u>1+ visits</u> Numerator: Denominator: Rate:	<u>1+ visits</u> Numerator: 244971 Denominator: 346765 Rate: 70.6	<u>1+ visits</u> Numerator: 260645 Denominator: 374667 Rate: 69.6
Additional notes on measure:	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: Measure complies with the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011.  The HEDIS® version used for this measure is 2011. To continue data entry, 2010 was entered in the "Measurement Specifications" section since 2011 was not allowed as an entry.	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: Measure complies with the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011.
<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:

FFY 2009	FFY 2010	FFY 2011																																																								
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 (2009 data) to FFY2011 (2010 data), there was a percent change decrease of -1.42 in the percent of children ages 3, 4, 5, 6 years who received one or more well-child visits. However, the data reported for FFY2011 are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims. It is possible that when these data are finalized the rates could exceed those reported in FFY2010.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Under the Affordable Care Act, health plans will be required to provide preventive health services for children as recommended by "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents" (Bright Futures). The Illinois Department of Healthcare and Family Services (HFS) will promote Bright Futures well-child recommendations as a standard of care for providers serving Medicaid clients in the state of Illinois. Under contract to HFS, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) is integrating Bright Futures guidelines into the state's provider handbook. To support this effort, ICAAP is also developing other materials to clarify guidelines to Medicaid-enrolled pediatricians and family physicians, and promoting Bright Futures to providers and patients alike through innovative outreach.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 76.19% (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b> 78.57% (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b> 80.71% (2013 data)</p> <p><i>Explain how these objectives were set:</i> Well Child Visits in 3rd, 4th, 5th, 6th Year of Life</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> <th>% Improve-ment</th> <th>Annual Improve-ment</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>2009</td> <td>70.6</td> <td>100</td> <td>29.40</td> <td>10%</td> <td>2.94</td> <td>73.54</td> </tr> <tr> <td>2011</td> <td>2010</td> <td>73.54</td> <td>100</td> <td>26.46</td> <td>10%</td> <td>2.65</td> <td>76.19</td> </tr> <tr> <td>2012</td> <td>2011</td> <td>76.19</td> <td>100</td> <td>23.81</td> <td>10%</td> <td>2.38</td> <td>78.57</td> </tr> <tr> <td>2013</td> <td>2012</td> <td>78.57</td> <td>100</td> <td>21.43</td> <td>10%</td> <td>2.14</td> <td>80.71</td> </tr> <tr> <td>2014</td> <td>2013</td> <td>80.71</td> <td>100</td> <td>19.29</td> <td>10%</td> <td>1.93</td> <td>82.64</td> </tr> <tr> <td>2015</td> <td>2014</td> <td>82.64</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Using 2009 as baseline for projections since it is higher than the 2010 rate</p>			FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year	2010	2009	70.6	100	29.40	10%	2.94	73.54	2011	2010	73.54	100	26.46	10%	2.65	76.19	2012	2011	76.19	100	23.81	10%	2.38	78.57	2013	2012	78.57	100	21.43	10%	2.14	80.71	2014	2013	80.71	100	19.29	10%	1.93	82.64	2015	2014	82.64					
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<p><b>Other Comments on Measure:</b></p>																																																										

**MEASURE 12: Adolescent Well-Care Visits**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2011  <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2009	FFY 2010	FFY 2011
<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 (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>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). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. 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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Adolescents ages 12 through 20 years of age	<b>Definition of Population Included in the Measure:</b> Definition of numerator: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. 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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Adolescents ages 12 through 20 years of age
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>
<b>HEDIS Performance Measurement Data:</b> Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	<b>HEDIS Performance Measurement Data:</b> Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	<b>HEDIS Performance Measurement Data:</b> Percentage of adolescents age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.
Numerator: Denominator: Rate:	Numerator: 232496 Denominator: 525960 Rate: 44.2	Numerator: 249601 Denominator: 570318 Rate: 43.8

FFY 2009	FFY 2010	FFY 2011
<p>Additional notes on 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 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: Measure complies with the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011.</p> <p>The HEDIS® version used for this measure is 2011. To continue data entry, 2010 was entered in the "Measurement Specifications" section since 2011 was not allowed as an entry.</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: Measure complies with the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011																																																
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 (2009 data) to FFY2011 (2010 data), there was a percent change decrease of -0.90 in the percent of adolescents receiving a well-care visit. However, the data reported for FFY2011 are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims. It is possible that when these data are finalized the rates could exceed those reported in FFY2010. In terms of numbers of children served, from FFY2010 to FFY2011 there is a percent change increase of +7.36 in the total number who received a well-care visit (232,496 and 249,601, respectively).</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Under the Affordable Care Act, health plans will be required to provide preventive health services for children as recommended by "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents" (Bright Futures). The Illinois Department of Healthcare and Family Services (HFS) will promote Bright Futures well-child recommendations as a standard of care for providers serving Medicaid clients in the state of Illinois. Under contract to HFS, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) is integrating Bright Futures guidelines into the state's provider handbook. To support this effort, ICAAP is also developing other materials to clarify guidelines to Medicaid-enrolled pediatricians and family physicians, and promoting Bright Futures to providers and patients alike through innovative outreach.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 49.42% (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b> 54.48% (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b> 59.03% (2013 data)</p> <p><i>Explain how these objectives were set:</i> Well Child Visits for Adolescents HFS Continuously Enrolled</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> <th>% Improve-ment</th> <th>Annual Improve-ment</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>2010</td> <td>43.8</td> <td>100</td> <td>56.20</td> <td>10%</td> <td>5.62</td> <td>49.42</td> </tr> <tr> <td>2012</td> <td>2011</td> <td>49.42</td> <td>100</td> <td>50.58</td> <td>10%</td> <td>5.06</td> <td>54.48</td> </tr> <tr> <td>2013</td> <td>2012</td> <td>54.48</td> <td>100</td> <td>45.52</td> <td>10%</td> <td>4.55</td> <td>59.03</td> </tr> <tr> <td>2014</td> <td>2013</td> <td>59.03</td> <td>100</td> <td>40.97</td> <td>10%</td> <td>4.10</td> <td>63.13</td> </tr> <tr> <td>2015</td> <td>2014</td> <td>63.13</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year	2011	2010	43.8	100	56.20	10%	5.62	49.42	2012	2011	49.42	100	50.58	10%	5.06	54.48	2013	2012	54.48	100	45.52	10%	4.55	59.03	2014	2013	59.03	100	40.97	10%	4.10	63.13	2015	2014	63.13					
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2015	2014	63.13																																																
<p><b>Other Comments on Measure:</b></p>																																																		

**Dental**

**MEASURE 13: Percentage of eligible children ages one through twenty years old receiving preventive dental services (CMS Form 416)**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>  <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>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>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input 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 checked="" type="checkbox"/> Other. <i>Explain:</i>                      The annual EPSDT report (form CMS-416) defined by CMS (prior to the March/June 2010 guidance document revisions) as providing information to assess the effectiveness of State EPSDT programs in terms of the number of children provided child health screening services, are referred for corrective treatment, and receive dental services.</p>	<p><b>Measurement Specification:</b>  <input checked="" 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 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 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>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.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Includes only Title XIX. Defined by CMS-416 guidance document (prior to March/June 2010 revisions).</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Based on March 2010 CMS-416 guidance, "Line 12b - Total Eligibles Receiving Preventive Dental Services - Enter the unduplicated number of children</p>

FFY 2009	FFY 2010	FFY 2011
<input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	<p>"Line 12b Total Eligibles Receiving Preventive Dental Services...unduplicated...children 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)."</p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Defined by CMS-416 guidance document (prior to March/June 2010 revisions).            "Line 1 Total Individuals Eligible for EPSDT...unduplicated number...under the age of 21...distributed by age and by basis of Medicaid eligibility."</p>	<p>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)."</p> <p>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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Based on March 2010 CMS-416 guidance, "Line 1b-Total Individuals Eligible for EPSDT for 90 Continuous Days-Enter...total unduplicated...individuals from line 1a...continuously enrolled in Medicaid or a CHIP Medicaid expansion program for at least 90 days and...eligible for EPSDT services."</p>
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2008 To: (mm/yyyy) 09/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2009 To: (mm/yyyy) 09/2010</b>
<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received preventive dental services	<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received preventive dental services	<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received preventive dental services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 697930 Denominator: 1507472 Rate: 46.3
Additional notes on measure:	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:	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: Per the CMS core measure specifications, the numerator and denominator provided above are for ages 1 through 20 and excludes those < 1 year who are included as an age category for lines 1b and 12b of the Form CMS-416.

FFY 2009	FFY 2010	FFY 2011																																																
<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: 615930 Denominator: 1479329 Rate: 41.6</p> <p>Additional notes on measure: Per the CMS core measure specifications, the numerator and denominator provided above are for ages 1 through 20 and excludes those &lt; 1 year who are included as an age category for lines 1b and 12b of the Form CMS-416.</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>																																																
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> A comparison is not appropriate since there were revisions to the CMS-416 guidance between the reports for FFY2009 and FFY2010. The CMS-416 FFY2010 report includes a newly created Line 1b that counts those in Medicaid or CHIP who were enrolled for at least 90 continuous days. The FFY2009 report is for Medicaid recipients only and for any duration of enrollment. Therefore, the methodology used to count children in the denominator for this measure changed between the FFY2010 and FFY2011 CHIP Annual Report periods.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Bright Smiles from Birth (BSFB), which trains medical providers in fluoride varnish application, oral health and anticipatory guidance, educates providers to refer beneficiaries to a Dental Home; reinforces the importance of consistent, coordinated care; reminds them of the HFS dental benefits for children; provides them Dental Referral Notepads to promote member services for assistance finding a dentist or getting an appointment; provides anticipatory guidance about good oral health habits; and helps make referrals to dentists in community through partnerships.</p> <p>Illinois has an All Kids School-Based Dental Program. Preventive dental services are provided to thousands of children in the schools each year. Following the school visit, the dentists report oral health scores consisting of treatment needs to HFS and the parent/guardian. The form identifies that the dental visit has occurred, the services rendered and the child's oral health score including if further treatment is needed.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 51.67% (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b> 56.50% (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b> 60.85% (2013 data)</p> <p><i>Explain how these objectives were set:</i> Total Eligibles who Received Preventive Dental Services (CMS-416 Line 12b) AGES 1 - 20</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> <th>% Improve-ment</th> <th>Annual Improve-ment</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>2010</td> <td>46.3</td> <td>100</td> <td>53.70</td> <td>10%</td> <td>5.37</td> <td>51.67</td> </tr> <tr> <td>2012</td> <td>2011</td> <td>51.67</td> <td>100</td> <td>48.33</td> <td>10%</td> <td>4.83</td> <td>56.50</td> </tr> <tr> <td>2013</td> <td>2012</td> <td>56.50</td> <td>100</td> <td>43.50</td> <td>10%</td> <td>4.35</td> <td>60.85</td> </tr> <tr> <td>2014</td> <td>2013</td> <td>60.85</td> <td>100</td> <td>39.15</td> <td>10%</td> <td>3.91</td> <td>64.77</td> </tr> <tr> <td>2015</td> <td>2014</td> <td>64.77</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year	2011	2010	46.3	100	53.70	10%	5.37	51.67	2012	2011	51.67	100	48.33	10%	4.83	56.50	2013	2012	56.50	100	43.50	10%	4.35	60.85	2014	2013	60.85	100	39.15	10%	3.91	64.77	2015	2014	64.77					
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FFY 2009	FFY 2010	FFY 2011
<p><b>Other Comments on Measure:</b> Additional quality improvement information follows.</p> <p>HFS and DentaQuest, the dental benefits administrator, partner with various organizations and professional groups to provide awareness about the HFS Dental Program. HFS is confident that collectively these strategies had a positive impact on the steady increase in dental participation over the last several years, even though program enrollment significantly increased.</p>		

Access

**MEASURE 14: Children and Adolescents' Access to Primary Care**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2009  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <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 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 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>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).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled (Title XIX, Title XXI) 12 months - 19 years who had a visit with a PCP.  <ul style="list-style-type: none"> <li>• Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.</li> <li>• Children 7–11 years and adolescents 12–19 years who</li> </ul></p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled (Title XIX, Title XXI) 12 months - 19 years who had a visit with a PCP.  <ul style="list-style-type: none"> <li>• Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.</li> <li>• Children 7–11 years and adolescents 12–19 years who</li> </ul></p>

FFY 2009		FFY 2010		FFY 2011	
		had a visit with a PCP during the measurement year or the year prior to the measurement year.  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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI ) from 12 months to 19 years of age.		had a visit with a PCP during the measurement year or the year prior to the measurement year.  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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled (Title XIX, Title XXI ) from 12 months to 19 years of age.	
<b>Year of Data:</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>		<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>	
<b>HEDIS Performance Measurement Data:</b> Percentage of children and adolescents who had a visit with a primary care practitioner		<b>HEDIS Performance Measurement Data:</b> Percentage of children and adolescents who had a visit with a primary care practitioner		<b>HEDIS Performance Measurement Data:</b> Percentage of children and adolescents who had a visit with a primary care practitioner	
<u>12-24 months</u> Numerator: Denominator: Rate:	<u>7-11 years</u> Numerator: Denominator: Rate:	<u>12-24 months</u> Numerator: 164909 Denominator: 192631 Rate: 85.6	<u>7-11 years</u> Numerator: 259317 Denominator: 329912 Rate: 78.6	<u>12-24 months</u> Numerator: 164085 Denominator: 191146 Rate: 85.8	<u>7-11 years</u> Numerator: 285014 Denominator: 359700 Rate: 79.2
<u>25 months-6 years</u> Numerator: Denominator: Rate:	<u>12-19 years</u> Numerator: Denominator: Rate:	<u>25 months-6 years</u> Numerator: 268151 Denominator: 346757 Rate: 77.3	<u>12-19 years</u> Numerator: 314155 Denominator: 418886 Rate: 75	<u>25 months-6 years</u> Numerator: 281689 Denominator: 374656 Rate: 75.2	<u>12-19 years</u> Numerator: 348133 Denominator: 455612 Rate: 76.4
Additional notes on measure:		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: Any deviation(s) results from differences between HFS' measure based on HEDIS® 2009 and the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011.		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: The HEDIS® version used for this measure is 2009. To continue data entry, 2010 was entered in the "Measurement Specifications" section since 2009 was not allowed as an entry. Any deviation(s) results from differences between HFS' measure based on HEDIS®	

FFY 2009	FFY 2010	FFY 2011
		2009 and the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011.
<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 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 (2009 data) to FFY2011 (2010 data), the following percent change increases were seen: 12-24 months +0.23, 7-11 years +0.76, and 12-19 years +1.87. There was a percent change decrease of -2.72 among those ages 25 months-6 years. From FFY2010 to FFY2011, with the exception of those 12-24 months of age, there was an increase in the total number of children and adolescents served.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Under the Affordable Care Act, health plans will be required to provide preventive health services for children as recommended by "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents" (Bright Futures). The Illinois Department of Healthcare and Family Services (HFS) will promote Bright Futures well-child recommendations as a standard of care for providers serving Medicaid clients in the state of Illinois. Under contract to HFS, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) is integrating Bright Futures guidelines into the state's provider handbook. To support this effort, ICAAP is also developing other materials to clarify guidelines to Medicaid-enrolled pediatricians and family physicians, and promoting Bright Futures to providers and patients alike through innovative outreach.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 12 - 24 Months: 87.26%            25 Months - 6 Years: 81.64%*            7 - 11 Years: 81.32%            12 - 19 Years: 78.77%            *Using 2009 as baseline for projections since it is slightly higher than the 2010 rate (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b> 12 - 24 Months: 88.53%            25 Months - 6 Years*: 83.47%            7 - 11 Years: 83.18%            12 - 19 Years: 80.89%            *Using 2009 as baseline for projections since it is slightly higher than the 2010 rate (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b> 12 - 24 Months: 89.68%            25 Months - 6 Years*: 85.13%            7 - 11 Years: 84.87%            12 - 19 Years: 82.80%</p>		

FFY 2009				FFY 2010				FFY 2011				
*Using 2009 as baseline for projections since it is slightly higher than the 2010 rate (2013 data)												
<i>Explain how these objectives were set: Children and Adolescent Access to Primary Care Practitioners: 12 - 24 Months</i>												
FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year					
2011	2010	85.84	100	14.16	10%	1.42	87.26					
2012	2011	87.26	100	12.74	10%	1.27	88.53					
2013	2012	88.53	100	11.47	10%	1.15	89.68					
2014	2013	89.68	100	10.32	10%	1.03	90.71					
2015	2014	90.71										
The other age category projections were calculated in the same way.												
<b>Other Comments on Measure:</b>												

**Category II - MANAGEMENT OF ACUTE CONDITIONS**

**Upper Respiratory -- Appropriate Use of Antibiotics**

**MEASURE 15: Appropriate Testing for Children with Pharyngitis**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2009  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <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 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 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>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>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Children from 2 - 18 years with a group A streptococcus test (Table CWP-D) in the seven-day period from three days prior to the IESD through three days after the IESD.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Children from 2 - 18 years with a group A streptococcus test (Table CWP-D) in the seven-day period from three days prior to the IESD through three days after the IESD.</p>

FFY 2009	FFY 2010	FFY 2011
Definition of numerator:	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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Children from 2 - 18 years who had an outpatient or ED visit (Table CWP-B) with only a diagnosis of pharyngitis during the Intake Period, excluding claims/encounters with more than one diagnosis.	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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Children from 2 - 18 years who had an outpatient or ED visit (Table CWP-B) with only a diagnosis of pharyngitis during the Intake Period, excluding claims/encounters with more than one diagnosis.
<b>Year of Data:</b>	<b>Date Range:</b> From: (mm/yyyy) 07/2008 To: (mm/yyyy) 06/2009	<b>Date Range:</b> From: (mm/yyyy) 07/2009 To: (mm/yyyy) 06/2010
<b>HEDIS Performance Measurement Data:</b> Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	<b>HEDIS Performance Measurement Data:</b> Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	<b>HEDIS Performance Measurement Data:</b> Percentage of children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode
Numerator: Denominator: Rate:	Numerator: 34301 Denominator: 90689 Rate: 37.8	Numerator: 33795 Denominator: 86111 Rate: 39.2
Additional notes on 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> Illinois' measure includes sephradine and erythromycin estolate, CHIPRA core specifications do not. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>  Additional notes on measure: Any deviation(s) results from differences between HFS' measure based on HEDIS® 2009 and the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011. Illinois does not use LOINC codes as specified in this measure to identify a Group A Streptococcus test. However, the CPT codes being used are capturing the data needed.	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> Illinois' measure includes sephradine and erythromycin estolate, CHIPRA core specifications do not. <input type="checkbox"/> Denominator, <i>Explain.</i>  <input type="checkbox"/> Other, <i>Explain.</i>  Additional notes on measure: The HEDIS® version used for this measure is 2009. To continue data entry, 2010 was entered in the "Measurement Specifications" section since 2009 was not allowed as an entry. Any deviation(s) results from differences between HFS' measure based on HEDIS® 2009 and the CHIPRA Initial Core Measures Technical Specifications Manual released February 2011. Illinois does not use LOINC codes to identify a Group A Streptococcus test. However, the CPT codes being used are capturing the data needed.
<b>Other Performance Measurement Data:</b>	<b>Other Performance Measurement Data:</b>	<b>Other Performance Measurement Data:</b>

FFY 2009	FFY 2010	FFY 2011																																																
<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:																																																
<b>Explanation of Progress:</b>																																																		
<p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 to FFY2011, there was a percent change increase of +3.70 in the percent of children diagnosed with pharyngitis who were dispensed an antibiotic and received a group A streptococcus (strep) test.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> Under the Affordable Care Act, health plans will be required to provide preventive health services for children as recommended by "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents" (Bright Futures). The Illinois Department of Healthcare and Family Services (HFS) will promote Bright Futures well-child recommendations as a standard of care for providers serving Medicaid clients in the state of Illinois. Under contract to HFS, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) is integrating Bright Futures guidelines into the state's provider handbook. To support this effort, ICAAP is also developing other materials to clarify guidelines to Medicaid-enrolled pediatricians and family physicians, and promoting Bright Futures to providers and patients alike through innovative outreach.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 45.33% (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b> 50.79% (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b> 55.71% (2013 data)</p> <p><i>Explain how these objectives were set:</i> Appropriate Testing for Children with Pharyngitis HFS Continuously Enrolled</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> <th>% Improve-ment</th> <th>Annual Improve-ment</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>2010</td> <td>39.25</td> <td>100</td> <td>60.75</td> <td>10%</td> <td>6.08</td> <td>45.33</td> </tr> <tr> <td>2012</td> <td>2011</td> <td>45.33</td> <td>100</td> <td>54.68</td> <td>10%</td> <td>5.47</td> <td>50.79</td> </tr> <tr> <td>2013</td> <td>2012</td> <td>50.79</td> <td>100</td> <td>49.21</td> <td>10%</td> <td>4.92</td> <td>55.71</td> </tr> <tr> <td>2014</td> <td>2013</td> <td>55.71</td> <td>100</td> <td>44.29</td> <td>10%</td> <td>4.43</td> <td>60.14</td> </tr> <tr> <td>2015</td> <td>2014</td> <td>60.14</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year	2011	2010	39.25	100	60.75	10%	6.08	45.33	2012	2011	45.33	100	54.68	10%	5.47	50.79	2013	2012	50.79	100	49.21	10%	4.92	55.71	2014	2013	55.71	100	44.29	10%	4.43	60.14	2015	2014	60.14					
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2015	2014	60.14																																																
<b>Other Comments on Measure:</b>																																																		

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

FFY 2009	FFY 2010	FFY 2011
<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 type="checkbox"/> Other. <i>Explain:</i></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>                      Illinois does not use CPT II codes.</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 checked="" type="checkbox"/> Other. <i>Explain:</i>                      Per the CMS "Technical Specifications and Resource Manual for Federal Fiscal Year 2011 Reporting", Updated December 2011, "Because CPT II codes are required for this measure and are not commonly used by States,....States will not be expected to report the measure until further guidance is available."                      Illinois does not use CPT II codes.</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>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>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"/> AMA/PCPI  <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 (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>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).                      Definition of numerator:</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>

FFY 2009	FFY 2010	FFY 2011
	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Year of Data:</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 ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	<b>Performance Measurement Data:</b> Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	<b>Performance Measurement Data:</b> Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	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:	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:
<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:

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></p>		

**Dental**

**MEASURE 17: Percentage of eligible children ages one through twenty who received dental treatment services (CMS Form 416)**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>  <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>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>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 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 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 checked="" type="checkbox"/> Other. <i>Explain:</i>                      The annual EPSDT report (form CMS-416) defined by CMS (prior to the March/June 2010 guidance document revisions) as providing information to assess the effectiveness of State EPSDT programs in terms of the number of children provided child health screening services, are referred for corrective treatment, and receive dental services.</p>	<p><b>Measurement Specification:</b>  <input checked="" 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 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 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>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>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Includes only Title XIX. Defined by CMS-416 guidance document (prior to March/June 2010 revisions).                      "Line 12c Total Eligibles Receiving Dental Treatment</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Based on March 2010 CMS-416 guidance, "Line 12c - Total Eligibles Receiving Dental Treatment Services - Enter the unduplicated number of children receiving at least one treatment service by or under</p>

FFY 2009	FFY 2010	FFY 2011
Definition of numerator:	<p>Services...unduplicated...children receiving treatment services defined by HCPC codes D2000 - D9999...Unduplicated...child is counted only once even if more than one treatment service was provided."</p> <p>Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes Medicaid population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).            If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Defined by CMS-416 guidance document (prior to March/June 2010 revisions).            "Line 1 Total Individuals Eligible for EPSDT...unduplicated number...under the age of 21...distributed by age and by basis of Medicaid eligibility."</p>	<p>the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (CDT codes D2000 - 09999)."</p> <p>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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Based on March 2010 CMS-416 guidance, "Line 1b-Total Individuals Eligible for EPSDT for 90 Continuous Days-Enter...total unduplicated...individuals from line 1a...continuously enrolled in Medicaid or a CHIP Medicaid expansion program for at least 90 days and...eligible for EPSDT services."</p>
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2008 To: (mm/yyyy) 09/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 10/2009 To: (mm/yyyy) 09/2010</b>
<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received dental treatment services	<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received dental treatment services	<b>Performance Measurement Data:</b> Percentage of eligible children ages 1-20 who received dental treatment services
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 280436 Denominator: 1507472 Rate: 18.6
Additional notes on measure:	<p>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>.</p> <p>Additional notes on measure:</p>	<p>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>.</p> <p>Additional notes on measure: Per the CMS core measure specifications, the numerator and denominator provided above are for ages 1 through 20 and excludes those &lt; 1 year who are included as an age category for lines 1b and 12b of the Form CMS-416.</p>
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i>	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i>	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i>

FFY 2009	FFY 2010	FFY 2011
Numerator: Denominator: Rate:  Additional notes on measure:	Numerator: 259322 Denominator: 1479329 Rate: 17.5  Additional notes on measure: Per the CMS core measure specifications, the numerator and denominator provided above are for ages 1 through 20 and excludes those < 1 year who are included as an age category for lines 1b and 12b of the Form CMS-416.	Numerator: Denominator: Rate:  Additional notes on measure:

**Explanation of Progress:**

**How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** A comparison is not appropriate since there were revisions to the CMS-416 guidance between the reports for FFY2009 and FFY2010. The CMS-416 FFY2010 report includes a newly created Line 1b that counts those in Medicaid or CHIP who were enrolled for at least 90 continuous days. The FFY2009 report is for Medicaid recipients only and for any duration of enrollment. Therefore, the methodology used to count children in the denominator for this measure changed between the FFY2010 and FFY2011 CHIP Annual Report periods.

**What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** HFS uses peer-to-peer dentists' recruitment, called the Regional Oral Health Advocates (ROHA) program. ROHA is to improve enrollment of dentists, to encourage increased participation among enrolled providers, and to implement best practice strategies to improve access. Each ROHA is an enrolled dentist and is assigned to one of seven specific geographic regions of the state.

All Kids School-Based Dental Program provides feedback to HFS and the parents/guardians following the preventive visit in the schools. The dentist completes a dental form that identifies that the dental visit occurred, the services rendered and the child's oral health score. Dentists are required to provide a valid referral for the child's treatment needs. All parents/guardians or caretaker relatives of children with dental treatment needs receive a letter from HFS indicating that their child has urgent treatment needs and they need to make an appointment for the child for a visit to a dental office.

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

**Annual Performance Objective for FFY 2012:** 26.74% (2011 data)

**Annual Performance Objective for FFY 2013:** 34.07% (2012 data)

**Annual Performance Objective for FFY 2014:** 40.66% (2013 data)

*Explain how these objectives were set:* Total Eligibles who Received Dental Treatment Services (CMS-416 Line 12c)  
AGES 1 - 20

FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year
2011	2010	18.6	100	81.40	10%	8.14	26.74
2012	2011	26.74	100	73.26	10%	7.33	34.07
2013	2012	34.07	100	65.93	10%	6.59	40.66
2014	2013	40.66	100	59.34	10%	5.93	46.59
2015	2014	46.59					

FFY 2009	FFY 2010	FFY 2011
<p><b>Other Comments on Measure:</b> Additional quality improvement initiative information follows.</p> <p>HFS conducts targeted outreach to age-specific beneficiaries to increase treatment dental for the older teenage population. HFS and DentaQuest is targeting the beneficiary mailing specifically to teens as well as all populations in the Annual Beneficiary Outreach Initiative. An effort to reach the older teens and increase utilization within this age group was incorporated into the current outreach initiative.</p>		

**Emergency Department**

**MEASURE 18: Ambulatory Care: Emergency Department Visits**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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 checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>                      2010  <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 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 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>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).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of ambulatory care emergency department visits among those ages &lt;1 through 19 years of age.                      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><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of ambulatory care emergency department visits among those ages &lt;1 through 19 years of age.                      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>

FFY 2009	FFY 2010	FFY 2011
	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of member months for those ages < 1 through 19 years of age.	If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Number of member months for those ages < 1 through 19 years of age.
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>
<b>HEDIS Performance Measurement Data:</b> The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	<b>HEDIS Performance Measurement Data:</b> The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year	<b>HEDIS Performance Measurement Data:</b> The number of emergency department visits per child/adolescent per year as a function of all children and adolescents enrolled and eligible during the measurement year
Numerator: Denominator: Rate:	Numerator: 886131 Denominator: 5776481 Rate: 15.3	Numerator: 817053 Denominator: 5507049 Rate: 14.8
Additional notes on measure:	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: <1 N: 59,920 D: 248,974 Rate/1,000 Member Months: 240.7 1-9 N: 551,439 D: 3,565,031 Rate/1,000 Member Months: 154.7 10-19 N: 274,772 D: 1,962,476 Rate/1,000 Member Months: 140.0	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: <1 N: 53,769 D: 227,670 Rate/1,000 Member Months: 236.2 1-9 N: 499,666 D: 3,359,066 Rate/1,000 Member Months: 148.8 10-19 N: 263,618 D: 1,920,313 Rate/1,000 Member Months: 137.3
<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:

FFY 2009	FFY 2010	FFY 2011
<b>Explanation of Progress:</b>		
<p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 to FFY2011, there was a percent change decrease of -3.26 in the rate of ambulatory care emergency department visits among those ages &lt;1 through 19, showing improvement in the utilization rate. In FFY2010 (2009 data), utilization was 153.4 per 1,000 member months decreasing to 148.4 in FFY2011 (2010 data).</p>		
<p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> The Medicaid reform law [PA 96-1501], requires that by January 1, 2015, at least 50 percent of the individuals covered under Medicaid be enrolled in a care coordination program that organizes care around their medical needs. This means at least 1.5 million of Illinois' Medicaid clients – children, parents, seniors and disabled persons – will be assigned to an integrated healthcare delivery system replacing the current fragmented system. As Phase I, the Department of Healthcare and Family Services is developing the “Care Coordination Innovations Project” to test community interest and capacity to provide alternative models of delivering care (as an adjunct to the current managed care programs). This initiative should show improvements in the health outcomes.</p>		
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p>		
<p><b>Annual Performance Objective for FFY 2012:</b> &lt;1-19: 143.6            &lt;1: 222.6            1-9: 143.9            10-19: 133.6            Rates per 1,000 member months</p>		
<p><b>Annual Performance Objective for FFY 2013:</b> &lt;1-19: 139.2            &lt;1: 210.3            1-9: 139.5            10-19: 130.2            Rates per 1,000 member months</p>		
<p><b>Annual Performance Objective for FFY 2014:</b> &lt;1-19: 135.3            &lt;1: 199.3            1-9: 135.6            10-19: 127.2            Rates per 1,000 member months</p>		
<p><i>Explain how these objectives were set:</i> Ambulatory Care Emergency Department Visits: Ages &lt;1 - 19 Years</p>		
FFY for CARTS	DATA Year	Baseline (Visits/1000 Member Months) 100th Percentile Difference % Improve-ment Annual Improve-ment Projection for
Following Year		
2011	2010	148.4 100 -48.40 10% -4.84 143.56
2012	2011	143.56 100 -43.56 10% -4.36 139.20
2013	2012	139.20 100 -39.20 10% -3.92 135.28
2014	2013	135.28 100 -35.28 10% -3.53 131.76
2015	2014	131.76
Other age categories used similar methodology		
<b>Other Comments on Measure:</b>		



**Inpatient**

**MEASURE 19: Pediatric central-line associated blood stream infections rate– PICU and NICU**

FFY 2009	FFY 2010	FFY 2011
<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 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 checked="" type="checkbox"/> Other. <i>Explain:</i>                      Illinois is unable to collect data needed for this measure.</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 checked="" type="checkbox"/> Other. <i>Explain:</i>                      Illinois is unable to collect data needed for this measure.</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>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>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"/> CDC  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> CDC  <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 (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>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).                      Definition of numerator:</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 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 Medicaid 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>Year of Data:</b></p>	<p><b>Date Range:</b></p>	<p><b>Date Range:</b></p>

FFY 2009	FFY 2010	FFY 2011
	<b>From: (mm/yyyy) To: (mm/yyyy)</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:
Additional notes on measure:	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:	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:
<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:

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></p>		

**Category III - MANAGEMENT OF CHRONIC CONDITIONS**

**Asthma**

**MEASURE 20: Annual percentage of asthma patients 2 through 20 years old with one or more asthma related emergency room visits**

FFY 2009	FFY 2010	FFY 2011
<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 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>  <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>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>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 checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>                      The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.  <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"/> Alabama Medicaid  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2010</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> Alabama Medicaid  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2010</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 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 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>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).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of children ages 5-17 years with a diagnosis of asthma who had at least one emergency room visit with asthma as the primary or secondary diagnosis.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of children ages 5-17 years with a diagnosis of asthma who had at least one emergency room visit with asthma as the primary or secondary diagnosis.                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes Medicaid population only.</p>

FFY 2009	FFY 2010	FFY 2011
	<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: Number of children ages 5-17 years with a diagnosis of asthma.	<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: Number of children ages 5-17 years with a diagnosis of asthma.
<b>Year of Data:</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2009 To: (mm/yyyy) 12/2009</b>	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>
<b>Performance Measurement Data:</b> Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	<b>Performance Measurement Data:</b> Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	<b>Performance Measurement Data:</b> Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	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:	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:
<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: 206343 Denominator: 815927 Rate: 25.3  Additional notes on measure: Age categories 5-17 years reported. Deviations from Measure Specifications: Year of data - Illinois' measure is based on the calendar year, CHIPRA core is March 1-February 28. Numerator - Illinois' measure includes 99234-99236, CHIPRA core does not. Denominator - Illinois' measure is based on primary or secondary asthma diagnosis, but does not identify asthmatics based on two or more prescriptions for a short-acting beta	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 228969 Denominator: 887140 Rate: 25.8  Additional notes on measure: Age categories 5-17 years reported. Deviations from Measure Specifications: Year of data - Illinois' measure is based on the calendar year, CHIPRA core is March 1-February 28. Numerator - Illinois' measure includes 99234-99236, CHIPRA core does not. Denominator - Illinois' measure is based on primary or secondary asthma diagnosis, but does not identify asthmatics based on two or more prescriptions for a short-acting beta

FFY 2009	FFY 2010	FFY 2011																																																
	adrenergic.	adrenergic.																																																
<b>Explanation of Progress:</b>																																																		
<p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 to FFY2011, there was a percent change increase of +2.0 in the rate of children with asthma who had an emergency room visit.</p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b> The Medicaid reform law [PA 96-1501], requires that by January 1, 2015, at least 50 percent of the individuals covered under Medicaid be enrolled in a care coordination program that organizes care around their medical needs. This means at least 1.5 million of Illinois' Medicaid clients – children, parents, seniors and disabled persons – will be assigned to an integrated healthcare delivery system replacing the current fragmented system. As Phase I, the Department of Healthcare and Family Services is developing the “Care Coordination Innovations Project” to test community interest and capacity to provide alternative models of delivering care (as an adjunct to the current managed care programs). This initiative should show improvements in the health outcomes.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 22.10% (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b> 18.21% (2012 data)</p> <p><b>Annual Performance Objective for FFY 2014:</b> 14.12% (2013 data)</p> <p><i>Explain how these objectives were set:</i> Asthma: Ages 5 - 17 ER Visit</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Difference</th> <th>% Improve-ment</th> <th>Annual Improve-ment</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>2010</td> <td>25.81</td> <td>100</td> <td>-74.19</td> <td>5%</td> <td>-3.71</td> <td>22.10</td> </tr> <tr> <td>2012</td> <td>2011</td> <td>22.10</td> <td>100</td> <td>-77.90</td> <td>5%</td> <td>-3.89</td> <td>18.21</td> </tr> <tr> <td>2013</td> <td>2012</td> <td>18.21</td> <td>100</td> <td>-81.79</td> <td>5%</td> <td>-4.09</td> <td>14.12</td> </tr> <tr> <td>2014</td> <td>2013</td> <td>14.12</td> <td>100</td> <td>-85.88</td> <td>5%</td> <td>-4.29</td> <td>9.82</td> </tr> <tr> <td>2015</td> <td>2014</td> <td>9.82</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			FFY for CARTS	DATA Year	Baseline	100th Percentile	Difference	% Improve-ment	Annual Improve-ment	Projection for Following Year	2011	2010	25.81	100	-74.19	5%	-3.71	22.10	2012	2011	22.10	100	-77.90	5%	-3.89	18.21	2013	2012	18.21	100	-81.79	5%	-4.09	14.12	2014	2013	14.12	100	-85.88	5%	-4.29	9.82	2015	2014	9.82					
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<b>Other Comments on Measure:</b>																																																		

**Attention-Deficit/Hyperactivity Disorder**

**MEASURE 21: Follow-Up Care for Children Prescribed attention-deficit/hyperactivity disorder (ADHD) Medication**

FFY 2009	FFY 2010	FFY 2011
<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 type="checkbox"/> Other. <i>Explain:</i></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>                      A request was submitted to have this measure programmed.                      The programming has not yet been completed.</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>                      A request was submitted to have this measure programmed.                      The programming has not yet been completed.</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>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>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 (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>
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FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	number of children excluded:
<b>Year of Data:</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>
<p><b>HEDIS Performance Measurement Data:</b> Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase.</p> <p>Continuation and Maintenance (C&amp;M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p><b>HEDIS Performance Measurement Data:</b> Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase.</p> <p>Continuation and Maintenance (C&amp;M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p><b>HEDIS Performance Measurement Data:</b> Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase.</p> <p>Continuation and Maintenance (C&amp;M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>
<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&amp;M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&amp;M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: Denominator: Rate:</p> <p>Continuation and Maintenance (C&amp;M) Phase: Numerator: Denominator: Rate:</p>
Additional notes on measure:	<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>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>
<b>Other Performance Measurement Data:</b>	<b>Other Performance Measurement Data:</b>	<b>Other Performance Measurement Data:</b>

<b>FFY 2009</b>	<b>FFY 2010</b>	<b>FFY 2011</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:
<b>Explanation of Progress:</b>  <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<b>Other Comments on Measure:</b>		

Diabetes

**MEASURE 22: Annual pediatric hemoglobin A1C testing**

FFY 2009	FFY 2010	FFY 2011
<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 type="checkbox"/> Other. <i>Explain:</i></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>                      A request was submitted to have this measure programmed.                      The programming has not yet been completed.</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>                      A request was submitted to have this measure programmed.                      The programming has not yet been completed.</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>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>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"/> NCQA  <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 (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>
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FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	number of children excluded:
<b>Year of Data:</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 (5-17 years old) with diabetes and a HBA1c test during the measurement year period	<b>Performance Measurement Data:</b> Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	<b>Performance Measurement Data:</b> Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	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:	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:
<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:

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></p>		

Mental Health

**MEASURE 23: Follow-up after hospitalization for mental illness**

FFY 2009	FFY 2010	FFY 2011
<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 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 type="checkbox"/> Other. <i>Explain:</i>                      A request was submitted to have this measure programmed.                      The programming has not yet been completed.</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>                      A request was submitted to have this measure programmed.                      The programming has not yet been completed.</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>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>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 (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>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).                      Definition of numerator:</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 denominator is a subset of the definition selected above,                      please further define the Denominator, please indicate the</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 denominator is a subset of the definition selected above,                      please further define the Denominator, please indicate the</p>

FFY 2009	FFY 2010	FFY 2011
	number of children excluded:	number of children excluded:
<b>Year of Data:</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> Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	<b>HEDIS Performance Measurement Data:</b> Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	<b>HEDIS Performance Measurement Data:</b> Percentage of discharges for children aged 6 years and older who were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner
7 Day Follow-Up Numerator: Denominator: Rate:  30 Day Follow-Up Numerator: Denominator: Rate:	7 Day Follow-Up Numerator: Denominator: Rate:  30 Day Follow-Up Numerator: Denominator: Rate:	7 Day Follow-Up Numerator: Denominator: Rate:  30 Day Follow-Up Numerator: Denominator: Rate:
Additional notes on measure:	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:	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:
<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:

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></p>		

**CAHPS 4.0**

**Category IV – FAMILY EXPERIENCES OF CARE CAHPS 4.0**

**MEASURE 24: Consumer Assessment Of Healthcare Providers And Systems (CAHPS®) Health Plan Survey 4.0H  
(Child version including Medicaid and Children with Chronic Conditions supplemental items)**

FFY 2009	FFY 2010	FFY 2011
	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If yes, how did you report this measure?</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 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>                      In the next procurement cycle, Illinois will replace the existing satisfaction survey in the PCCM program with the CAHPS® survey. HFS is working to execute required managed care contract amendments to include CAHPS®.</p>	<p><b>Did you report on this measure?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If yes, how did you report this measure?</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 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>                      In the next procurement cycle, Illinois will replace the existing satisfaction survey in the PCCM program with the CAHPS® survey. HFS is working to execute required managed care contract amendments to include CAHPS®.</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 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 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 denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b></p> <p><b>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</b></p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></p>		

**Reporting of State-specific measures:**

In addition to reporting the CHIPRA core set quality 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 2010	FFY 2011	Percent change FFY 2010-2011
CHIP Medicaid Expansion Program	157426	165395	5.06
Separate Child Health Program	171678	171490	-0.11

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

- The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2009-2010. 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 2011 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	277	34.4	7.7	1.0
1998 - 2000	269	33.5	7.4	.9
2000 - 2002	228	26.5	6.9	.8
2002 - 2004	243	27.2	7.1	.8
2003 - 2005	230	26.8	6.7	.8
2004 - 2006	217	26.0	6.4	.7
2005 - 2007	180	24.0	5.3	.7

2006 - 2008	146	22.0	5.0	.7
2007 - 2009	175	23.0	5.2	.7
2008 - 2010	181	16.0	5.4	.5
Percent change 1996-1998 vs. 2008-2010	-34.7%	NA	-29.9%	NA

- A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**

The number of uninsured children dropped significantly as a result of the implementation of first CHIP, in 1998, and then the state-only Covering All Kids Health Insurance Act in 2006. The media attention and outreach efforts surrounding the expansions brought in many children who would have been eligible before.

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

HFS believes the CPS undercounts insured children as explained in the following excerpt from its All Kids report.

"Importantly, the CPS is known to contain a type of non-sampling error whereby survey respondents do not provide accurate information on the coverage status of their children. These respondents may not realize that their children are enrolled in coverage, they may not understand that Medicaid and Medicare are health insurance, or they may be unwilling to reveal to the interviewer that they have public coverage.

The prevalence of this error cannot be ascertained with certainty, but it is believed to substantially understate the number of children with public coverage, including Medicaid, the State Children's Health Insurance Program (SCHIP) and state-only funded programs such as the All Kids expansion. Commonly, this phenomenon is referred to as the "Medicaid undercount". This error may also overstate the number of uninsured children in the state."

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

Yes (please report your data in the table below)

No (skip to Question #4)

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

Data source(s)	
Reporting period (2 or more points in time)	

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

A. Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children. **[7500]**

B. 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]**

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

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

4. How many children do you estimate have been enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information **[7500]**

Illinois was awarded CHIPRA Performance Bonus payments in 2009 and 2010 for increasing enrollment in Medicaid by 5.1% for FY 2009 and 8% in FY 2010 compared to baseline enrollment. Illinois achieved these increases by implementing six enrollment simplifications: Continuous Eligibility, Liberalization of Asset Requirements, Elimination of In-Person Interviews, Use of Same Application and Renewal Form, Automatic/Administrative Renewal and PE.

## 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 2009 and FFY 2010) will be populated with data from previously reported data in CARTS. If you previously reported data in the 2 previous years reports (2009 and/or 2010) and you want to update/change the data please enter that data. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2011).

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

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

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

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

### Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 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 2010.

**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 2011.
- 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 2009, 2010). This field must be completed only when a user selects the HEDIS® measurement specification.

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

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

### **Data Source:**

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

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

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

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

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

- If the denominator reported is not fully representative of the population defined above (the CHIP population only, or the CHIP and Medicaid (Title XIX) populations combined), please further define the denominator. For example, 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.

### **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.

### **Year of Data: not available for the 2011 CARTS reporting period.**

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 2011 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.

**Note: CARTS will calculate the rate when you enter the numerator and denominator.**

**For CARTS versions prior to 2011 States were able to enter a rate without entering a numerator and denominator** (If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure [or component]. The preferred method is to calculate a “weighted rate”

by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator.) **Beginning in 2011, CARTS will be requiring States to report numerators and denominators rather than providing them the option of only reporting the rate. If States reported a rate in years prior to 2011, that data will be able to be edited if the need arises.**

**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 2012, 2013, and 2014. Based on your recent performance on the measure (from FFY 2009 through 2011), 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)**

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #1 (Describe)</b> Reduce the uninsured rate of children in Illinois.</p>	<p><b>Goal #1 (Describe)</b> Reduce the uninsured rate of children in Illinois.</p>	<p><b>Goal #1 (Describe)</b> Reduce the uninsured rate of children in Illinois.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      This goal utilizes the health insurance information that was recently added to the American Community Survey.</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>                      This goal utilizes the health insurance information that was recently added to the American Community Survey.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <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>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>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>                      American Community Survey</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>                      American Community Survey</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>                      American Community Survey</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: All children under age 19 in the survey                       Definition of numerator: Children under age 19 in the survey with no healthcare coverage.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Definition of denominator: All children under age 19 in the survey                       Definition of numerator: Definition of numerator: Children under age 19 in the survey with no healthcare coverage.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: All children under age 19 in the survey                       Definition of numerator: Children under age 19 in the survey with no healthcare coverage.</p>
<p><b>Year of Data:</b> 2008</p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      ACS state-level uninsured estimates                       Numerator: 893                      Denominator: 16402                      Rate: 5.4                       Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      ACS state-level uninsured estimates.                       Numerator: 217                      Denominator: 3384                      Rate: 6.4                       Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      ACS state-level uninsured estimates                       Numerator: 173                      Denominator: 3308                      Rate: 5.2                       Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? New goal.</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? Continued program funding is critical.</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The goal was to reduce the rate of uninsurance to 4.9%. The rate increased by a full percentage point to 6.4%.</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? Continued program funding is critical.</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The goal was 4.6. We only achieved 5.2.</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? Continued program funding is critical.</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 2010: 4.9</b>  <b>Annual Performance Objective for FFY 2011: 4.6</b>  <b>Annual Performance Objective for FFY 2012: 4.4</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 2011: 4.6%</b>  <b>Annual Performance Objective for FFY 2012: 4.9%</b>  <b>Annual Performance Objective for FFY 2013: 4.6%</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 2012: 4.9%</b>  <b>Annual Performance Objective for FFY 2013: 4.6%</b>  <b>Annual Performance Objective for FFY 2014: 4.5%</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 2009	FFY 2010	FFY 2011
<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. <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. <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>Year of Data:</b>	<b>Year of Data:</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:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>

FFY 2009	FFY 2010	FFY 2011
<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 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</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 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</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 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</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 2009	FFY 2010	FFY 2011
<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. <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. <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>Year of Data:</b>	<b>Year of Data:</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:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>

FFY 2009	FFY 2010	FFY 2011
<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 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</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 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</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 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</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 2009	FFY 2010	FFY 2011
<p><b>Goal #1 (Describe)</b> Increase enrollment of children with income above 133% and at or below 200% by 1%</p>	<p><b>Goal #1 (Describe)</b> Increase enrollment of children with income above 133% and at or below 200% by 1%</p>	<p><b>Goal #1 (Describe)</b> Increase enrollment of children with income above 133% and at or below 200% by 1%</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <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>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>Data Source:</b>  <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Number of children enrolled as of 7/31/10 compared to the number of children enrolled as of 7/31/11 in families with income above 133% and at or below 200%.</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of children enrolled as of 7/31/08 compared to the number of children enrolled as of 7/31/09 in families with income above 133% and at or below 200%. Definition of denominator: Number of children enrolled as of 7/31/08 Definition of numerator: Number of children enrolled as of 7/31/09.                       Definition of numerator: Definition of denominator: Number of children enrolled as of 7/31/08 Definition of numerator: Number of children enrolled as of 7/31/09.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of children enrolled as of 7/31/09 compared to the number of children enrolled as of 7/31/10 in families with income above 133% and at or below 200%. Definition of denominator: Number of children enrolled as of 7/31/09 Definition of numerator: Number of children enrolled as of 7/31/10.                       Definition of numerator: Definition of denominator: Number of children enrolled as of 7/31/09 Definition of numerator: Number of children enrolled as of 7/31/10.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of children enrolled as of 7/31/10                       Definition of numerator: Number of children enrolled as of 7/31/11.</p>
<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b> 2010</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 07/2010 To: (mm/yyyy) 07/2011</b></p>

FFY 2009	FFY 2010	FFY 2011
<p><b>Performance Measurement Data:</b> Described what is being measured: Enrollment of children as of 7/31/08 compared to 7/31/09.</p> <p>Numerator: 75091 Denominator: 73827 Rate: 101.7</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: Enrollment of children as of 7/31/09 compared to 7/31/10.</p> <p>Numerator: 75037 Denominator: 75091 Rate: 99.9</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: Enrollment of children as of 7/31/10 compared to 7/31/11.</p> <p>Numerator: 74249 Denominator: 75021 Rate: 99</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> Enrollment increased by .7% above the goal.</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> Using a combination of Medicaid, CHIP, state-only funded programs under a single program name, All Kids, Illinois offers healthcare coverage to all uninsured children regardless of income or immigration status. Illinois has also implemented several simplifications such as a joint application, administrative renewal process, and reduced verification requirements.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> Enrollment fell by a tenth of a percent.</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> Using a combination of Medicaid, CHIP, state-only funded programs under a single program name, All Kids, Illinois offers healthcare coverage to all uninsured children regardless of income or immigration status. Illinois has also implemented several simplifications such as a joint application, administrative renewal process, and reduced verification requirements.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> Our goal was to increase enrollment by 0.5%. Enrollment actually decreased by 1%.</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 2010:</b> 1% <b>Annual Performance Objective for FFY 2011:</b> 1% <b>Annual Performance Objective for FFY 2012:</b> 1%</p> <p><i>Explain how these objectives were set:</i> Based on past growth and remaining uninsured children.</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 2011:</b> .5% <b>Annual Performance Objective for FFY 2012:</b> 1% <b>Annual Performance Objective for FFY 2013:</b> 1%</p> <p><i>Explain how these objectives were set:</i> Based on past growth and remaining uninsured children.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> .5% <b>Annual Performance Objective for FFY 2013:</b> .5% <b>Annual Performance Objective for FFY 2014:</b> 1%</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 2009	FFY 2010	FFY 2011
<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. <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. <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>Year of Data:</b>	<b>Year of Data:</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:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>

FFY 2009	FFY 2010	FFY 2011
<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>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>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 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</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 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</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 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
<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 checked="" 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. <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. <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>Year of Data:</b>	<b>Year of Data:</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:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>

FFY 2009	FFY 2010	FFY 2011
<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 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</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 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</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 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</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 2009	FFY 2010	FFY 2011
<p><b>Goal #1 (Describe)</b> Increase enrollment of children in families with income at or below 133% by 5%.</p>	<p><b>Goal #1 (Describe)</b> Increase enrollment of children in families with income at or below 133% by 5%.</p>	<p><b>Goal #1 (Describe)</b> Increase enrollment of children in families with income at or below 133% by 5%.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <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>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>Data Source:</b>  <input checked="" 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 checked="" 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 checked="" 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: Enrollment as of July 2008             Definition of numerator: Enrollment as of July 2009</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Enrollment as of July 2009             Definition of numerator: Enrollment as of July 2010</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator: Enrollment as of July 2010             Definition of numerator: Enrollment as of July 2011</p>
<p><b>Year of Data:</b> 2009</p>	<p><b>Year of Data:</b> 2010</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 07/2010 To: (mm/yyyy) 07/2011</b></p>
<p><b>Performance Measurement Data:</b>            Described what is being measured:            Increase in enrollment of children in families with income at or below 133% from 7/31/08 to 7/31/09.             Numerator: 1175184            Denominator: 1085251            Rate: 108.3             Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Increase in enrollment of children in families with income at or below 133% from 7/31/09 to 7/31/10.             Numerator: 1217832            Denominator: 1175184            Rate: 103.6             Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:            Increase in enrollment of children in families with income at or below 133% from 7/31/10 to 7/31/11.             Numerator: 1608712            Denominator: 1561029            Rate: 103.1             Additional notes on measure:</p>
<p><b>Explanation of Progress:</b>   <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b> We have seen an increase of 3.3% greater than our goal.</p>	<p><b>Explanation of Progress:</b>   <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> We increased enrollment by .6% more than our goal.</p>	<p><b>Explanation of Progress:</b>   <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> We increased by 0.1% more than our goal.</p>

FFY 2009	FFY 2010	FFY 2011
<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> Using a combination of Medicaid, CHIP, state-only funded programs under a single program name, All Kids, Illinois offers healthcare coverage to all uninsured children regardless of income or immigration status. Illinois has also implemented several simplifications such as a joint application, administrative renewal process, and reduced verification requirements.</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>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> Using a combination of Medicaid, CHIP, state-only funded programs under a single program name, All Kids, Illinois offers healthcare coverage to all uninsured children regardless of income or immigration status. Illinois has also implemented several simplifications such as a joint application, administrative renewal process, and reduced verification requirements.</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 2010: 3%</b>  <b>Annual Performance Objective for FFY 2011: 3%</b>  <b>Annual Performance Objective for FFY 2012: 2%</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 2011: 3%</b>  <b>Annual Performance Objective for FFY 2012: 2%</b>  <b>Annual Performance Objective for FFY 2013: 2%</b></p> <p><i>Explain how these objectives were set:</i> Based on past growth and remaining uninsured children.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012: 2%</b>  <b>Annual Performance Objective for FFY 2013: 2%</b>  <b>Annual Performance Objective for FFY 2014: 2%</b></p> <p><i>Explain how these objectives were set:</i> 2%</p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure: 1%</b></p>

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

FFY 2009	FFY 2010	FFY 2011
<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. <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. <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>Year of Data:</b>	<b>Year of Data:</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:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>

FFY 2009	FFY 2010	FFY 2011
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2010:</b>  <b>Annual Performance Objective for FFY 2011:</b>  <b>Annual Performance Objective for FFY 2012:</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 2011:</b>  <b>Annual Performance Objective for FFY 2012:</b>  <b>Annual Performance Objective for FFY 2013:</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 2012:</b>  <b>Annual Performance Objective for FFY 2013:</b>  <b>Annual Performance Objective for FFY 2014:</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 2009	FFY 2010	FFY 2011
<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. <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. <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>Year of Data:</b>	<b>Year of Data:</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:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:  Numerator: Denominator: Rate:  Additional notes on measure:
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b>

FFY 2009	FFY 2010	FFY 2011
<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>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> Using a combination of Medicaid, CHIP, state-only funded programs under a single program name, All Kids, Illinois offers healthcare coverage to all uninsured children regardless of income or immigration status. Illinois has also implemented several simplifications such as a joint application, administrative renewal process, and reduced verification requirements.</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 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</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 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</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 2012: Annual Performance Objective for FFY 2013: Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #1 (Describe)</b> Reduce the state's infant mortality rate.</p>	<p><b>Goal #1 (Describe)</b> Reduce the state's infant mortality rate.</p>	<p><b>Goal #1 (Describe)</b> Reduce the state's infant mortality rate.</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>                      The state continues to work to improve birth outcomes and reduce infant mortality, including implementation of a federal family planning waiver and other enhanced services to assure pregnancies are planned and comprehensive prenatal services are received once pregnancy occurs.</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>                      The state continues to work to improve birth outcomes and reducing infant mortality, including implementation of a federal family planning waiver and other enhanced services to assure pregnancies are planned and comprehensive prenatal services are received, once pregnancy occurs.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revISED. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <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>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Infant mortality rate is defined as the rate at which Illinois newborns die during the first year of life, per 1,000 live births.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Infant mortality rate is defined as the rate at which Illinois newborns die during the first year of life, per 1,000 live births.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Infant mortality rate is defined as the rate at which Illinois newborns die during the first year of life, per 1,000 live births.</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 checked="" type="checkbox"/> Other. <i>Specify:</i>                      Illinois Department of Public Health - Vital Records.</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 checked="" type="checkbox"/> Other. <i>Specify:</i>                      Illinois Department of Public Health - Vital Records.</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 checked="" type="checkbox"/> Other. <i>Specify:</i>                      Illinois Department of Public Health - Vital Records</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      Definition of numerator: Numerator = Infant Deaths (statewide)                      Denominator = Live Births (statewide)</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Numerator = Infant Deaths (statewide)                      Denominator = Live Births (statewide)                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Numerator = Infant Deaths (statewide)                      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: Denominator = Live Births (statewide)</p>
<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>	<p><b>Date Range:</b></p>

FFY 2009	FFY 2010	FFY 2011
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>From: (mm/yyyy) 01/2008 To: (mm/yyyy) 12/2008</b></p> <p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p> <p>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></p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 1343 Denominator: 180503 Rate: 0.7</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 1196 Denominator: 180530 Rate: 0.7</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 1263 Denominator: 176634 Rate: 0.7</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b></p> <p><b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b> From FFY2009 (2006 data) to FFY2010 (2007 data), there was a percent change decrease of -10.81 in the statewide infant mortality rate.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 (2007 data) to FFY2011 (2008 data), there was a percent change increase of +9.09 in the statewide infant mortality rate.</p>

FFY 2009	FFY 2010	FFY 2011
<p>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 2010:</b>  <b>Annual Performance Objective for FFY 2011:</b>  <b>Annual Performance Objective for FFY 2012:</b></p> <p><i>Explain how these objectives were set:</i></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> The Illinois Department of Healthcare and Family Services (HFS), the states sole Medicaid agency, is developing an interconception program focusing on high-risk pregnant women, including pregnant teens, who are at risk of having poor birth outcomes (e.g., low and very low birth weight births, and infant demise). Improved birth outcomes may be obtained by identifying pregnant women early in their pregnancy; promoting healthy pregnancies through assuring evidence-based clinical guidelines are being followed; prenatal education is made available to the entire membership; and stratified levels of support, based on risks, are provided to pregnant women through monitoring and support sufficient to access needed services.</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 2011:</b>  <b>Annual Performance Objective for FFY 2012:</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> The Illinois Department of Healthcare and Family Services (HFS), the states sole Medicaid agency, is developing an interconception program focusing on high-risk pregnant women, including pregnant teens, who are at risk of having poor birth outcomes (e.g., low and very low birth weight births, and infant demise). Improved birth outcomes may be obtained by identifying pregnant women early in their pregnancy; promoting healthy pregnancies through assuring evidence-based clinical guidelines are being followed; prenatal education is made available to the entire membership; and stratified levels of support, based on risks, are provided to pregnant women through monitoring and support sufficient to access needed services.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2012:</b>  6.84/1,000 live births statewide  <b>Annual Performance Objective for FFY 2013:</b>  6.50/1,000 live births statewide</p>

FFY 2009	FFY 2010	FFY 2011																								
	<p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2014:</b> 6.37/1,000 live births statewide</p> <p><i>Explain how these objectives were set:</i> Reduce the state's infant mortality rate.</p> <table border="1"> <thead> <tr> <th>FFY for CARTS 100th Percentile Improve-ment for Following Year</th> <th>DATA Year Difference Annual Improve-ment</th> <th>Baseline % Projection</th> </tr> </thead> <tbody> <tr> <td>2011 5% -0.36</td> <td>2008 6.84</td> <td>7.2 0 -7.20</td> </tr> <tr> <td>2012 5% -0.34</td> <td>2009 6.50</td> <td>6.84 0 -6.84</td> </tr> <tr> <td>2013 2% -0.13</td> <td>2010 6.37</td> <td>6.50 0 -6.50</td> </tr> <tr> <td>2014 2% -0.13</td> <td>2011 6.37</td> <td>6.37 0 -6.37</td> </tr> <tr> <td>2015 2% -0.12</td> <td>2012 6.24</td> <td>6.24 0 -6.24</td> </tr> <tr> <td>2016 2% -0.12</td> <td>2013 6.12</td> <td>6.12 0 -6.12</td> </tr> <tr> <td>2017</td> <td>2014 5.99</td> <td>5.99</td> </tr> </tbody> </table> <p>As of February 2011, 2008 is the most recent data available</p>	FFY for CARTS 100th Percentile Improve-ment for Following Year	DATA Year Difference Annual Improve-ment	Baseline % Projection	2011 5% -0.36	2008 6.84	7.2 0 -7.20	2012 5% -0.34	2009 6.50	6.84 0 -6.84	2013 2% -0.13	2010 6.37	6.50 0 -6.50	2014 2% -0.13	2011 6.37	6.37 0 -6.37	2015 2% -0.12	2012 6.24	6.24 0 -6.24	2016 2% -0.12	2013 6.12	6.12 0 -6.12	2017	2014 5.99	5.99
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**Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)**

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #2 (Describe)</b> Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL.</p>	<p><b>Goal #2 (Describe)</b> Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL.</p>	<p><b>Goal #2 (Describe)</b> Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL.</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>  HFS will continue this measure. However, to synchronize the year of data being reported in each fiscal year of this report, the pre-populated 2009 entry is being deleted. Beginning with FFY2011, the report is being updated to reflect the 2009 data in the FFY2010 section and 2010 data in the FFY2011 section.</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>

FFY 2009	FFY 2010	FFY 2011
<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>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<p><b>Status of Data Reported:</b></p> <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><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i>	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The measure is of Medicaid children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL as reported by the Illinois Department of Public Health, Illinois Lead Program Surveillance report.	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The measure is of Medicaid children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL as reported by the Illinois Department of Public Health, Illinois Lead Program Surveillance report.
<p><b>Data Source:</b></p> <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><b>Data Source:</b></p> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Prevention Program Surveillance Report and personal communication (for numerator and denominator).	<p><b>Data Source:</b></p> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Prevention Program Surveillance Report and personal communication (for numerator and denominator).
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Medicaid enrolled children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL. The Illinois data includes capillary and venous tests. It also accounts for test results obtained with hand-held analyzers.  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Medicaid enrolled children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL. The Illinois data includes capillary and venous tests. It also accounts for test results obtained with hand-held analyzers.  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: Medicaid enrolled children (ages 6 and younger) screened for childhood lead poisoning.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i></p> <p>Numerator:  Denominator:  Rate:</p> <p>Deviations from Measure Specifications:</p>

FFY 2009	FFY 2010	FFY 2011
		<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:
<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: 3770 Denominator: 218126 Rate: 1.7  Additional notes on measure: The numerator and denominator were provided by the Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Prevention Program via personal communication, 2/15/2012.	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 3424 Denominator: 219493 Rate: 1.6  Additional notes on measure: The numerator and denominator were provided by the Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Prevention Program via personal communication, 2/15/2012.
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 (2009 data) to FFY2011 (2010 data), there was a percent change decrease of -5.88 in the rate of Medicaid children with an blood lead level exceeding 10 mcg/dL.

FFY 2009	FFY 2010	FFY 2011
<p>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 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</b></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><b>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</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? HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council and sits on the Evaluation sub-committee. The Advisory Council provides guidance and input to IDPH.</p> <p>IDPH sends results to HFS' Enterprise Data Warehouse. The child's lead screening information is made available to the child's primary care provider for appropriate medical management. Additionally, the patient profile identifies children due for a lead screening, but for whom no evidence exists of having received the screening.</p> <p>A bonus payment strategy was implemented to incentivize providers to complete the series of recommended visits based on the periodicity schedule for children birth to age 5. The PCCM program uses several strategies to encourage comprehensive services: patient panels indicating when the child is due for screening services, data monitoring and provider feedback, on-line access to claims data, provider education and on-going assistance.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> 1.4 (2011 data) <b>Annual Performance Objective for FFY 2013:</b> 1.2 (2012 data)</p>

FFY 2009	FFY 2010	FFY 2011																														
	<p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2014:</b> 1.0 (2013 data)</p> <p><i>Explain how these objectives were set:</i> Elevated blood levels exceeding 10 mcg/dL: Medicaid/CHIP Enrolled Children 6 Years and Younger</p> <table border="1" data-bbox="1373 375 1917 704"> <thead> <tr> <th data-bbox="1373 375 1499 399">FFY for CARTS</th> <th data-bbox="1499 375 1583 399">Annual % Reduction</th> <th data-bbox="1583 375 1688 399">DATA Year</th> <th data-bbox="1688 375 1772 399">Projection for</th> <th data-bbox="1772 375 1917 399">Baseline Following Year</th> </tr> </thead> <tbody> <tr> <td data-bbox="1373 456 1436 480">2011</td> <td data-bbox="1499 456 1562 480">2010</td> <td data-bbox="1583 456 1625 480">1.6</td> <td data-bbox="1688 456 1730 480">0.2</td> <td data-bbox="1772 456 1835 480">1.40</td> </tr> <tr> <td data-bbox="1373 513 1436 537">2012</td> <td data-bbox="1499 513 1562 537">2011</td> <td data-bbox="1583 513 1625 537">1.40</td> <td data-bbox="1688 513 1730 537">0.2</td> <td data-bbox="1772 513 1835 537">1.20</td> </tr> <tr> <td data-bbox="1373 570 1436 594">2013</td> <td data-bbox="1499 570 1562 594">2012</td> <td data-bbox="1583 570 1625 594">1.20</td> <td data-bbox="1688 570 1730 594">0.2</td> <td data-bbox="1772 570 1835 594">1.00</td> </tr> <tr> <td data-bbox="1373 626 1436 651">2014</td> <td data-bbox="1499 626 1562 651">2013</td> <td data-bbox="1583 626 1625 651">1.00</td> <td data-bbox="1688 626 1730 651">0.2</td> <td data-bbox="1772 626 1835 651">0.80</td> </tr> <tr> <td data-bbox="1373 683 1436 708">2015</td> <td data-bbox="1499 683 1562 708">2014</td> <td data-bbox="1583 683 1625 708">0.80</td> <td></td> <td></td> </tr> </tbody> </table> <p>Data source: Illinois Department of Public Health- Illinois Lead Program Surveillance Database; unpublished report</p>	FFY for CARTS	Annual % Reduction	DATA Year	Projection for	Baseline Following Year	2011	2010	1.6	0.2	1.40	2012	2011	1.40	0.2	1.20	2013	2012	1.20	0.2	1.00	2014	2013	1.00	0.2	0.80	2015	2014	0.80		
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**Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)**

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #3 (Describe)</b> To increase the percentage of HFS continuously enrolled children who receive at least one capillary or venous blood lead screening test on or before their second birthday.</p>	<p><b>Goal #3 (Describe)</b> To increase the percentage of HFS continuously enrolled children who receive at least one capillary or venous blood lead screening test on or before their second birthday.</p>	<p><b>Goal #3 (Describe)</b> To increase the percentage of HFS continuously enrolled children who receive at least one capillary or venous blood lead screening test on or before their second birthday.</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>                      HFS will continue this measure. However, to synchronize the year of data being reported in each fiscal year of this report, the pre-populated 2009 entry is being deleted. Beginning with FFY2011, the report is being updated to reflect the 2009 data in the FFY2010 section and 2010 data in the FFY2011 section.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <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>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data: The data reported for FFY2011 are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.</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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      2010</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010  <input type="checkbox"/> Other. <i>Explain:</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>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>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Numerator: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age and received at least one capillary or venous blood test on or before their second birthday.                       Denominator: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age.                      Definition of denominator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age and received at least one capillary or venous blood test on or before their second birthday.                      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,</p>

FFY 2009	FFY 2010	FFY 2011
	<input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age.
<b>Year of Data:</b>	<b>Year of Data:</b> 2009	<b>Date Range:</b> <b>From: (mm/yyyy)</b> 01/2010 <b>To: (mm/yyyy)</b> 12/2010
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 69508 Denominator: 96338 Rate: 72.2  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: 70299 Denominator: 95518 Rate: 73.6  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:
<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>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</b>  <b>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> From FFY2010 (2009 data) to FFY2011 (2010 data), there was a percent change increase of +1.94 in the percent of 24 month olds who received at least one blood lead screening.

FFY 2009	FFY 2010	FFY 2011
<p>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 2010:</b>  <b>Annual Performance Objective for FFY 2011:</b>  <b>Annual Performance Objective for FFY 2012:</b></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><b>Annual Performance Objective for FFY 2011:</b>  <b>Annual Performance Objective for FFY 2012:</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? HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council and sits on the Evaluation sub-committee. The Advisory Council provides guidance and input to IDPH.</p> <p>IDPH sends results to HFS' Enterprise Data Warehouse. The child's lead screening information is made available to the child's primary care provider for appropriate medical management. Additionally, the patient profile identifies children due for a lead screening, but for whom no evidence exists of having received the screening.</p> <p>A bonus payment strategy was implemented to incentivize providers to complete the series of recommended visits based on the periodicity schedule for children birth to age 5. The PCCM program uses several strategies to encourage comprehensive services: patient panels indicating when the child is due for screening services, data monitoring and provider feedback, on-line access to claims data, provider education and on-going assistance.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b>  76.24% (2011 data)  <b>Annual Performance Objective for FFY 2013:</b>  78.62% (2012 data)</p>

FFY 2009	FFY 2010	FFY 2011																														
	<p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2014:</b> 80.75% (2013 data)</p> <p><i>Explain how these objectives were set:</i> Children who receive at least one capillary or venous blood lead screening test</p> <p>HFS Continuously Enrolled</p> <table border="1" data-bbox="1304 402 1921 760"> <thead> <tr> <th>FFY for CARTS 100th Percentile Improve-ment for Following Year</th> <th>DATA Year</th> <th>Baseline %</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>2010</td> <td>73.6</td> </tr> <tr> <td>10%</td> <td>2.64</td> <td>76.24</td> </tr> <tr> <td>2012</td> <td>2011</td> <td>76.24</td> </tr> <tr> <td>10%</td> <td>2.38</td> <td>78.62</td> </tr> <tr> <td>2013</td> <td>2012</td> <td>78.62</td> </tr> <tr> <td>10%</td> <td>2.14</td> <td>80.75</td> </tr> <tr> <td>2014</td> <td>2013</td> <td>80.75</td> </tr> <tr> <td>10%</td> <td>1.92</td> <td>82.68</td> </tr> <tr> <td>2015</td> <td>2014</td> <td>82.68</td> </tr> </tbody> </table>	FFY for CARTS 100th Percentile Improve-ment for Following Year	DATA Year	Baseline %	2011	2010	73.6	10%	2.64	76.24	2012	2011	76.24	10%	2.38	78.62	2013	2012	78.62	10%	2.14	80.75	2014	2013	80.75	10%	1.92	82.68	2015	2014	82.68
FFY for CARTS 100th Percentile Improve-ment for Following Year	DATA Year	Baseline %																														
2011	2010	73.6																														
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<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 2009	FFY 2010	FFY 2011
<p><b>Goal #1 (Describe)</b> Well child visits in the 3rd, 4th, 5th and 6th years of life.</p>	<p><b>Goal #1 (Describe)</b> Well child visits in the 3rd, 4th, 5th and 6th years of life.</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 checked="" type="checkbox"/> Discontinued. <i>Explain:</i>                      This measure is part of the CHIP core set and will no longer be included as a state-reported measure.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i>                      This measure is part of the CHIP core set and will no longer be included as a state-reported measure.</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.  <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 checked="" 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>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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</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).  <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 denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      Definition of numerator:</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 checked="" 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 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>Year of Data:</b></p>	<p><b>Year of Data:</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:                      Denominator:                      Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>                       Numerator:                      Denominator:                      Rate:</p>

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Additional notes on measure:	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:
<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 2009 compare with the Annual Performance Objective documented in your 2008 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 2010:</b> <b>Annual Performance Objective for FFY 2011:</b> <b>Annual Performance Objective for FFY 2012:</b>  <i>Explain how these objectives were set:</i>	<b>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 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 2011:</b> <b>Annual Performance Objective for FFY 2012:</b> <b>Annual Performance Objective for FFY 2013:</b>  <i>Explain how these objectives were set:</i>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 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 2012:</b> <b>Annual Performance Objective for FFY 2013:</b> <b>Annual Performance Objective for FFY 2014:</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 Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #2 (Describe)</b> Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months of age at the end of the calendar year).</p>	<p><b>Goal #2 (Describe)</b> Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months of age at the end of the calendar year).</p>	<p><b>Goal #2 (Describe)</b> Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months of age at the end of the calendar year).</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>  HFS will continue this measure. However, to synchronize the year of data being reported in each fiscal year of this report, the pre-populated 2009 entry is being deleted. Beginning with FFY2011, the report is being updated to reflect the 2009 data in the FFY2010 section and 2010 data in the FFY2011 section.</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>  HFS will use the HEDIS immunization measure for:  Combo 2: 4 DTaP, 3 IPV, 1 MMR, 3Hib, 2 HepB, 1 VZV (4-3-1-3-2-1);  Combo 3: 4 DTaP, 3 IPV, 1 MMR, 3Hib, 2 HepB, 1 VZV, 4 pneumococcal conjugate (4-3-1-3-2-1-4)</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <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>	<p><b>Status of Data Reported:</b>  <input checked="" type="checkbox"/> Provisional.  <i>Explanation of Provisional Data: The FFY2011 data are provisional since providers have up to one year to bill after the date of the claim and measures are based on adjudicated claims.</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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  2010</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i>  2010  <input type="checkbox"/> Other. <i>Explain:</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>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 checked="" type="checkbox"/> Other. <i>Specify:</i>  Administrative (claims data) and registry data.</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 checked="" type="checkbox"/> Other. <i>Specify:</i>  Administrative (claims data) and registry data.</p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year and achieve the vaccine series.   Denominator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year and achieve the vaccine series.   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,</p>

FFY 2009	FFY 2010	FFY 2011
	Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year.
<b>Year of Data:</b>	<b>Year of Data:</b> 2009	<b>Date Range:</b> <b>From: (mm/yyyy) 01/2010 To: (mm/yyyy) 12/2010</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure: Vaccine combo data are provided as Numerator / Denominator = Rate. Combo 2: 62,598 / 89,823 = 69.7% Combo 3: 56,395 / 89,823 = 62.8%	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  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>  Additional notes on measure: Vaccine combo data are provided as Numerator / Denominator = Rate. Combo 2: 68,581 / 95,345 = 71.9% Combo 3: 62,608 / 95,345 = 65.7%
<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:

FFY 2009	FFY 2010	FFY 2011
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 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 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 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 2011: Annual Performance Objective for FFY 2012:</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> Between FFY2010 (2009 data) and FFY2011 (2010 data) the Combo 2 and Combo 3 immunization rates increased among those less than 36 months of age. The immunization rate for Combo 2 and Combo 3 is also higher among those less than 36 months of age (71.9% and 65.7%, respectively) compared to those less than 24 months of age (the CHIP core measure; 63.0% and 58.0% respectively). The measure of those 36 months of age permits a "catch-up" period during which young children are able to receive the appropriate immunizations.</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> Childhood immunizations (by age 2) is a bonus payment strategy within the managed care program (MCO and PCCM). Making child-specific immunization data available in the expanded format (e.g., all available data sources) is viewed as a best practice strategy to promote appropriate immunization status.</p> <p>Additionally, HFS imports immunization data from all sources (e.g., Illinois Department of Public Health's immunization registry of private providers [I-CARE], and the Illinois Department of Human Services' Cornerstone public health data). The expanded child-specific data are being made available to the child's primary care provider.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b> Combo 2: 73.3% Combo 3: 67.4% (2011 data)</p> <p><b>Annual Performance Objective for FFY 2013:</b> Combo 2: 74.7% Combo 3: 69.0% (2012 data)</p>

FFY 2009	FFY 2010	FFY 2011																																																		
	<p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2014:</b></p> <p>Combo 2: 75.9% Combo 3: 70.6% (2013 data)</p> <p><i>Explain how these objectives were set:</i> Combo 2 Enrolled children (36 Month Olds) will be appropriately immunized</p> <p>HFS Continuously Enrolled</p> <table border="1"> <thead> <tr> <th>FFY for CARTS 100th Percentile</th> <th>DATA Year</th> <th>Baseline %</th> <th>Improve-ment Annual Improve-ment for Following Year</th> <th>Projection</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>2010</td> <td>71.93</td> <td>100</td> <td>28.07</td> </tr> <tr> <td>5% 1.40</td> <td>73.33</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2012</td> <td>2011</td> <td>73.33</td> <td>100</td> <td>26.67</td> </tr> <tr> <td>5% 1.33</td> <td>74.67</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2013</td> <td>2012</td> <td>74.67</td> <td>100</td> <td>25.33</td> </tr> <tr> <td>5% 1.27</td> <td>75.93</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2014</td> <td>2013</td> <td>75.93</td> <td>100</td> <td>24.07</td> </tr> <tr> <td>5% 1.20</td> <td>77.14</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2015</td> <td>2014</td> <td>77.14</td> <td></td> <td></td> </tr> </tbody> </table> <p>Combo 3 projections used same methodology</p>	FFY for CARTS 100th Percentile	DATA Year	Baseline %	Improve-ment Annual Improve-ment for Following Year	Projection	2011	2010	71.93	100	28.07	5% 1.40	73.33				2012	2011	73.33	100	26.67	5% 1.33	74.67				2013	2012	74.67	100	25.33	5% 1.27	75.93				2014	2013	75.93	100	24.07	5% 1.20	77.14				2015	2014	77.14		
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**Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)**

FFY 2009	FFY 2010	FFY 2011
<p><b>Goal #3 (Describe)</b></p> <p>Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS-416 guidance will participate in well child screenings.</p>	<p><b>Goal #3 (Describe)</b></p> <p>Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS-416 guidance will participate in well child screenings.</p>	<p><b>Goal #3 (Describe)</b></p> <p>Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS-416 guidance will participate in well child screenings.</p>
<p><b>Type of Goal:</b></p> <p><input type="checkbox"/> New/revise. <i>Explain:</i></p> <p><input checked="" type="checkbox"/> Continuing.</p> <p><input type="checkbox"/> Discontinued. <i>Explain:</i></p> <p>HFS will continue this measure. However, to synchronize the year of data being reported in each fiscal year of this report, the pre-populated 2009 entry is being deleted. Beginning with FFY2011, the report is being updated to reflect the 2009 data in the FFY2010 section and 2010 data in the FFY2011 section.</p>	<p><b>Type of Goal:</b></p> <p><input type="checkbox"/> New/revise. <i>Explain:</i></p> <p><input checked="" type="checkbox"/> Continuing.</p> <p><input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b></p> <p><input type="checkbox"/> New/revise. <i>Explain:</i></p> <p><input checked="" type="checkbox"/> Continuing.</p> <p><input type="checkbox"/> Discontinued. <i>Explain:</i></p>

FFY 2009	FFY 2010	FFY 2011
<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>Status of Data Reported:</b></p> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<p><b>Status of Data Reported:</b></p> <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><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i>	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The annual EPSDT report (form CMS-416) defined by CMS (prior to the March/June 2010 guidance document revisions) as providing information to assess the effectiveness of State EPSDT programs in terms of the number of children provided child health screening services, are referred for corrective treatment, and receive dental services.	<p><b>Measurement Specification:</b></p> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The annual EPSDT report (form CMS-416), defined by CMS using the March 2010 guidance document revision, as providing information to assess the effectiveness of State EPSDT programs in terms of the number of children provided child health screening services, are referred for corrective treatment, and receive dental services.
<p><b>Data Source:</b></p> <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><b>Data Source:</b></p> <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><b>Data Source:</b></p> <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><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Numerator: Includes only Title XIX. Defined by CMS-416 guidance document (prior to March/June 2010 revisions). "Line 9 - Total Eligibles Receiving at Least One Initial or Periodic Screen - Enter...unduplicated count...who received at least one documented initial or periodic screen during the year."   Denominator: "Line 8 - Total Eligibles Who Should Receive at Least One Initial or Periodic Screen."  Definition of denominator:  <input type="checkbox"/> Denominator includes CHIP population only.  <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Per the CMS-416 guidance revised March 2010, "Line 9 - Total Eligibles Receiving at Least One Initial or Periodic Screen - Enter the unduplicated count of individuals, including those enrolled in managed care arrangements, who received at least one documented initial or periodic screen during the year."  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: Per the CMS-416 guidance revised March 2010, "Line 8 - Total Eligibles Who Should Receive at Least One Initial or Periodic Screen...." This calculation includes Line 1b and therefore is based on those enrolled for at least 90 continuous days.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2009</p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2009 To: (mm/yyyy) 09/2010</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i></p> <p>Numerator:</p>

FFY 2009	FFY 2010	FFY 2011
Denominator: Rate:  Additional notes on measure:	Denominator: Rate:  Additional notes on measure:	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>  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: 768727 Denominator: 1045066 Rate: 73.6  Additional notes on measure: Includes only Title XIX	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: 803592 Denominator: 1065956 Rate: 75.4  Additional notes on measure: Includes Title XIX and Title XXI
<b>Explanation of Progress:</b>  <b>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 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>Explanation of Progress:</b>  <b>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</b> A comparison is not appropriate since there were revisions to the CMS-416 guidance between the reports for FFY2009 and FFY2010. The CMS-416 FFY2010 report includes a newly created Line 1b that counts those in Medicaid or CHIP who were enrolled for at least 90 continuous days. The FFY2009 report is for Medicaid recipients only and for any duration of enrollment. Therefore, the methodology used to count children in the denominator for this measure changed between the FFY2010 and FFY2011 CHIP Annual Report periods.

FFY 2009	FFY 2010	FFY 2011
<p><b>Annual Performance Objective for FFY 2010:</b>  <b>Annual Performance Objective for FFY 2011:</b>  <b>Annual Performance Objective for FFY 2012:</b></p> <p><i>Explain how these objectives were set:</i></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 2011:</b>  <b>Annual Performance Objective for FFY 2012:</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> By January 1, 2015, the Medicaid reform law [PA 96-1501] requires at least 50% of the individuals covered by Medicaid be enrolled in a care coordination program. At least 1.5M of Illinois' Medicaid clients – children, parents, seniors and disabled persons – will be assigned to an integrated healthcare delivery system replacing the current fragmented system. As Phase I, the Department of Healthcare and Family Services is developing the “Care Coordination Innovations Project” to test community interest and capacity to provide alternative models of delivering care (as an adjunct to current managed care programs).</p> <p>A bonus payment strategy has been implemented to incentivize providers to complete the series of recommended visits based on the periodicity schedule for children birth to age 5. The PCCM program encourages comprehensive services via patient panels indicating when the child is due for screening services, data monitoring and provider feedback, on-line access to claims data.</p> <p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2012:</b>  77.50% (2011 data)  <b>Annual Performance Objective for FFY 2013:</b>  79.75% (2012 data)</p>

FFY 2009	FFY 2010	FFY 2011																																																																	
	<p><b>Annual Performance Objective for FFY 2013:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2014:</b> 81.78% (2013 data)</p> <p><i>Explain how these objectives were set:</i> CMS-416 Line 10:</p> <table border="1"> <thead> <tr> <th data-bbox="1312 321 1459 342">FFY for CARTS</th> <th data-bbox="1459 321 1585 342">DATA Year</th> <th data-bbox="1585 321 1711 342">Baseline</th> <th data-bbox="1711 321 1837 342">%</th> <th data-bbox="1837 321 1913 342">Projection</th> </tr> </thead> <tbody> <tr> <td data-bbox="1312 342 1459 363">100th Percentile</td> <td data-bbox="1459 342 1585 363">Difference</td> <td data-bbox="1585 342 1711 363"></td> <td data-bbox="1711 342 1837 363"></td> <td data-bbox="1837 342 1913 363"></td> </tr> <tr> <td data-bbox="1312 363 1459 384">Improve-ment</td> <td data-bbox="1459 363 1585 384">Annual Improve-ment</td> <td data-bbox="1585 363 1711 384"></td> <td data-bbox="1711 363 1837 384"></td> <td data-bbox="1837 363 1913 384"></td> </tr> <tr> <td data-bbox="1312 384 1459 406">for Following Year</td> <td data-bbox="1459 384 1585 406"></td> <td data-bbox="1585 384 1711 406"></td> <td data-bbox="1711 384 1837 406"></td> <td data-bbox="1837 384 1913 406"></td> </tr> <tr> <td data-bbox="1312 406 1459 427">2011</td> <td data-bbox="1459 406 1585 427">2010</td> <td data-bbox="1585 406 1711 427">75</td> <td data-bbox="1711 406 1837 427">100</td> <td data-bbox="1837 406 1913 427">25.00</td> </tr> <tr> <td data-bbox="1312 427 1459 448">10%</td> <td data-bbox="1459 427 1585 448">2.50</td> <td data-bbox="1585 427 1711 448">77.50</td> <td data-bbox="1711 427 1837 448"></td> <td data-bbox="1837 427 1913 448"></td> </tr> <tr> <td data-bbox="1312 448 1459 469">2012</td> <td data-bbox="1459 448 1585 469">2011</td> <td data-bbox="1585 448 1711 469">77.50</td> <td data-bbox="1711 448 1837 469">100</td> <td data-bbox="1837 448 1913 469">22.50</td> </tr> <tr> <td data-bbox="1312 469 1459 490">10%</td> <td data-bbox="1459 469 1585 490">2.25</td> <td data-bbox="1585 469 1711 490">79.75</td> <td data-bbox="1711 469 1837 490"></td> <td data-bbox="1837 469 1913 490"></td> </tr> <tr> <td data-bbox="1312 490 1459 511">2013</td> <td data-bbox="1459 490 1585 511">2012</td> <td data-bbox="1585 490 1711 511">79.75</td> <td data-bbox="1711 490 1837 511">100</td> <td data-bbox="1837 490 1913 511">20.25</td> </tr> <tr> <td data-bbox="1312 511 1459 532">10%</td> <td data-bbox="1459 511 1585 532">2.03</td> <td data-bbox="1585 511 1711 532">81.78</td> <td data-bbox="1711 511 1837 532"></td> <td data-bbox="1837 511 1913 532"></td> </tr> <tr> <td data-bbox="1312 532 1459 553">2014</td> <td data-bbox="1459 532 1585 553">2013</td> <td data-bbox="1585 532 1711 553">81.78</td> <td data-bbox="1711 532 1837 553">100</td> <td data-bbox="1837 532 1913 553">18.23</td> </tr> <tr> <td data-bbox="1312 553 1459 574">10%</td> <td data-bbox="1459 553 1585 574">1.82</td> <td data-bbox="1585 553 1711 574">83.60</td> <td data-bbox="1711 553 1837 574"></td> <td data-bbox="1837 553 1913 574"></td> </tr> <tr> <td data-bbox="1312 574 1459 596">2015</td> <td data-bbox="1459 574 1585 596">2014</td> <td data-bbox="1585 574 1711 596">83.60</td> <td data-bbox="1711 574 1837 596"></td> <td data-bbox="1837 574 1913 596"></td> </tr> </tbody> </table> <p>Rates based on the total, not age-specific population</p>	FFY for CARTS	DATA Year	Baseline	%	Projection	100th Percentile	Difference				Improve-ment	Annual Improve-ment				for Following Year					2011	2010	75	100	25.00	10%	2.50	77.50			2012	2011	77.50	100	22.50	10%	2.25	79.75			2013	2012	79.75	100	20.25	10%	2.03	81.78			2014	2013	81.78	100	18.23	10%	1.82	83.60			2015	2014	83.60		
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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]**

HFS contracts with eQ Health Solutions, a federally recognized Quality Improvement Organization for external utilization review and quality assurance, primarily monitoring inpatient care and performing special projects/quality reviews. Findings on various components of the review process are available in their ongoing reporting to HFS. HFS contracts with Health Services Advisory Group for the federally required external quality monitoring of managed care. In compliance with the BBA, HFS has developed a quality strategy for managed care and its contract with managed care providers require ongoing internal monitoring and quality improvement in the area of access to and quality of care. HFS's contracts with managed care organizations require meeting performance standards and improving outcomes. HFS implemented Primary Care Case Management (PCCM) in order to assure access to care through providing a medical home, and performing quality improvement strategies and monitoring performance measures. Additionally, HFS has many initiatives, including provider outreach training and technical assistance, to promote the medical home, improve provider compliance with best practice guidelines, EPSDT content of care, and promote appropriate medical follow-up and referral.

HFS believes these initiatives will prove successful in improving appropriate health care utilization and therefore, will improve health status.

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]**

Through the CHIPRA Quality Demonstration project, Illinois will report on the CHIPRA core set of child health quality measures. In addition, Illinois will be developing, testing and proposing additional measures for consideration. Measures related to access, quality and outcomes will continue to be added to the CHIP report in the future as the data is available.

HFS utilizes the child health indicators in HEDIS and compares progress with national HEDIS benchmarks. HFS also uses other measures (e.g., state developed) where no HEDIS indicators exist. Ongoing monitoring of key indicators and provider feedback are among HFS' strategies to improve outcomes. Access to quality health care services is promoted through the PCCM Program and Integrated Care interventions. As new measures are developed on a national level by NCQA and others, HFS will review those measures for determining whether they are relevant to the population and able to be programmed for monitoring through administrative data. Data will generally be available the year after the measurement reporting period, due to claims lag time, and will be considered "final" once the other data sources have been accessed.

HFS believes that it is imperative to import other data sources (e.g., immunization tracking system data and lead screening results) that are not always available in the HFS claims level data in order to have a more complete picture of utilization and outcomes. To that end, HFS has been collaborating with the Illinois Department of Human Services and Illinois Department of Public Health, and the Division of Specialized Care for Children to incorporate additional data into the HFS Enterprise Data Warehouse. Data acquisitions include blood lead screening laboratory results, I-CARE immunization data, Vital Records that include matching birth data with claims information. The extract, transformation and load processes ensure matches with HFS recipients, and are conducted on a continuous and timely basis.

As these data sources are brought fully on-line, HFS continues to pursue other data sources. For purposes of measuring program impacts and outcomes, HFS works with IDPH to include data from the Newborn Screening for Genetic/Metabolic Disorders program. These data will enhance IDPH's ability to link the PCPs providing care to infants identified at birth with genetic disorders so that they could ensure follow-up care. Integrating these data into the HFS Enterprise Data Warehouse (EDW) provides more robust matching capacity to identify the PCP working with the infant or birth mother.

Similarly, the Newborn Hearing Screening program at IDPH will benefit, as will HFS, by integrating hearing screening results into the HFS EDW. The EDW will be used, if needed, to identify the PCP serving infants screened and identified with hearing loss for needed follow-up.

Finally, HFS is interested in securing laboratory results from IDPH for recipients covered by HFS. These data would provide useful clinical information to measure outcomes related to service provision, to wrap-around case management service and to identify needed intervention services for those identified with abnormal laboratory results.

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]**

The CHIP population is included in the voluntary managed care option or if not enrolled with an MCO, in the PCCM program. In the MCO program, there have been focused quality studies on children's health issues, such as appropriate care for asthma, improving the rate of well child visits, lead screening and childhood immunizations, as well as ensuring the content of care is in compliance with well child screening guidelines for children under age three.

In that the mother's mental health impacts social/emotional development of young children, HFS provides reimbursement for prenatal and post-partum depression screening. Additionally, there is a hotline for women to call if they need help with perinatal depression. A statewide Perinatal Mental Health Consultation Service has been established for providers to use when a screening indicates that a pregnant or postpartum woman may be suffering from depression. This service provides consultation for providers with psychiatrists.

HFS is involved with the Screening Assessment and Support Services (SASS) initiative, a cooperative partnership between the Department of Children and Family Services (DCFS), HFS and the Department of Human Services (DHS). The development of the tri-department SASS program created a single, statewide system to serve children experiencing a mental health crisis whose care will require public funding from one of the three agencies. This program features a single point of entry (Crisis And Referral Entry Service, CARES) for all children entering the system and ensures that children receive crisis services in the most appropriate setting.

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]**

Approximately 58% of Medicaid births are unintended (PRAMS, 2009) and HFS covers the vast majority (about 90% or more) of the State's teen births. Because the care for low birth weight (LBW), very low birth weight (VLBW) infants, infant mortality, or infants experiencing a non-normal birth DRG, is extremely expensive, HFS has been investigating methods to improve birth outcomes and reduce overall health care costs associated with these adverse birth outcomes.

Research and recommendations made to HFS suggest that improved birth outcomes may be obtained by promoting healthy pregnancies through assuring evidence-based clinical guidelines are being followed; prenatal education is made available to the entire membership; and stratified levels of support, based on risks, are provided to pregnant women through monitoring and support sufficient to access needed services. As the prenatal period is insufficient to address these women's health care challenges, one method for which the literature identifies improved outcomes as well as a return on investment (ROI) is interconception care, with the use of case managers for identified high-risk populations. Interconception care includes education, counseling, and services provided to women between pregnancies that address risk factors for poor infant and maternal outcomes in subsequent pregnancies, including inadequate pregnancy spacing and unplanned pregnancies. These services support the woman in maintaining lifelong health for herself and her family.

Critical periods of development occur often before a woman even realizes she is pregnant. In considering new approaches for addressing the ongoing problem of LBW, preterm births and infant mortality, HFS has broadened its focus beyond the prenatal period in recognition that a woman's birth outcomes are

affected by her health before she ever gets pregnant, or between births (interconceptionally), and whether the pregnancy was planned, or not.

HFS is considering developing an interconceptional care case management program. This initiative will focus on high-risk pregnant women, including pregnant teens, who are at risk of having poor birth outcomes (e.g., low and very low birth weight births, and infant demise). Improved birth outcomes may be obtained by promoting healthy pregnancies through assuring evidence-based clinical guidelines are being followed; prenatal education is made available to the entire membership; and stratified levels of support, based on risks, are provided to pregnant women through monitoring and support sufficient to access needed services.

The overarching goal is to design a program that:

- Provides care coordination and risk-appropriate medical care that corresponds with evidence-based clinical guidelines;
- Improves coordination among the primary care provider (PCP), OB/GYN/women's health care provider, specialists, hospital of delivery, and the perinatal system, while providing access to critical information within the HFS health care delivery system;
- Educates HFS-enrolled women on the content of prenatal, postpartum, and interconception care;
- Engages women and families to address health care needs through culturally appropriate health education, counseling, monitoring, and assistance to access needed health services;
- Recognizes the importance of life goal planning, which involves the community, social marketing, reaching housing and job related goals, and health-related needs.
- Improves overall health status, including birth outcomes, by lowering the incidence of preterm births, LBW, VLBW and infant death; and
- Reduces health care costs due to adverse pregnancy outcomes and more effectively manages health care costs.

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

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

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Please reference and summarize attachments that are relevant to specific questions

### **A. OUTREACH**

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

In the past year Illinois continued its outreach efforts to enroll eligible children into the All Kids program while also increasing electronic outreach methods. The efforts included, but were not limited to, working with other state agency facilities and programs by providing information to people who use other state services that may also qualify for All Kids such as:

- The Department of Healthcare and Family Services put more effort into promoting its online healthcare portal Web site located at <http://www.health.illinois.gov/> Illinois' Healthcare Portal is the state's one-stop source for healthcare needs. Here, custodial parents may sign up their children for the state's affordable health insurance programs, seniors can sign up for one of Illinois' affordable prescription drug programs, women can find information on free breast and cervical cancer screenings, and much more.

- Department of Professional and Financial Regulation – Applications made available for those who are self-employed or run small businesses.

- Department of Commerce and Economic Opportunity – Outreach to small business owners through Opportunity Returns regional network.

- Department of Human Services – Applications sent to those enrolled in a DHS program, and those who receive state grants.

#### Online Marketing Materials

Marketing materials such as brochures, applications, fact sheets, covered services information, posters are available online at <http://www.allkids.com/material.html>

Persons may also order outreach materials online using the online Outreach Material Order form on the same Web page.

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]**

All Kids Application Agents are our most effective way to help families apply and enroll into the program. We also continue to see increased use of our online application.

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

The All Kids Application Agents and our online application are both best practices.

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]

Illinois continues to use a variety of strategies to reach families who speak languages other than English. Fact Sheets are available in many languages. The All Kids Hotline uses a language translation service that allows staff to talk to callers who speak any language. All written client communications are available in both English and Spanish. These strategies are critical to reaching those for whom English is not their primary language. AKAAs are also community-based/integrated and many are very active in reaching out to the populations in their respective communities. The State is supporting the work of CHIPRA Outreach Grantees in Illinois.

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] 90.8

(Identify the data source used). [7500]

Kaiser Family Foundation <http://www.statehealthfacts.org/profileind.jsp?cat=4&sub=53&rgn=15>

## 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. Do you have substitution prevention policies in place?

Yes

No

If yes, indicate if you have the following policies:

Imposing waiting periods between terminating private coverage and enrolling in CHIP

Imposing cost sharing in approximation to the cost of private coverage

Monitoring health insurance status at the time of application

Other, please explain [7500]

Illinois offers a premium assistance program for children in families with income above 133% FPL and at or below 200% FPL. By offering to help families pay for private or employer sponsored healthcare coverage, we are discouraging them from changing to the publicly funded direct coverage.

2. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. [7500]

Illinois provides direct coverage to insured children in families with income in our CHIP income range using state-only funds. Insurance status at application is coded in the system. As of September 2011, 8.0 of the children enrolled in direct coverage with income above 133% up to 200% entered the program with other insurance. 38.8% of those children retained their insurance, using it as their primary coverage.

Illinois also provides state-funded premium assistance to children in that income range. As of September 2011, 2,368 children were receiving premium assistance.

3. Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy. [7500]

**All States must complete the following questions**

4. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) \* 100] **[5]** 0 and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) \* 100] **[5]**? 7.9  
Provide a combined percent if you cannot calculate separate percentages. **[5]**

5. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 8.0
- 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]**

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

- Yes  
 No

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

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

- Yes  
 No

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

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

- c. What percentage of enrollees at initial application qualified for this exception in the last Federal Fiscal Year? (e.g., Number of applicants who were exempted because of affordability exception/total number of applicants who were enrolled). **[5]**

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

- Yes

No

If yes, please provide relevant findings. **[7500]**

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

Illinois does not have a waiting period. Illinois covers insured or recently insured children at state expense, eliminating the need for an affordability exception.

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

Yes  
 No

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

Yes  
 No

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

### **C. ELIGIBILITY**

*(This subsection should be completed by all States)*

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

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

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

Yes  
 No

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

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

When the child's eligibility status changes from Medicaid to CHIP, the case maintenance system progresses the child to the CHIP coverage. When the child's eligibility status changes from CHIP to Medicaid, the case maintenance system tells the worker of the need to manually cancel the CHIP coverage and set up Medicaid coverage.

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

Yes

No

If no, please explain. [7500]

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

If yes

- a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? [5] 16
- b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination those children are determined eligible and enrolled? [5] 71

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

**Table B1**

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

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

Liberalization of Asset (or Resource Test) Requirements	2. Does the State have an assets test?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	3. If there is an assets test, does the State allow administrative verification of assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Elimination of In-Person Interview	4. Does the State require an in-person interview to apply?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	6. Does the State use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Does the State use the same application form, supplemental forms, and information verification process for <i>renewing</i> eligibility for Medicaid and CHIP?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Automatic/Administrative Renewal	8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		If exparte is used, is it used for  All applicants <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  A subset of applicants	If exparte is used, is it used for  All applicants <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  A subset of applicants

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

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

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

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

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families
  - How many notices are sent to the family prior to disenrolling the child from the program?  
**[500]**  
 Two
  - 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]**  
 Ten weeks and six weeks
- Other, *please explain*: **[500]**

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

Reminder notices always result in additional renewal forms being returned.

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

**Table 1. Application Status of Title XXI Children in FFY 2011**

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

	Number	Percent
1. Total number of title XXI applicants	19596	100
2. Total number of application denials	11830	60.4
a. Total number of procedural denials	0	
b. Total number of eligibility denials	5304	27.1
i. Total number of applicants denied for title XXI and enrolled in title XIX	0	
c. (Check here if there are no additional categories <input type="checkbox"/> ) Total number of applicants denied for other reasons Please indicate: Denied title XIX and XXI, but approved for state-funded coverage, including higher premium programs for children in families with income above 200% and premium assistance for insured families with income from 134% to 200%.	6526	33.3

3. Please describe any limitations or restrictions on the data used in this table: 6,526 of the CHIP denials are approved for state-funded medical programs. 5,304 are true denials. The numbers are cases, not children.

**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 2011. 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 2011 (e.g., an application that was determined eligible in September 2011, but coverage was effective October 1, 2011 is counted in FFY 2011).
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 2011. This definition only includes denials for title XXI at the time of initial application (not redetermination).
  - a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2011 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
  - b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2011 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your State’s specified waiting period, etc.)

- i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
- c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

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

For this table, States may voluntarily report in 2011 and 2012. Reporting is required for 2013.

**Is the State reporting this data in the 2011 CARTS?**

- Yes (complete) State is reporting all measures in the redetermination table.
- Yes (but incomplete) Please describe which measures the State did not report on, and why the State did not report on these measures.  
Explain: [7500] Numbers are cases, not children
- No If the State is not reporting any data, please explain why.  
Explain: [7500]

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	54292	100%			
2. Total number of children screened for redetermination	54292	100	100%		
3. Total number of children retained after the redetermination process	50962	93.87	93.87		
4. Total number of children disenrolled from title XXI after the redetermination process	3330	6.13	6.13	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures					
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria					100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/> )					
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/> )					
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and					

this data is not relevant check here <input type="checkbox"/> )					
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/> )					
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/> )					

5. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any State policies or procedures that may have impacted the redetermination outcomes data.  
Numbers are cases, not children.
- 6.
7. Illinois has an administrative renewal process that has a positive affect on the retention rate for both title XIX and XXI.

**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) 2011, 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 2011 (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 2011.
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 2011. This includes those children that States may define as “transferred” to Medicaid for title XIX eligibility screening.
  - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the

redetermination process in FFY 2011 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).

- b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their State’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your State’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
- c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

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

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

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

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

Specify how your "newly enrolled" population is defined:

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

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

Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2012		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"/> )										

Enrollment Status 18 months later										
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 2012” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
  - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who were continuously enrolled through July 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who were continuously enrolled through August 2012
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who were continuously enrolled through September 2012

3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
  - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by July 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by August 2012
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by September 2012
  - 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.
  
4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were disenrolled by July 2012
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were disenrolled by August 2012
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were disenrolled by September 2012
  - 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.
  
5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
  - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were continuously enrolled through January 2013
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through February 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through March 2013
  
6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
  - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and then re-enrolled in title XXI by January 2013
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and then re-enrolled in title XXI by February 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and then re-enrolled in title XXI prior to March 2013
  - 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.
  
7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1995, who were enrolled in January 2012 and were disenrolled by January 2013
  - + the number of children with birthdates after August 1995, who were enrolled in February 2012 and were disenrolled by February 2013
  - + the number of children with birthdates after September 1995, who were enrolled in March 2012 and were disenrolled by March 2013
  - 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.

8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
  - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and were continuously enrolled through July 2013
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and were continuously enrolled through August 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and were continuously enrolled through September 2013
  
9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
  - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and who disenrolled and re-enrolled in title XXI by July 2013
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and who disenrolled and re-enrolled in title XXI by August 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and who disenrolled and re-enrolled in title XXI by September 2013
  - 9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.
  
10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 1995, who were newly enrolled in January 2012 and disenrolled by July 2013
  - + the number of children with birthdates after August 1995, who were newly enrolled in February 2012 and disenrolled by August 2013
  - + the number of children with birthdates after September 1995, who were newly enrolled in March 2012 and disenrolled by September 2013

## 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]**  
Families are sent a letter and a form to complete, along with an envelope to use when submitting receipts for copayments. The copay cap is set at a level low enough so that the copays, along with the 12 months of premiums for a year, will never exceed 5%.
    - 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]**  
The monthly medical card contains a message notifying the provider that copays can no longer be charged. The system that providers use to verify eligibility is updated with the same message.
  
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]**  
None
  
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]**  
  
No changes were made during the past federal fiscal year.

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

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

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

**Children**

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

**Adults**

- Yes, Check all that apply and complete each question for each authority.
- Purchase of Family Coverage under the CHIP State Plan (2105(c)(10))  
 Additional Premium Assistance Option under CHIP State Plan (2105(c)(3))  
 Section 1115 Demonstration (Title XXI)  
 Premium Assistance option under the Medicaid State Plan (1906)  
 Premium Assistance option under the Medicaid State Plan (1906A)
2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
- Parents and Caretaker Relatives  
 Childless Adults  
 Pregnant Women
3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**
4. What benefit package does the ESI program use? **[7500]**
5. Are there any minimum coverage requirements for the benefit package?
- Yes  
 No
6. Does the program provide wrap-around coverage for benefits?
- Yes  
 No

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

- Yes
- No

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

- Yes
- No

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

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

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

\_\_\_\_\_ Number of childless adults ever-enrolled during the reporting period

\_\_\_\_\_ Number of adults ever-enrolled during the reporting period

\_\_\_\_\_ Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2011

Children \_\_\_\_\_

Parents \_\_\_\_\_

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

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

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

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

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

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

Children	Parent
State:	State:
Employer:	Employer:
Employee:	Employee:

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

Children	Low	High
Parents	Low	High

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

20. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under CHIP or Medicaid)?

- Yes  
 No

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

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

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

- Yes  
 No

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

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

- Yes  
 No

24. Can you cap enrollment for your program?

- Yes  
 No

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

The State of Illinois, Department of Healthcare and Family Services (HFS) does not have separate procedures in place for preventing or investigating fraud and abuse for CHIP cases. When investigating possible fraud and abuse cases for providers and recipients, HFS reviews both CHIP and regular Medicaid services which were rendered or received.

The HFS Office of Inspector General (OIG) does utilize a variety of techniques to both prevent and detect possible fraud and abuse associated with all types of public assistance including Medicaid, CHIP, cash assistance and food stamps. These activities include provider post-payment compliance audits, provider quality assurance reviews, quality control measurements, client eligibility investigations, fraud prevention investigations, long term care-asset discovery investigations and recipient utilization reviews.

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

- Yes  
 No

Please Explain: **[500]**

The Illinois managed care organizations are required to have in place a Fraud and Abuse Compliance Plan.

2. For the reporting period, please report the

387 Number of fair hearing appeals of eligibility denials  
8 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

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

b. Provider Billing

286 Number of cases investigated

17 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

814 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

The OIG utilizes the services of a contractual, private detective agency to perform Fraud Prevention Investigations (FPI). These investigations are conducted to prevent ineligible persons from receiving benefits. FPI targets assistance applications that either contain suspicious information or meet error prone criteria. The OIG contracts with physician consultants of various specialties to perform provider quality assurance reviews and physician and pharmacy consultants to perform Medicaid recipient utilization reviews. The OIG performs regular quality control checks of cases handled by contractors to ensure they have adequately performed their services. It should be noted that none of the above referenced types of investigations or reviews are identified as to whether they are CHIP related.

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 – Reporting is required in 2010 CARTS**

**Is the State reporting this data in the 2011 CARTS?**

- Yes If yes, then please complete G1 and G2.
- No If the State is not reporting data, please explain why.  
Explain: [7500]

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

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

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

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

- Medicaid Expansion
- Separate CHIP
- Both Medicaid Expansion and Separate CHIP

State: IL	Age Group						
	FFY: IL	Total	< 1	1-2*	3-5	6-9	10-14
Total Enrollees Receiving Any Dental Services <sup>1</sup>	743342	1720	51610	175713	221204	193748	91261
Total Enrollees Receiving Preventive Dental Services <sup>2</sup>	699154	1224	46080	166068	212878	185600	81614
Total Enrollees Receiving Dental Treatment Services <sup>3</sup>	280487	51	4861	53515	93093	76364	47615

**\*Includes 12-month visit**

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

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

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

**b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a protective sealant on at least one permanent molar tooth<sup>4</sup>? [7]**

79370

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

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

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

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

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period =Federal Fiscal Year 2011. 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

	2011	2012	2013
<b>Benefit Costs</b>			
Insurance payments			
Managed Care	11083768	11383302	11967708
Fee for Service	338796474	396009150	415304792
<b>Total Benefit Costs</b>	349880242	407392452	427272500
(Offsetting beneficiary cost sharing payments)	-4641438	-4700000	-4800000
<b>Net Benefit Costs</b>	\$ 345238804	\$ 402692452	\$ 422472500

### Administration Costs

Personnel	6797867	6700000	6800000
General Administration	5541160	5500000	5600000
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	0	0	0
Outreach/Marketing costs	0	0	0
Other (e.g., indirect costs)	2409375	2400000	2500000
Health Services Initiatives	1141524	1140000	1150000
<b>Total Administration Costs</b>	15889926	15740000	16050000
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	38359867	44743606	46941389

<b>Federal Title XXI Share</b>	235239255	271981094	285039625
<b>State Share</b>	125889475	146451358	153482875

<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	361128730	418432452	438522500
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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]**

N/A

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

	2011		2012		2013	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	9663	\$ 147	10305	\$ 146	11001	\$ 145
Fee for Service	212259	\$ 147	225153	\$ 146	239511	\$ 145

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

Legal Permanent Residents (LPR) and Present Under Color of the Law (PRUCOL) less than five year bar children were approved under SPA 09-006. Costs for these children are reflected in the FFY 2011 and FFY 2012 expenditures.

The PMPM amounts are preliminary and will be adjusted later.

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

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

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

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

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

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

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

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

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

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

- Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2011 starts 10/1/2010 and ends 9/30/2011).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2011	2012	2012	2014	2015
<b>Benefit Costs for Demonstration Population #1 (e.g., children)</b>					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #1</b>					

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

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

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

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

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

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

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

**Administration Costs**

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

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

<b>TOTAL COSTS OF DEMONSTRATION</b>					
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When was your budget last updated (please include month, day and year)? [500]

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

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

## **SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS**

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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]**

Illinois' fiscal crisis has worsened and both Medicaid and CHIP are facing severe cuts.

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

Illinois' budget shortfall has been the overwhelming challenge. Beyond that, there is a consensus among elected officials that changes must be made to improve the program integrity in CHIP and Medicaid. The state has been working to obtain CMS agreement that changes may be made without violating the maintenance of eligibility requirements under the Affordable Care Act. Elected officials and the press have become very frustrated with the slow pace of implementing the legislated changes.

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

In December 2010, Illinois received its second CHIPRA performance bonus for making significant progress in enrolling children in health coverage through Medicaid and improving access to children's coverage through Medicaid and the state children's health insurance program.

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]**

Illinois intends to expand electronic verification of residency and income as mandated by state law as soon as the data systems can be put into place.

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