

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: TX
(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: _____
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CHIP Program Name(s): All, Texas

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.

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Submission Date: 1/25/2012

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

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your CHIP program 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 checked="" 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	185	% of FPL for infants	200	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	133	% of FPL for children ages 1 through 5	200	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	100	% of FPL for children ages 6 through 16	200	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	100	% of FPL for children ages 17 and 18	200	% of FPL *
					From	0	% of FPL for pregnant women ages 19 and above	0	% of FPL *	

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input type="checkbox"/>	Yes - Please describe below: For which populations (include the FPL levels) [1000] Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period [1000] Brief description of your presumptive eligibility policies [1000]
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input type="checkbox"/>	Yes, for whom and how long? [1000]
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Please check all the methods of application utilized by your state.	<input type="checkbox"/>	Mail-in application	<input checked="" type="checkbox"/>	Mail-in application
	<input type="checkbox"/>	Phoned-in application	<input checked="" type="checkbox"/>	Phoned-in application
	<input 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 type="checkbox"/>	Applicant can apply for your program on-line	<input checked="" type="checkbox"/>	Applicant can apply for your program on-line
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in
	<input 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 checked="" type="checkbox"/>	Electronic signature is required
		<input type="checkbox"/>	No Signature is required	

Does your program	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
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require a face-to-face interview during initial application	<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 type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			3	
			<p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>The period of uninsurance applies to any applicant, regardless of FPL, that has had private health insurance coverage in the past 90 days at the time of application. Unborn children are exempt from the waiting period.</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <p>a) Termination of employment because of layoff or business closing; (b) termination of continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 where termination is based on expiration of the period of coverage (usually 18 months); c) change in marital status of a parent of the child led to the loss of health insurance coverage; d) loss of health benefits coverage due to other reasons as specified in the state plan; or e) the family terminated health benefits plan coverage for the child because the cost to the child's family for the coverage exceeded 10 percent of the family's income.</p>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
			If yes, what database? [1000]	
	<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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			6	
	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]	
		<p>Enrollees with family incomes at or below 185% FPL receive continuous coverage for 12 months. Enrollees with family incomes above 185 to 200% FPL receive 6 months of continuous coverage and the must re-verify their income eligibility. If enrollees remain income eligible, they continue receiving services for the remainder of the 12 month coverage period with no disruption. Some exceptions to continuous enrollment include: aging out when the member turns 19; change in health insurance status; family moves out of the state; death of member; and notification of member's pregnancy. Coverage for unborn children was modified. October 1, 2009, through August 31, 2010, unborn children received 12-months continuous CHIP coverage. Effective September 1, 2010, unborn children receive 12-months continuous CHIP coverage except when labor with delivery is paid for by Medicaid and the newborn is deemed Medicaid eligible.</p>		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
			35	
	Premium amount		Premium amount	
	If premiums are tiered by FPL, please breakout by FPL			
	Premium Amount		Premium Amount	
	Range from	Range to	From	To
	\$	\$	% 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			
	Yearly Maximum Premium Amount per family		Yearly Maximum Premium Amount per family	
		\$		
Range from	Range to	From	To	

	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL	\$	\$	% of FPL	% of FPL
	If yes, briefly explain fee structure in the box below [500]				If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) [500]			
					Enrollment fees: At or below 150% FPL - \$0 Above 150% up to and including 185% FPL - \$35 Above 185% up to and including 200% FPL - \$50			
<input type="checkbox"/>	N/A			<input type="checkbox"/>	N/A			

Does your program impose copayments or coinsurance?	<input 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 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 type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below [500]		If Yes, please describe below [500]	
			Family resources are not taken into account in the determination of eligibility for children in families with income at or below 150% FPL nor for unborn children. For children with countable family income above 150% FPL, the resource limit is \$10,000 or less in countable liquid resources, combined with excess vehicle value. The total value of certain types of vehicles will be exempted as indicated in the state plan.	
	<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 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 income disregards? (Note: if you checked off net income in the eligibility question, you must complete this question)	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below [1000]		If Yes, please describe below [1000]	
			Applicants may deduct up to \$200 per month in eligible childcare expenses from their income for each dependent child under age two and \$175 per month in eligible childcare expenses from their income for each dependent child age two or older.	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Which delivery system(s) does your program use?	<input type="checkbox"/>	Managed Care	<input checked="" type="checkbox"/>	Managed Care
	<input type="checkbox"/>	Primary Care Case Management	<input type="checkbox"/>	Primary Care Case Management
	<input type="checkbox"/>	Fee for Service	<input type="checkbox"/>	Fee for Service
	Please describe which groups receive which delivery system [500]		Please describe which groups receive which delivery system [500]	

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

Comments on Responses in Table:

2. Is there an assets test for children in your Medicaid program? Yes No N/A
3. Is it different from the assets test in your separate child health program? Yes No N/A
4. Are there income disregards for your Medicaid program? Yes No N/A
5. Are they different from the income disregards in your separate child health program? Yes No N/A
6. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program? Yes No N/A

7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP?

Yes
 No
 N/A

8. Indicate what documentation is required at initial application for

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

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

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

o) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s) Expansion to "Lawfully Residing" children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t) Expansion to "Lawfully Residing" pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Pregnant Women State Plan Expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
x) Other – please specify						
a. CHIP Coverage for Dependents of Public Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Application documentation requirements	
d) Benefits	CMS approved a CHIP state plan amendment to remove the treatment limitations from existing CHIP behavioral health benefits, effective March 1, 2011, bringing CHIP into compliance with the mental health parity requirements in CHIPRA.

e) Cost sharing (including amounts, populations, & collection process)	In order to offset increased cost in the CHIP program for implementing mental health parity requirements in CHIPRA, HHSC increased certain co-payments for CHIP members above 150 FPL, effective March 1, 2011.
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. CHIP Coverage for Dependents of Public Employees	Texas began providing federally-matched CHIP coverage to qualifying Teachers Retirement System (TRS) school-employee children as of September 1, 2010, and to former participants in the State Kids Insurance Program (SKIP) as of September 1, 2011.
b.	
c.	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on 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 rd , 4 th , 5 th , and 6 th 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"> • Children 12- 24 months and 25 months – 6 years who had a visit with a PCP during the measurement year • Children 7 – 11 years and adolescents 12 – 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year 	Measure is voluntary.
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>Reporting Required in 2013</p> <p>Title XXI programs are <u>required</u>¹ to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013.</p> <p>If States are already working with the Agency for Healthcare Research and Quality (AHRQ) 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.

¹ 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]

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

The FFY 2011 EQRO report is complete, but it has not yet been reviewed and approved by state staff in time for submittal of this report. It will be included with the 2012 CHIP Annual Report.

Category I - PREVENTION AND HEALTH PROMOTION
Prenatal/Perinatal

MEASURE 1: Timeliness of prenatal care

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2010</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2011</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>
<p>Definition of Population Included in the Measure:</p>	<p>Definition of Population Included in the Measure:</p>	<p>Definition of Population Included in the Measure:</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 type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Date Range: From: (mm/yyyy) 09/2008 To: (mm/yyyy) 08/2009	Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010
HEDIS Performance Measurement Data: 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	HEDIS Performance Measurement Data: 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	HEDIS Performance Measurement Data: 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: 196 Denominator: 341 Rate: 57.5	Numerator: 239 Denominator: 411 Rate: 58.2
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 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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The results from the Annual Quality of Care Report did not show a significant improvement from 2010 to 2011.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? This measure is listed in the Quality Performance Dashboard which is reviewed and monitored annually. In addition, overarching goals and performance Improvement projects are assigned based on program population.</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: The denominator for this measure is less than one percent of the total enrolled CHIP population. We continue to monitor this measure at an individual health plan and service delivery area.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of women receiving prenatal care visits in the first trimester or within 42 days of enrollment. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of women receiving prenatal care visits in the first trimester or within 42 days of enrollment. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2014. HHSC will determine those goals for SFY 2014 in May 2013.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>		
<p>Other Comments on Measure: Currently the national standards (HEDIS Mean) does not include the CHIP population. It would be helpful to have a national standard available for the CHIP population. This would provide a more comparable benchmark.</p>		

MEASURE 2: Frequency of Ongoing Prenatal Care

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2010</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2011</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) 09/2008 To: (mm/yyyy) 08/2009</p>	<p>Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010</p>
<p>HEDIS Performance Measurement Data: 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</p>	<p>HEDIS Performance Measurement Data: 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</p>	<p>HEDIS Performance Measurement Data: 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</p>
<p>< 21 percent of expected visits Numerator: Denominator: Rate:</p> <p>21 percent – 40 percent of expected visits Numerator: Denominator: Rate:</p> <p>41 percent – 60 percent of expected visits Numerator: Denominator: Rate:</p> <p>61 percent – 80 percent of expected visits Numerator: Denominator:</p>	<p>< 21 percent of expected visits Numerator: 58 Denominator: 341 Rate: 17</p> <p>21 percent – 40 percent of expected visits Numerator: 29 Denominator: 341 Rate: 8.5</p> <p>41 percent – 60 percent of expected visits Numerator: 43 Denominator: 341 Rate: 12.6</p> <p>61 percent – 80 percent of expected visits Numerator: 74 Denominator: 341</p>	<p>< 21 percent of expected visits Numerator: 93 Denominator: 411 Rate: 22.6</p> <p>21 percent – 40 percent of expected visits Numerator: 23 Denominator: 411 Rate: 5.6</p> <p>41 percent – 60 percent of expected visits Numerator: 44 Denominator: 411 Rate: 10.7</p> <p>61 percent – 80 percent of expected visits Numerator: 15 Denominator: 74</p>

FFY 2009	FFY 2010	FFY 2011
Rate: ≥ 81 percent of expected visits Numerator: Denominator: Rate:	Rate: 21.7 ≥ 81 percent of expected visits Numerator: 137 Denominator: 341 Rate: 40.2	Rate: 20.3 ≥ 81 percent of expected visits Numerator: 172 Denominator: 411 Rate: 41.8
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:	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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The results from the Annual Quality of Care Report did not show a significant improvement from 2010 to 2011.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? This measure is listed in the Quality Performance Dashboard which is reviewed and monitored annually. In addition, overarching goals and performance Improvement projects are assigned based on program population.</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: The denominator for this measure is less than one percent of the total enrolled CHIP population. We continue to monitor this measure at an individual health plan and service delivery area.</p> <p>Annual Performance Objective for FFY 2013: We will continue to monitor this measure at an individual health plan and service delivery area.</p>		

FFY 2009	FFY 2010	FFY 2011
<p>Annual Performance Objective for FFY 2014: We will continue to monitor this measure at an individual health plan and service delivery area.</p>		
<p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>		
<p>Other Comments on Measure: This measure is listed in the Quality Performance Dashboard which is reviewed and monitored annually. In addition, overarching goals and performance Improvement projects are assigned based on program population.</p>		

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The state will report on this measure in 2013.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: 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>

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

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

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The state will report on this measure in 2013.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMQCC <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of 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>Definition of Population Included in the Measure: 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>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: 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	Performance Measurement Data: 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	Performance Measurement Data: 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
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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

Immunizations

MEASURE 5: Childhood Immunization Status

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The state will report on this measure in 2013.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of 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>Definition of Population Included in the Measure: 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>

FFY 2009	FFY 2010	FFY 2011
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday	HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday	HEDIS Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday

FFY 2009		FFY 2010		FFY 2011	
DTap Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:
IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:
MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:
HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:
Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:
VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:
PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:
Hep A Numerator: Denominator: Rate:		Hep A Numerator: Denominator: Rate:		Hep A Numerator: Denominator: Rate:	

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

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

MEASURE 6: Immunizations for Adolescents

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The state will report on this measure in 2013.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of 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>Definition of Population Included in the Measure: 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>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2009	FFY 2010	FFY 2011
HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	HEDIS Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	HEDIS Performance Measurement Data: 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: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate:	Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) 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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

Screening

MEASURE 7: BMI Assessment for Children/Adolescents

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Requires medical record review. Analysis not yet completed.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2009		FFY 2010		FFY 2011	
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:		Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:		Definition of Population Included in the Measure: 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:	
Year of Data:		Date Range: From: (mm/yyyy) 09/2008 To: (mm/yyyy) 08/2009		Date Range: From: (mm/yyyy) To: (mm/yyyy)	
HEDIS Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		HEDIS Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.		HEDIS Performance Measurement Data: 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: 245 Denominator: 104531 Rate: 0.2	<u>Total</u> Numerator: 475 Denominator: 183004 Rate: 0.3	<u>3-11 years</u> Numerator: Denominator: Rate:	<u>Total</u> Numerator: Denominator: Rate:
<u>12-17 years</u> Numerator: Denominator: Rate:		<u>12-17 years</u> Numerator: 230 Denominator: 78473 Rate: 0.3		<u>12-17 years</u> 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:	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator:	

FFY 2009	FFY 2010	FFY 2011
Rate:	Rate:	Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The FFY 2011 results are not available to allow comparison with FFY 2010. In the state FY 2010 Quality of Care report, the results across the health plans had a very low percentage of claims and encounter documentation for practitioners providing counseling to children and adolescents regarding physical activity.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? This measure is listed in the Quality Performance Dashboard which is reviewed and monitored annually. In addition, overarching goals and performance improvement projects are assigned based on program population.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of 3-17 year-olds with a BMI percentile documentation. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2012 in May 2011.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of 3-17 year-olds with a BMI percentile documentation. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, , the percent of 3-17 year-olds with a BMI percentile documentation. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2014. HHSC will determine those goals for SFY 2014 in May 2013.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>		
<p>Other Comments on Measure:</p>		

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The state will report on this measure in 2013.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CAHMI/NCQA <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CAHMI/NCQA <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of 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>Definition of Population Included in the Measure: 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>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2009	FFY 2010	FFY 2011
<p>Performance Measurement Data: 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>	<p>Performance Measurement Data: 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>	<p>Performance Measurement Data: 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>
<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: 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: 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>Additional notes on measure:</p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

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

MEASURE 9: Chlamydia Screening 16-20 females

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010</p>
<p>HEDIS Performance Measurement Data: 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</p>	<p>HEDIS Performance Measurement Data: 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</p>	<p>HEDIS Performance Measurement Data: 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</p>
<p>Numerator: Denominator: Rate:</p>	<p>Numerator: 1495 Denominator: 4922 Rate: 30.4</p>	<p>Numerator: 1548 Denominator: 5078 Rate: 30.5</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>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Thirty percent of sexually active female CHIP members between 16 and 20 years old were screened for Chlamydia. This rate is considerably lower than the HEDIS® average of 54 percent for this measure, and falls below the 10th percentile nationally.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? HEDIS® Chlamydia Screening in Women has been added to the performance indicator dashboard to monitor MCO performance.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of women being tested for Chlamydia. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of women being tested for Chlamydia.. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of women being tested for Chlamydia.. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2014. HHSC will determine those goals for SFY 2014 in May 2013.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>		
<p>Other Comments on Measure: Currently the national standards (HEDIS Mean) does not include the CHIP population. It would be helpful to have a national standard available for the CHIP population. This would provide a more comparable benchmark.</p>		

Well-child Care Visits (WCV)

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input checked="" type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Sample size = 22</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> The State of Texas External Quality Review Organization (EQRO) contractor, the Institute for Child Health Policy, University of Florida, produces Quality of Care reports on an annual basis that provide information regarding state performance using selected HEDIS indicators and Clinical Risk Groups (CRGs). The Annual Quality of Care Report for 2010 is not available at this time. Information for 2010 will be updated in the 2011 Annual CHIP Report.</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-</p>

FFY 2009		FFY 2010		FFY 2011	
		level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.		level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.	
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:		Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:		Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	
Year of Data:		Date Range: From: (mm/yyyy) To: (mm/yyyy)		Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010	
HEDIS Performance Measurement Data: 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		HEDIS Performance Measurement Data: 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		HEDIS Performance Measurement Data: 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: 3 Denominator: 70 Rate: 4.3	<u>4 visits</u> Numerator: 9 Denominator: 70 Rate: 12.9	<u>0 visits</u> Numerator: 3 Denominator: 71 Rate: 4.2	<u>4 visits</u> Numerator: 9 Denominator: 71 Rate: 12.7
<u>1 visits</u> Numerator: Denominator: Rate:	<u>5 visits</u> Numerator: Denominator: Rate:	<u>1 visits</u> Numerator: 3 Denominator: 70 Rate: 4.3	<u>5 visits</u> Numerator: 17 Denominator: 70 Rate: 24.3	<u>1 visits</u> Numerator: 2 Denominator: 71 Rate: 2.8	<u>5 visits</u> Numerator: 16 Denominator: 71 Rate: 22.5
<u>2 visits</u> Numerator: Denominator: Rate:	<u>6+ visits</u> Numerator: Denominator: Rate:	<u>2 visits</u> Numerator: 6 Denominator: 70 Rate: 8.6	<u>6+ visits</u> Numerator: 23 Denominator: 70 Rate: 32.9	<u>2 visits</u> Numerator: 2 Denominator: 71 Rate: 2.8	<u>6+ visits</u> Numerator: 30 Denominator: 71 Rate: 42.3
<u>3 visits</u> Numerator: Denominator: Rate:		<u>3 visits</u> Numerator: 9 Denominator: 70 Rate: 12.9		<u>3 visits</u> Numerator: 9 Denominator: 71 Rate: 12.7	

FFY 2009	FFY 2010	FFY 2011
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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Overall results for SFY 2010 exceed the national standards for Percentage of members who received zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life. Results between SFY 2009 and 2010 remain steady with one category of six or more well child visits performing slightly below the national mean.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current MCO contracts have additional requirements for timeliness and access to care.

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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of children receiving 2-5 well child visits in the first 15 months of life. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.

Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of children receiving 2-5 well child visits in the first 15 months of life. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.

Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of children receiving 2-5 well child visits in the first 15 months of life. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2014. HHSC will determine those goals for SFY 2014 in May 2013.

Explain how these objectives were set: HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.

Other Comments on Measure:

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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> The State of Texas EQRO contractor, the Institute for Child Health Policy, University of Florida, produces Quality of Care reports on an annual basis that provide information regarding state performance using selected HEDIS indicators and Clinical Risk Groups (CRGs). The Annual Quality of Care Report for 2010 is not available at this time. Information for 2010 will be updated in the 2011 Annual CHIP Report.</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> HEDIS-like. Explain how HEDIS was modified: Provider type constraints are lifted.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of</p>

FFY 2009	FFY 2010	FFY 2011
months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.	person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators	months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population.	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data: 2008	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010
HEDIS Performance Measurement Data: 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.	HEDIS Performance Measurement Data: 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.	HEDIS Performance Measurement Data: 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: 20381 Denominator: 31107 Rate: 65.5	<u>1+ visits</u> Numerator: 21142 Denominator: 31049 Rate: 68.1
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:

FFY 2009	FFY 2010	FFY 2011
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 15827 Denominator: 26987 Rate: 58.658</p> <p>Additional notes on measure: Additional notes on measure: Year of data - September 1, 2007- August 31, 2008. Numerator and denominator are based on members who receive one or more visits. Results for additional breakdown of number of visits is not available.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The annual performance objective for FFY 2011 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2010, the percent of children with one or more well child visit at the 3rd, 4th, 5th, and 6th years of life. It is increased from 65.52% in 2010 to 68.09% in 2011. Information from the Annual Quality of Care report has been updated for 2010.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current MCO contracts have additional requirements for timeliness and access to care.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of children with one or more well child visit at the 3rd, 4th, 5th, and 6th years of life.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of children with one or more well child visit at the 3rd, 4th, 5th, and 6th years of life. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of children with one or more well child visit at the 3rd, 4th, 5th, and 6th years of life. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2014. HHSC will determine those goals for SFY 2014 in May 2013.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>		
<p>Other Comments on Measure:</p>		

MEASURE 12: Adolescent Well-Care Visits

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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> The State of Texas EQRO contractor, the Institute for Child Health Policy, University of Florida, produces Quality of Care reports on an annual basis that provide information regarding state performance using selected HEDIS indicators and Clinical Risk Groups (CRGs). The Annual Quality of Care Report for 2010 (SFY 2009) is not available at this time. Information for 2010 will be updated in the 2011 Annual CHIP Report.</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2009	FFY 2010	FFY 2011
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Year of Data: 2008</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010</p>

FFY 2009	FFY 2010	FFY 2011
<p>HEDIS Performance Measurement Data: 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.</p>	<p>HEDIS Performance Measurement Data: 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.</p>	<p>HEDIS Performance Measurement Data: 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.</p>
<p>Numerator: 37548 Denominator: 96379 Rate: 39</p>	<p>Numerator: 51535 Denominator: 108715 Rate: 47.4</p>	<p>Numerator: 57288 Denominator: 115385 Rate: 49.6</p>
<p>Additional notes on measure: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p>	<p>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:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The annual performance objective for FFY 2011 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2010, the percent of members age 12 through 21 years of age who had at least one comprehensive well care visit. The SFY 2010 report indicates the CHIP Program was above the state standards(38%) for this measure.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current MCO contracts have additional requirements for timeliness and access to care.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of members age 12 through 21 years of age who had at least one comprehensive well care visit.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of members age 12 through 21 years of age who had at least one comprehensive well care visit.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of members age 12 through 21 years of age who had at least one comprehensive well care visit.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives.</p>		
<p>Other Comments on Measure:</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>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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> The State of Texas EQRO contractor, the Institute for Child Health Policy, University of Florida, produces Quality of Care reports on an annual basis that provide information regarding state performance using selected HEDIS indicators and Clinical Risk Groups (CRGs). The Annual Quality of Care Report for 2010 (SFY 2009) is not available at this time. Information for 2010 will be updated in the 2011 Annual CHIP Report.</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the Annual Dental Visit measure: member-level enrollment information and member-level healthcare claims and encounter data. The</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the Annual Dental Visit measure: member-level enrollment information and member-level healthcare claims and encounter data. The</p>

FFY 2009	FFY 2010	FFY 2011
enrollment files contain information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person has been enrolled in the program. The member-level claims and encounter data contain CPT codes, POS codes, and other information necessary to calculate quality of care indicators.	contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.	enrollment files contain information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person has been enrolled in the program. The member-level claims and encounter data contain CPT codes, POS codes, and other information necessary to calculate quality of care indicators.
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population.	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data: 2008	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010
Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received preventive dental services
Numerator: 109819 Denominator: 206671 Rate: 53.1	Numerator: 137533 Denominator: 232905 Rate: 59.1	Numerator: 152240 Denominator: 242384 Rate: 62.8
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:	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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:

FFY 2009	FFY 2010	FFY 2011
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Overall, 63 percent of CHIP members had at least one dental visit, compared to 46 percent nationally. This rate has increased by four percentage points since SFY 2009, when 59 percent of CHIP members had at least one dental visit during the measurement period.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current MCO contracts have additional requirements for timeliness and access to care.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of members who had at least one dental visit during the measurement year.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of members who had at least one dental visit during the measurement year.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of members who had at least one dental visit during the measurement year.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives.</p>		
<p>Other Comments on Measure:</p>		

Access

MEASURE 14: Children and Adolescents' Access to Primary Care

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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> The State of Texas EQRO contractor, the Institute for Child Health Policy, University of Florida, produces Quality of Care reports on an annual basis that provide information regarding state performance using selected HEDIS indicators and Clinical Risk Groups (CRGs). The Annual Quality of Care Report for 2010 is not available at this time. Information for 2010 will be updated in the 2011 Annual CHIP Report.</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the</p>

FFY 2009		FFY 2010		FFY 2011	
MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.		MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.		MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.	
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population.		Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:		Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	
Year of Data: 2008		Date Range: From: (mm/yyyy) To: (mm/yyyy)		Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010	
HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner		HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner		HEDIS Performance Measurement Data: Percentage of children and adolescents who had a visit with a primary care practitioner	
<u>12-24 months</u> Numerator: 819 Denominator: 892 Rate: 91.8 <u>25 months-6 years</u> Numerator: 28498 Denominator: 31959 Rate: 89.2	<u>7-11 years</u> Numerator: 23697 Denominator: 25442 Rate: 93.1 <u>12-19 years</u> Numerator: 34746 Denominator: 38436 Rate: 90.4	<u>12-24 months</u> Numerator: 1045 Denominator: 1107 Rate: 94.4 <u>25 months-6 years</u> Numerator: 33551 Denominator: 36755 Rate: 91.3	<u>7-11 years</u> Numerator: 36040 Denominator: 38760 Rate: 93 <u>12-19 years</u> Numerator: 53127 Denominator: 58618 Rate: 90.6	<u>12-24 months</u> Numerator: 1044 Denominator: 1128 Rate: 92.6 <u>25 months-6 years</u> Numerator: 33488 Denominator: 36544 Rate: 91.6	<u>7-11 years</u> Numerator: 40536 Denominator: 43115 Rate: 94 <u>12-19 years</u> Numerator: 59080 Denominator: 64021 Rate: 92.3
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:	

FFY 2009	FFY 2010	FFY 2011
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Overall, CHIP performed well on this measure for all age groups with the vast majority of members visiting a care provider during SFY 2010.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current MCO contracts have additional requirements for timeliness and access to care.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of members who had a visit with a primary care practitioner.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of members who had a visit with a primary care practitioner.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of members who had a visit with a primary care practitioner.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives.</p>		
Other Comments on Measure:		

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>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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> The State of Texas EQRO contractor, the Institute for Child Health Policy, University of Florida, produces Quality of Care reports on an annual basis that provide information regarding state performance using selected HEDIS indicators and Clinical Risk Groups (CRGs). The Annual Quality of Care Report for 2010 is not available at this time. Information for 2010 will be updated in the 2011 Annual CHIP Report.</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the measure: member-level enrollment information and member-level healthcare</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-</p>

FFY 2009	FFY 2010	FFY 2011
claims and encounter data. The enrollment files contain information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person has been enrolled in the program. The member-level claims and encounter data contain CPT codes, POS codes, and other information necessary to calculate quality of care indicators.	level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.	level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population.	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data: 2008	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010
HEDIS Performance Measurement Data: 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	HEDIS Performance Measurement Data: 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	HEDIS Performance Measurement Data: 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: 8148 Denominator: 15370 Rate: 53	Numerator: 12446 Denominator: 23109 Rate: 53.9	Numerator: 12950 Denominator: 23879 Rate: 54.2
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 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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator:

FFY 2009	FFY 2010	FFY 2011
Rate:	Rate:	Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? According to the SFY 2010 Annual Quality of Care Report, CHIP performed slightly lower than the national average for Medicaid Managed Care Plans reporting to NCQA on this measure, with 54 percent of children with pharyngitis receiving appropriate testing compared to 62 percent nationally. Data for FY 2011 will be provided in the 2012 annual report.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current MCO contracts have additional requirements for timeliness and access to care.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of members with pharyngitis who receive appropriate testing.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of members with pharyngitis who receive appropriate testing.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of members with pharyngitis who receive appropriate testing.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives.</p>		
<p>Other Comments on Measure:</p>		

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The state will report on this measure in 2013.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> AMA/PCPI <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of 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>Definition of Population Included in the Measure: 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>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>

FFY 2009	FFY 2010	FFY 2011
Performance Measurement Data: Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	Performance Measurement Data: Percentage of children ages 2 months through 12 years with a diagnosis of Otitis Media with Effusion (OME) who were not prescribed systemic antimicrobials	Performance Measurement Data: 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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>		

FFY 2009	FFY 2010	FFY 2011
Other Comments on Measure:		

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>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The state will report on this measure in 2013.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CMS <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of 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>Definition of Population Included in the Measure: 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>Year of Data:</p>	<p>Date Range:</p>	<p>Date Range:</p>

FFY 2009	FFY 2010	FFY 2011
	From: (mm/yyyy) To: (mm/yyyy)	From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services	Performance Measurement Data: Percentage of eligible children ages 1-20 who received dental treatment services
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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>		

FFY 2009	FFY 2010	FFY 2011
Other Comments on Measure:		

Emergency Department

MEASURE 18: Ambulatory Care: Emergency Department Visits

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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> The State of Texas EQRO contractor, the Institute for Child Health Policy, University of Florida, produces Quality of Care reports on an annual basis that provide information regarding state performance using selected HEDIS indicators and Clinical Risk Groups (CRGs). The Annual Quality of Care Report for 2010 is not available at this time. Information for 2010 will be updated in the 2011 Annual CHIP Report.</p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of</p>

FFY 2009	FFY 2010	FFY 2011
months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.	months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.	months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Admission of members with ACSCs to the emergency room.	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Year of Data: 2008	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010
HEDIS Performance Measurement Data: 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	HEDIS Performance Measurement Data: 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	HEDIS Performance Measurement Data: 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: Denominator: Rate:	Numerator: 137135 Denominator: 6039299 Rate: 2.3
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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 28745 Denominator: 99082 Rate: 29 Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 37415 Denominator: 123421 Rate: 30.3 Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The SFY 2010 Annual Quality of Care Report results indicate that overall, CHIP members had 23 emergency room department visits per 1,000 member months during the measurement year. This rate is lower than the national HEDIS® mean of 67 per 1,000 member months. Information for 2011 will be provided in the 2012 Annual Report.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Based on results from the SFY 2010 Quality of Care Report, there is a need to improve the percentage of emergency room visits. HHSC set an overarching goal for SFY 2012 CHIP Managed Care Organizations to improve treatment for ACSC through reduction of inpatient admission and/or emergency department visits.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of visits to the emergency room with a primary diagnosis of an ambulatory ACSC.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of visits to the emergency room with a primary diagnosis of an ambulatory ACSC.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of to the emergency room visits.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives.</p>		
<p>Other Comments on Measure:</p>		

Inpatient

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

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> CDC <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of 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>Definition of Population Included in the Measure: 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>Year of Data:</p>	<p>Date Range:</p>	<p>Date Range:</p>

FFY 2009	FFY 2010	FFY 2011
	From: (mm/yyyy) To: (mm/yyyy)	From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Performance Measurement Data: Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance	Performance Measurement Data: 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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2012:</p> <p>Annual Performance Objective for FFY 2013:</p> <p>Annual Performance Objective for FFY 2014:</p> <p><i>Explain how these objectives were set:</i></p>		
<p>Other Comments on Measure:</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>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The state will report on this measure in 2013.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> Alabama Medicaid <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> Alabama Medicaid <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of 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>Definition of Population Included in the Measure: 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>

FFY 2009	FFY 2010	FFY 2011
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	Performance Measurement Data: Percentage of children 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related ED visits.	Performance Measurement Data: 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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

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>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) 09/2008 To: (mm/yyyy) 08/2009</p>	<p>Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010</p>
<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>	<p>HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription for ADHD dispensed who had one follow up visit with a practitioner with prescribing authority during the 30 day initiation phase. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.</p>
<p>Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:</p>	<p>Initiation Phase Numerator: 1143 Denominator: 2727 Rate: 41.9 Continuation and Maintenance (C&M) Phase: Numerator: 199 Denominator: 369 Rate: 53.9</p>	<p>Initiation Phase Numerator: 1649 Denominator: 3663 Rate: 45 Continuation and Maintenance (C&M) Phase: Numerator: 267 Denominator: 441 Rate: 60.5</p>

FFY 2009	FFY 2010	FFY 2011
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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The SFY 2010 Annual quality of Care Report indicates that less than half of children had an initial follow-up visit with a provider within 30 days of beginning an ADHD medication (45 percent). However, this rate is above the HEDIS® mean of 37 percent for this measure. Information for SFY 2011 will be provided in the 2012 annual report.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current MCO contracts have additional requirements for timeliness and access to care.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2014. HHSC will determine those goals for SFY 2014 in May 2013.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>		
<p>Other Comments on Measure:</p>		

Diabetes

MEASURE 22: Annual pediatric hemoglobin A1C testing

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The state will report on this measure in 2013.</p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input 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> The state will report on this measure in 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> NCQA <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of 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>Definition of Population Included in the Measure: 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>

FFY 2009	FFY 2010	FFY 2011
Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	Performance Measurement Data: Percentage of children (5-17 years old) with diabetes and a HBA1c test during the measurement year period	Performance Measurement Data: 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:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

Mental Health

MEASURE 23: Follow-up after hospitalization for mental illness

FFY 2009	FFY 2010	FFY 2011
<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Status of Data Reported: <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>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2010 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. 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>Year of Data: 2008</p>	<p>Date Range: From: (mm/yyyy) 09/2008 To: (mm/yyyy) 08/2009</p>	<p>Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010</p>
<p>HEDIS Performance Measurement Data: 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</p>	<p>HEDIS Performance Measurement Data: 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</p>	<p>HEDIS Performance Measurement Data: 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</p>
<p>7 Day Follow-Up Numerator: 380 Denominator: 995 Rate: 38.2</p> <p>30 Day Follow-Up Numerator: 676 Denominator: 955 Rate: 70.8</p>	<p>7 Day Follow-Up Numerator: 518 Denominator: 1200 Rate: 43.2</p> <p>30 Day Follow-Up Numerator: 860 Denominator: 1200 Rate: 71.7</p>	<p>7 Day Follow-Up Numerator: 653 Denominator: 1464 Rate: 44.6</p> <p>30 Day Follow-Up Numerator: 1078 Denominator: 1464 Rate: 73.6</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:</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>Other Performance Measurement Data:</p>	<p>Other Performance Measurement Data:</p>	<p>Other Performance Measurement Data:</p>

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:
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The SFY 2010 Annual Quality of Care Report indicates that less than half of CHIP members hospitalized for mental illness (45 percent) had a follow-up visit with a provider within 7 days of discharge from the hospital. However, a majority of these members (74 percent) had a follow-up visit with a provider within 30 days of discharge from the hospital. CHIP Managed Care Organizations performed above the HHSC standards of 32 percent for the 7 day follow up and 52 percent for the 30 day follow up objective. Information for 2011 will be provided in the 2012 Annual Report.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current MCO contracts have additional requirements for timeliness and access to care.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization and had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization and had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization and had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives.</p>		
<p>Other Comments on Measure:</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>Did you report on this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure? <input type="checkbox"/> Submitted raw data to AHRQ. <input checked="" type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how did you report this measure? <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>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Information for this measure is obtained from the Established Enrollee Survey. The EQRO contractor administers telephone surveys to caregivers of children recently enrolled in CHIP, on a biennial basis. The next CHIP Established Enrollee Survey</p>

FFY 2009	FFY 2010	FFY 2011
		will be completed in SFY 2012.
	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: N/A	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The Texas CHIP Established Enrollee Survey SFY 2010 indicates that 71 percent of parents were usually or always able to get needed care for their child. The next CHIP Established Enrollee Survey will be completed in SFY 2012. The CAHPS® composite Getting Needed Care is based on two survey items that assess: (1) how often it was easy for parents to get appointments for their child with specialists, and (2) how often it was easy for parents get care, tests and treatment for their child through their child’s health plan.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current MCO contracts have additional requirements for timeliness and access to care.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed established national benchmarks and/or State standards and to increase from 2010. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed established national benchmarks and/or State standards and to increase from 2012. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed established national benchmarks and/or State standards and to increase from 2012. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2014. HHSC will determine those goals for SFY 2014 in May 2013.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p> <p>Other Comments on Measure:</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 4th quarter data report (submitted in October) in the CHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by CARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2010	FFY 2011	Percent change FFY 2010-2011
CHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	928483	969206	4.39

- 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	1,084	74.1	18.1	1.2
1998 - 2000	973	70.2	16.3	1.1
2000 - 2002	1,013	65.2	15.9	.9
2002 - 2004	967	63.4	14.9	.9
2003 - 2005	927	58.3	14.0	.8
2004 - 2006	943	57.0	14.0	.8
2005 - 2007	955	58.0	13.9	.8

2006 - 2008	925	57.0	13.4	.8
2007 - 2009	874	55.0	12.2	.7
2008 - 2010	828	38.0	11.4	.5
Percent change 1996-1998 vs. 2008-2010	-23.6%	NA	-37.0%	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 decline in the number and percentage of uninsured low-income children is attributed to factors such as:

- Continuous improvements in the enrollment of potentially eligible children and in the retention rate among program participants.

- The loss of employer-based insurance among low-income working families is an important external factor that contributes to the increased demand for public-sponsored health insurance programs such as CHIP and Medicaid.

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

Historically, the CPS estimates have under-estimated the number of children ever enrolled in Medicaid/CHIP during an entire one-year period. The annual rate of uninsured children could be over-stated by the CPS due to the under-estimation of the Medicaid/CHIP population.

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]**

Due to the simplified application process, any application received by CHIP is screened for Medicaid. If the household is potentially Medicaid eligible, the application is referred to the Central Processing Center (CPC) for an eligibility determination.

CHIP periodically has telethons, in which CHIP is promoted, with the Spanish language television station, Univision, and Fox News. The average number of applications completed via phone was 200 to 400, and 100 to 200 blank applications were mailed, depending on which cities the outreach activities were targeted. We do not capture data to know how many of these applications are referred to CPC as potential Medicaid applications.

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 13th birthday."**

Type of Goal:

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

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

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

Status of Data Reported:

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2010.

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>Goal #1 (Describe) The state compares annual data on the number of CHIP income-eligible children that participate in CHIP to the estimated number of CHIP income-eligible children that remain uninsured in the state. The goal is to decrease the rate of uninsured children over time as enrollment in CHIP increases.</p>	<p>Goal #1 (Describe) The state compares annual data on the number of CHIP income-eligible children that participate in CHIP to the estimated number of CHIP income-eligible children that remain uninsured in the state. The goal is to decrease the rate of uninsured children over time as enrollment in CHIP increases.</p>	<p>Goal #1 (Describe) The state compares annual data on the number of CHIP income-eligible children that participate in CHIP to the estimated number of CHIP income-eligible children that remain uninsured in the state. The goal is to decrease the rate of uninsured children over time as enrollment in CHIP increases.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> 1) U.S. Census Bureau. March 2009 CPS; 2) Texas CHIP program enrollment files; and 3) Population projections data by age group from the Texas State Data Center.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> 1) U.S. Census Bureau. March 2009 CPS; 2) Texas CHIP program enrollment files; and 3) Population projections data by age group from the Texas State Data Center.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> 1) U.S. Census Bureau. March 2010 CPS; 2) Texas CHIP program enrollment files; and 3) Population projections data by age group from the Texas State Data Center.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: This is the estimated number of Texas children under age 19 meeting the income eligibility criteria* for the CHIP program as of September 2009, regardless of whether they were enrolled in the program. *CHIP income eligibility criteria: children with incomes at or below 200% of FPL based on net (countable) income and Medicaid-income eligible children from families that exceed Texas' Medicaid assets/resource limits.</p> <p>Definition of numerator: This is the estimated # of children that were CHIP income-eligible* but remained uninsured as of 09/09. This # is the difference between the denominator and the # enrolled in the TX CHIP program as of 09/09. In 09/09, 491,000 children were enrolled in the CHIP program.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Definition of denominator: This is the estimated number of Texas children under age 19 meeting the income eligibility criteria* for the CHIP program as of September 2010, regardless of whether they were enrolled in the program. *CHIP income eligibility criteria: children with incomes at or below 200% of FPL based on net (countable) income and Medicaid-income eligible children from families that exceed Texas' Medicaid assets/resource limits.</p> <p>Definition of numerator: This is the estimated number of children that were CHIP income-eligible but remained uninsured as of September 2009. This number is the difference between the denominator and the number enrolled in the Texas CHIP program.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: This is the estimated number of Texas children under age 19 meeting the income eligibility criteria* for the CHIP program as of September 2011, regardless of whether they were enrolled in the program. *CHIP income eligibility criteria: children with incomes at or below 200% of FPL based on net (countable) income and Medicaid-income eligible children from families that exceed Texas' Medicaid assets/resource limits.</p> <p>Definition of numerator: This is the estimated number of children that were CHIP income-eligible but remained uninsured as of September 2011. This number is the difference between the denominator and the number enrolled in the Texas CHIP program.</p>
<p>Year of Data:</p>	<p>Year of Data: 2009</p>	<p>Date Range: From: (mm/yyyy) 11/2010 To: (mm/yyyy) 09/2011</p>
<p>Performance Measurement Data: Described what is being measured: To estimate the potential population of uninsured CHIP income-eligible children: Direct application/extrapolation of unadjusted historical data on uninsured derived from the March CPS. These data were applied to the projected population of children under age 19, by age group and CHIP-specific percent of poverty income levels, to obtain projections of the population of uninsured children meeting the CHIP income eligibility criteria.</p> <p>Numerator: 234000 Denominator: 725000 Rate: 32.3</p> <p>Additional notes on measure: A slight adjustment in methodology was applied in FFY09. Revising FFY08 data using this same adjustment in methodology: Numerator: 256,000 Denominator: 719,000 FFY08 Uninsured Rate: 35.6</p>	<p>Performance Measurement Data: Described what is being measured: To estimate the potential population of uninsured CHIP income-eligible children: Direct application/extrapolation of unadjusted historical data on uninsured derived from the March CPS. These data were applied to the projected population of children under age 19, by age group and CHIP-specific percent of poverty income levels, to obtain projections of the population of uninsured children meeting the CHIP income eligibility criteria.</p> <p>Numerator: 225000 Denominator: 749000 Rate: 30</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: To estimate the potential population of uninsured CHIP income-eligible children: Direct application/extrapolation of unadjusted historical data on uninsured derived from the March CPS. These data were applied to the projected population of children under age 19, by age group and CHIP-specific percent of poverty income levels, to obtain projections of the population of uninsured children meeting the CHIP income eligibility criteria.</p> <p>Numerator: 304000 Denominator: 854000 Rate: 35.6</p> <p>Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? Program participation among otherwise uninsured income-eligible children under 19 improved in FFY2009. This is reflected in the decrease of the uninsured rate from 35.6 in FFY 2008 to 32.3 in FFY 2009, as reported in the Additional notes on measure. The increase is due, in part, to the continued effects of the program changes seen with HB109 that were implemented Sept 1, 2007. *See explanation of how objectives were set for a list of the changes implemented.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The streamlining of the eligibility determination process* continues to improve program participation. This was, in part, due to the changes implemented in September 2007 as a result of HB109. *See explanation of how objectives were set for a list of the changes implemented.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? Program participation among otherwise uninsured income-eligible children under age 19 improved in FFY2010. This is reflected in the decrease of the uninsured rate from 32.3 in FFY 2009 to 30.0 in FFY 2010. The increase is due, in part, to the continued effects of the program changes seen with state legislation that was implemented Sept 1, 2007. (See explanation of how objectives were set for a list of the changes implemented.)</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The streamlining of the eligibility determination process continues to improve program participation. This was, in part, due to the changes implemented in September 2007 as a result of state legislation. (See explanation of how objectives were set for a list of the changes implemented.)</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? Program participation among otherwise uninsured income-eligible children under age 19 improved in FFY2011. Due to the erosion in employer coverage, the number of low-income uninsured children increased faster compared to the increase in actual enrollment. This explains the increase in the percent of low-income uninsured children in FY2011. The trend in increased program enrollment observed between October 2011 and December 2011 suggests that the participation rate is increasing, which makes it likely that the rate of low-income uninsured children in FY2012 will be lower than in FY2011.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The streamlining of the eligibility determination process continues to improve program participation. This was, in part, due to the changes implemented in September 2007 as a result of state legislation. (See explanation of how objectives were set for a list of the changes implemented.)</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: The annual performance objective for FFY 2010 is to attain an average monthly enrollment of 497,000 children participating in the CHIP program. This is an increase of 6% in enrollment from FFY2009. The goal is to decrease the rate of uninsured income-eligible children by increasing the number of income-eligible children participating in the CHIP program.</p> <p>Annual Performance Objective for FFY 2011: The annual performance objective for FFY 2011 is to attain an average monthly enrollment of 501,000 children participating in the CHIP program. This is an increase of 7% in enrollment from FFY2009. By continuing to increase enrollment, the goal is to continue to decrease the rate of uninsured income-eligible children.</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: The annual performance objective for FFY 2011 is to attain an average monthly enrollment of 539,000 children participating in the CHIP program. This is an increase of 7% in enrollment from FFY2009. By continuing to increase enrollment, the goal is to continue to decrease the rate of uninsured income-eligible children.</p> <p>Annual Performance Objective for FFY 2012: The annual performance objective for FFY 2012 is to attain an average monthly enrollment of 556,000 children participating in the CHIP program. This is an increase of 10% in enrollment from FFY2009.</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: The annual performance objective for FFY 2012 is to attain an average monthly enrollment of 566,000 children participating in the CHIP program. This is an increase of 6% in enrollment from FFY2011.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is to attain an average monthly enrollment of 582,000 children participating in the CHIP program. This is an increase of 9% in enrollment from FFY2011.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Annual Performance Objective for FFY 2012: The annual performance objective for FFY 2012 is to maintain an average monthly enrollment of 501,000 children participating in the CHIP program.</p> <p><i>Explain how these objectives were set:</i> These objectives are based on the expectation that enrollment will continue to increase in FFY10 due to program changes as of 9-1-07: continuous eligibility period extended from 6-12 months; elimination of 90-day benefit waiting period for new enrollees without insurance; families applying for the program can deduct from their reportable (countable) income certain child care-related expenses allowing children from higher income families (over 200% of FPL) to qualify for the program.</p>	<p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is to attain an average monthly enrollment of 572,000 children participating in the CHIP program. This is an increase of 13% in enrollment from FFY2009.</p> <p><i>Explain how these objectives were set:</i> These objectives are based on the expectation that enrollment will continue to increase in FFY11 due to program changes as of 9-1-07: continuous eligibility period extended from 6-12 months; elimination of 90-day benefit waiting period for new enrollees without insurance; families applying for the program can deduct from their reportable (countable) income certain child care-related expenses allowing children from higher income families (over 200 percent of FPL) to qualify for the program.</p>	<p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is to attain an average monthly enrollment of 590,000 children participating in the CHIP program. This is an increase of 10% in enrollment from FFY2011.</p> <p><i>Explain how these objectives were set:</i> These objectives are based on the expectation that enrollment will continue to increase in FFY11 due to program changes as of 9-1-07: continuous eligibility period extended from 6-12 months; elimination of 90-day benefit waiting period for new enrollees without insurance; families applying for the program can deduct from their reportable (countable) income certain child care-related expenses allowing children from higher income families (over 200 percent of FPL) to qualify for the program.</p>
<p>Other Comments on Measure: The analysis of performance objectives listed above in the Explanation of Progress is based on forecasted CHIP enrollment statistics that also account for CHIP enrollees who are Medicaid-income eligible, but who cannot enroll in Medicaid because they do not meet: 1) The Medicaid resource/asset test, and/or; 2) Medicaid-related U.S. Citizen/U.S. resident status requirements.</p>	<p>Other Comments on Measure: The analysis of performance objectives listed above in the Explanation of Progress is based on forecasted CHIP enrollment statistics that also account for CHIP enrollees who are Medicaid-income eligible, but who cannot enroll in Medicaid because they do not meet: 1) The Medicaid resource/asset test, and/or; 2) Medicaid-related U.S. Citizen/U.S. resident status requirements.</p>	<p>Other Comments on Measure: The analysis of performance objectives listed above in the Explanation of Progress is based on forecasted CHIP enrollment statistics that also account for CHIP enrollees who are Medicaid-income eligible, but who cannot enroll in Medicaid because they do not meet: 1) The Medicaid resource/asset test, and/or; 2) Medicaid-related U.S. Citizen/U.S. resident status requirements.</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
<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
<p>Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p>

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>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</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
<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
<p>Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p>

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>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) Document the trends and changes in the rate of disenrollment from CHIP across time. The goal is to improve current member understanding about the CHIP benefit renewal process to help current members retain their enrollment status.</p>	<p>Goal #1 (Describe)</p>	<p>Goal #1 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The CHIP Disenrollee Survey provides a demographic profile of CHIP disenrollees, their families, and their reasons for disenrollment from CHIP. After conducting the survey for two years HHSC decided to discontinue the Disenrollee Survey.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The CHIP Disenrollee Survey is administered biennially to caregivers of children recently disenrolled in CHIP. This survey will no longer be conducted and this goal has been discontinued.</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>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the 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>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>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>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
<p>Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p>

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>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
<p>Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p>

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>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) N/A</p>	<p>Goal #1 (Describe)</p>	<p>Goal #1 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data: NA</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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
<p>Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p>

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>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data: NA</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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
<p>Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p>

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>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2009	FFY 2010	FFY 2011
<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data: NA</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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
<p>Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p>

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>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) Increase the percentage of CHIP enrollees with good access to urgent care.</p>	<p>Goal #1 (Describe) Increase the percentage of CHIP enrollees with good access to urgent care.</p>	<p>Goal #1 (Describe) Increase the percentage of CHIP enrollees with good access to urgent care.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Information for this new goal is obtained from the Established Enrollee Survey. The State of Texas External Quality Review Organization (EQRO) contractor, the Institute for Child Health Policy, University of Florida administers telephone surveys to caregivers of children recently enrolled in CHIP, on a biennial basis. The next CHIP Established Enrollee Survey will be completed in SFY 2010. Updated information will be provided in the FFY 2010 Annual Report.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Information for this goal is obtained from the Established Enrollee Survey. The State of Texas External Quality Review Organization (EQRO) contractor, the Institute for Child Health Policy, University of Florida administers telephone surveys to caregivers of children recently enrolled in CHIP, on a biennial basis. The next CHIP Established Enrollee Survey will be completed in SFY 2012. Updated information will be provided in the FFY 2012 Annual Report.</p>
<p>Status of Data Reported: <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>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data: N/A</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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS 4.0 Consumer Assessment of Healthcare Providers and Systems (CAHPS) health plan Survey 4.0 Medicaid Module questionnaire is used to determine enrollees' good access to urgent care.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The CHIP Established Enrollee Survey is administered biennially to caregivers of children recently enrolled in CHIP.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: 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,</p>

FFY 2009	FFY 2010	FFY 2011
		please further define the Denominator, please indicate the number of children excluded:
Year of Data:	Year of Data: 2010	Date Range: From: (mm/yyyy) To: (mm/yyyy)
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</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>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 1201 Denominator: 1384 Rate: 86.8</p> <p>Additional notes on measure: Member satisfaction with access to urgent care. Good Access to Urgent care is defined as a response of “usually” or “always” to the CAHPS 4.0 survey question, “In the last 6 months, when your child needed care right away for an illness, injury, or condition, how often did you get care as soon as you needed?”</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the 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>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The CHIP Enrollee Survey is conducted biennially. The survey results for good access to urgent care in 2010 (86 percent) was slightly lower than the HHSC standard of (89 percent).</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current contracts are risk-based and include specific contract requirements for meeting specific standards for access to care and network adequacy.</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: The annual performance objective for SFY 2011 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2010, the percent of enrolled children who have good access to an urgent care. In addition to this goal, HHSC set overarching improvement goals for the MCOs to achieve in SFY 2011. HHSC determined based on the survey results to set the following overarching goal for SFY 2011: Increase access to needed care and specialized services, including behavioral health treatment and counseling.</p> <p>Annual Performance Objective for FFY 2012: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of enrolled children who have good access to a urgent care. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The CHIP Enrollee Survey is conducted biennially. The survey results for good access to urgent care in 2010 (86 percent) was slightly lower than the HHSC standard of (89 percent).</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current contracts are risk-based and include specific contract requirements for meeting specific standards for access to care and network adequacy.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of enrolled children who have good access to a urgent care. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of enrolled children who have good access to a urgent care. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2013 in May 2012.</p>

FFY 2009	FFY 2010	FFY 2011
	<p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of enrolled children who have good access to a urgent care. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2013 in May 2012.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>	<p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of enrolled children who have good access to a urgent care. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2014 in May 2013.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>
<p>Other Comments on Measure: Information for this goal is obtained from the CHIP Established Enrollee Survey. The next survey will be reported in the 2010 CHIP Annual Report. Data reported in FFY2008 is used as a comparison for performance in 2010. Data reported in FFY2010 is used as a comparison for performance in FFY2012. No data is reported in 2009 and 2011.</p>	<p>Other Comments on Measure: Information for this goal is obtained from the CHIP Established Enrollee Survey. The next survey will be reported in the 2012 CHIP Annual Report. Data reported in FFY2010 is used as a comparison for performance in 2012. No data is reported in 2009 and 2011.</p>	<p>Other Comments on Measure: Information for this goal is obtained from the CHIP Established Enrollee Survey. The next survey will be reported in the 2012 CHIP Annual Report. Data reported in FFY2010 is used as a comparison for performance in 2012. No data is reported in 2009 and 2011.</p>

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #2 (Describe) Increase the percent of CHIP in Texas enrollees who have a usual source of care.</p> <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The State of Texas External Quality Review Organization (EQRO) contractor, the Institute for Child Health Policy, University of Florida administers telephone surveys to caregivers of children recently enrolled in CHIP, on a biennial basis. The next CHIP Established Enrollee Survey will be completed in SFY 2010. Updated information will be provided in the FFY 2010 Annual Report.</p>	<p>Goal #2 (Describe) Increase the percent of CHIP in Texas enrollees who have a usual source of care.</p> <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Goal #2 (Describe) Increase the percent of CHIP in Texas enrollees who have a usual source of care.</p> <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The State of Texas External Quality Review Organization (EQRO) contractor, the Institute for Child Health Policy, University of Florida, administers telephone surveys to caregivers of children recently enrolled in CHIP, on a biennial basis. The next CHIP Established Enrollee Survey will be completed in SFY 2012. Updated information will be provided in the FFY 2012 Annual Report.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Status of Data Reported:</p> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i>	<p>Status of Data Reported:</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>Status of Data Reported:</p> <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data: N/a</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>Measurement Specification:</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 type="checkbox"/> Other. <i>Explain:</i>	<p>Measurement Specification:</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 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 4.0 (Medicaid module) is used to determine enrollee access to usual source of care.	<p>Measurement Specification:</p> <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<p>Data Source:</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>Data Source:</p> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The CHIP Established Enrollee Survey is administered biennially to caregivers of children recently enrolled in CHIP.	<p>Data Source:</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>Definition of Population Included in the Measure:</p> Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	<p>Definition of Population Included in the Measure:</p> Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	<p>Definition of Population Included in the Measure:</p> 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>Year of Data:</p>	<p>Year of Data: 2010</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <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></p>

FFY 2009	FFY 2010	FFY 2011
		<input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i> Additional notes on measure:
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 42125 Denominator: 4732 Rate: 890.2</p> <p>Additional notes on measure: Access to usual source of care is defined as a response of “Yes” to the CAHPS 4.0 survey question “A personal doctor is the one your child would see if he or she needs a check up or gets sick or hurt. Does your child have a personal doctor?”</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? Surveys are conducted biennially and no new data is reported in 2009. The next survey will be reported in the 2010 CHIP Annual Report. Data reported in FFY2008 is used as a comparison for performance in 2010.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current contracts are risk-based and include specific contract requirements for meeting specific standards for access to care and</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The CHIP Established Enrollee was conducted in 2010. The results from the survey indicate that the majority of CHIP enrollees have a personal doctor as their usual source of care.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current contracts are risk-based and include specific contract requirements for meeting specific standards for access to care and network adequacy.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The CHIP Established Enrollee was conducted in 2010. The results from the survey indicate that the majority of CHIP enrollees have a personal doctor as their usual source of care.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current contracts are risk-based and include specific contract requirements for meeting specific standards for access to care and network adequacy.</p>

FFY 2009	FFY 2010	FFY 2011
<p>network adequacy.</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: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2008, the percent of enrolled children who have access to a usual source of care. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2010:</p> <ul style="list-style-type: none"> • Improve Access to Primary Care Services for Members • Improve Access to Behavioral Health Services for Members • Improve Quality of Health care <p>Annual Performance Objective for FFY 2011:</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: The annual performance objective for FFY 2011 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2010, the percent of enrolled children who have access to a usual source of care.</p> <p>Annual Performance Objective for FFY 2012: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of enrolled children who have access to a usual source of care. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of enrolled children who have access to a usual source of care. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of enrolled children who have access to a usual source of care. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p>

FFY 2009	FFY 2010	FFY 2011
<p>Surveys are conducted biennially and no new data is reported in 2011. The next survey will be reported in the 2012 CHIP Annual Report. HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2011. HHSC will determine those goals for SFY 2011 in May 2010.</p> <p>Annual Performance Objective for FFY 2012: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2010, the percent of enrolled children who have access to a usual source of care. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>	<p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of enrolled children who have access to a usual source of care. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>	<p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of enrolled children who have access to a usual source of care. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2014. HHSC will determine those goals for SFY 2014 in May 2013.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>
<p>Other Comments on Measure: Information for this goal is obtained from the CHIP Established Enrollee Survey. The next survey will be reported in the 2010 CHIP Annual Report. Data reported in FFY2008 is used as a comparison for performance in 2010. Data reported in FFY2010 is used as a comparison for performance in FFY2012. No data is reported in 2009 and 2011. See attachment one for the health plan's performance improvement goals for 2009. See attachment two for a map of the health plan service delivery areas.</p>	<p>Other Comments on Measure: Information for this goal is obtained from the CHIP Established Enrollee Survey. The next survey will be reported in the 2012 CHIP Annual Report. Data reported in FFY2008 is used as a comparison for performance in 2010. Data reported in FFY2010 is used as a comparison for performance in FFY2012. No data is reported in 2009 and 2011.</p>	<p>Other Comments on Measure: Information for this goal is obtained from the CHIP Established Enrollee Survey. The next survey will be reported in the 2012 CHIP Annual Report. Data reported in FFY2008 is used as a comparison for performance in 2010. Data reported in FFY2010 is used as a comparison for performance in FFY2012. No data is reported in 2009 and 2011.</p>

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #3 (Describe) Increase the percentage of discharges for members six years of age and older who were hospitalized for selected mental health disorders and who had an outpatient visit or partial hospitalization within 30 days.</p>	<p>Goal #3 (Describe) Increase the percentage of discharges for members six years of age and older who were hospitalized for selected mental health disorders and who had an outpatient visit or partial hospitalization within 30 days.</p>	<p>Goal #3 (Describe) Increase the percentage of discharges for members six years of age and older who were hospitalized for selected mental health disorders and who had an outpatient visit or partial hospitalization within 30 days.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Information for this new goal is obtained from the 2010 Annual Quality of Care Report, which is not available at this time. The State of Texas External Quality Review Organization (EQRO) contractor, the Institute for Child Health Policy, University of Florida, produces Quality of Care reports on an annual basis that provide information regarding state performance using selected HEDIS indicators and Clinical Risk Groups (CRGs). Information for 2010 will be updated in the 2011 Annual CHIP Report.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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> Provider constraints are lifted.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the</p>

FFY 2009	FFY 2010	FFY 2011
quality of care indicators.		quality of care indicators.
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2011 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" 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: N/A</p>
Year of Data: 2008	Year of Data:	Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 676 Denominator: 955 Rate: 70.8</p> <p>Additional notes on measure: This measure reports on the percent of CHIP enrollees six years of age and older who were hospitalized for mental illness and who had an outpatient visit, and intensive outpatient encounter, or a partial hospitalization with a physician provider during the measurement period.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 1078 Denominator: 1464 Rate: 73.6</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: This measure reports on the percent of CHIP enrollees six years of age and older who were hospitalized for mental illness and who had an outpatient visit, and intensive outpatient encounter, or a partial hospitalization with a physician provider during the measurement period.</p>
<p>Other Performance Measurement Data:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2009	FFY 2010	FFY 2011
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the 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>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? The CHIP Quality of Care Report for SY 2008 results indicate CHIP performed above the HEDIS mean of 61 percent and the HHSC standard of 52 percent. Performance on this measure was similar to SFY 2007, when 72 percent of CHIP members received 30-day follow up care after hospitalization for mental illness.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current contract is at risk-based and includes specific contract requirements for meeting specific standards for timeliness, access to care and network.</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: The annual performance objective for FFY 2011 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2010, the percent of CHIP enrollees who receive a follow up after hospitalization for mental illness within 30 days. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2011. HHSC determined the goals for SFY 2011 in May 2010. The SFY 2011 overarching goal is to “Increase access to needed care and specialized services, including behavioral health treatment and counseling.”</p> <p>Annual Performance Objective for FFY 2012: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of CHIP enrollees who receive a follow up after hospitalization for Mental Illness within 30 days. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The CHIP Quality of Care Report for SY 2010 results indicate CHIP performed above the HEDIS mean of 60 percent and the HHSC standard of 52 percent.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current contract is at risk-based and includes specific contract requirements for meeting specific standards for timeliness, access to care and network.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percent of CHIP enrollees who receive a follow up after hospitalization for Mental Illness within 30 days. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of CHIP enrollees who receive a follow up after hospitalization for Mental Illness within 30 days. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p>

FFY 2009	FFY 2010	FFY 2011
	<p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of CHIP enrollees who receive a follow up after hospitalization for Mental Illness within 30 days. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measure.</p>	<p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of CHIP enrollees who receive a follow up after hospitalization for Mental Illness within 30 days. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2014. HHSC will determine those goals for SFY 2014 in May 2013.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measure.</p>
Other Comments on Measure:	Other Comments on Measure: The Annual Quality of Care Report for SFY 2010 is not available at this time. HHSC will provide data for 2010 in the 2011 Annual Report.	Other Comments on Measure:

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #1 (Describe) Increase the percentage of members ages 13-19 years old who received one or more well-care visits during the specified timeframe.</p>	<p>Goal #1 (Describe) Increase the percentage of members ages 13-19 years old who received one or more well-care visits during the specified timeframe.</p>	<p>Goal #1 (Describe) Increase the percentage of members ages 12-21 years old who received one or more well-care visits during the specified timeframe.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The previous measure, "Document trends in number and percent of CHIP in Texas enrollees receiving well child care in the first 15 months of life," was discontinued in 2008.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Information for this new goal is obtained from the Annual Quality of Care Report, which is not available at this time. The State of Texas External Quality Review Organization (EQRO) contractor, the Institute for Child Health Policy, University of Florida, produces Quality of Care reports on an annual basis that provide information regarding state performance using selected HEDIS indicators and Clinical Risk Groups (CRGs). Information for 2010 will be updated in the 2011 Annual CHIP Report.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Revised, the age range changed from 13-19 to 12-21.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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> Provider constraints were lifted.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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> Provider constraints were lifted.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: (1) member-level enrollment information and (2) member-level healthcare and claims/encounter data.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: (1) member-level enrollment information and (2) member-level healthcare and claims/encounter data.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: (1) member-level enrollment information and (2) member-level healthcare and claims/encounter data.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2010 Technical Specifications were used to determine the eligible population. Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP 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:
Year of Data: 2009	Year of Data: 2009	Date Range: From: (mm/yyyy) 09/2009 To: (mm/yyyy) 08/2010
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 37548 Denominator: 96379 Rate: 39</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 37548 Denominator: 96379 Rate: 39</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 57288 Denominator: 115385 Rate: 49.6</p> <p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? As reported for FFY 2009, 38.96 percent of members ages 13-19 years old received one or more well-care visits during the specified timeframe. Information for FFY 2010 will be reported in the 2011 Annual Report.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The SY 2010 Quality of Care Report indicates fifty percent of adolescents in CHIP had a well-care visit. This rate is slightly above the HEDIS mean of 48 percent and HHSC dashboard standard of 38 percent.</p>

FFY 2009	FFY 2010	FFY 2011
<p>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? The current contract is at risk-based and includes specific contract requirements for meeting specific standards for timeliness, access to care and network.</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: The annual performance objective for FFY 2011 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2010, the percentage of members ages 13-19 years old who receive one or more well-care visits during the specified timeframe.</p> <p>Annual Performance Objective for FFY 2012: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percentage of members ages 13-19 years old who receive one or more well-care visits during the specified timeframe.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percentage of members ages 13-19 years old who receive one or more well-care visits during the specified timeframe.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives.</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current contract is at risk-based and includes specific contract requirements for meeting specific standards for timeliness, access to care and network.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2011, the percentage of members ages 13-19 years old who receive one or more well-care visits during the specified timeframe.</p> <p>Annual Performance Objective for FFY 2013: The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percentage of members ages 13-19 years old who receive one or more well-care visits during the specified timeframe.</p> <p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percentage of members ages 13-19 years old who receive one or more well-care visits during the specified timeframe.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives.</p>
<p>Other Comments on Measure: This goal was discontinued in 2008 and has been replaced with a new measure from the 2009 Annual Quality of Care Report. The Annual Quality of Care Report for 2009 is not available at this time. HHSC will define this goal and provide data for 2009 in the 2010 Annual Report.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #2 (Describe) Increase the percent of CHIP enrollees with good access to specialist referral.</p>	<p>Goal #2 (Describe) Increase the percent of CHIP enrollees with good access to specialist referral.</p>	<p>Goal #2 (Describe) Increase the percent of CHIP enrollees with good access to specialist referral.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Information for this new goal is obtained from the CHIP Established Enrollee Survey. The State of Texas External Quality Review Organization (EQRO) contractor, the Institute for Child Health Policy, University of Florida administers telephone surveys to caregivers of children recently enrolled in CHIP, on a biennial basis. The next survey will be completed in SFY 2010. Updated information will be provided in the FFY 2010 Annual Report.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Information for this new goal is obtained from the CHIP Established Enrollee Survey. The State of Texas External Quality Review Organization (EQRO) contractor, the Institute for Child Health Policy, University of Florida, administers telephone surveys to caregivers of children recently enrolled in CHIP, on a biennial basis. The next survey will be completed in SFY 2012. Updated information will be provided in the FFY 2012 Annual Report.</p>
<p>Status of Data Reported: <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>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <i>Explanation of Provisional Data: N/A</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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Provider constraints were lifted.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CAHPS 4.0</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HEDIS 2009 Technical Specifications were used to determine the eligible population Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: 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>

FFY 2009	FFY 2010	FFY 2011
Year of Data:	Year of Data: 2010	Date Range: From: (mm/yyyy) To: (mm/yyyy)
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 495 Denominator: 730 Rate: 67.8</p> <p>Additional notes on measure: Good access to a specialist referral is defined as a response of “usually” or “always” to the CAHPS 4.0 survey question, “In the last six months, not, how often was it easy to get a referral to a specialist that your child needed to see?”</p>	<p>HEDIS Performance Measurement Data: <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>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 495 Denominator: 730 Rate: 67.8</p> <p>Additional notes on measure: Additional notes on measure: Good access to a specialist referral is defined as a response of “usually” or “always” to the CAHPS 4.0 survey question, “In the last six months, not, how often was it easy to get a referral to a specialist that your child needed to see?”</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure,</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? Results from the SFY 2010 CHIP Established Enrollee Survey for good access to a specialist referral (67.8 percent) were lower than the HHSC standard of 77 percent.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report? The information for this goal is obtained from the CHIP Established Enrollee CAHPS survey. The survey is conducted biennial. The next survey will be reported in 2012.</p>

FFY 2009	FFY 2010	FFY 2011
<p>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? The current contract is at risk-based and includes specific contract requirements for meeting specific standards for timeliness, access to care and network.</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: The next survey will be reported in the 2012 CHIP Annual Report. HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2011. HHSC determined those goals for SFY 2011 in May 2010, which were based on the survey results. The overarching goal for SFY 2011 is to, “increase access to needed care and specialized services, including behavioral health treatment and counseling.”</p> <p>Annual Performance Objective for FFY 2012: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2010, the percent of enrolled children who have good access to specialist referral. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The current contract is at risk-based and includes specific contract requirements for meeting specific standards for timeliness, access to care and network.</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: The annual performance objective for FFY 2012 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2010, the percent of enrolled children who have good access to specialist referral. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2012. HHSC will determine those goals for SFY 2012 in May 2011.</p> <p>Annual Performance Objective for FFY 2013: The next CHIP Established Enrollee Survey will be conducted in 2014. The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of enrolled children who have good access to specialist referral. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p>

FFY 2009	FFY 2010	FFY 2011
	<p>Annual Performance Objective for FFY 2013: The next CHIP Established Enrollee Survey will be conducted in 2014. The annual performance objective for FFY 2013 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2012, the percent of enrolled children who have good access to specialist referral. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2013. HHSC will determine those goals for SFY 2013 in May 2012.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measure.</p>	<p>Annual Performance Objective for FFY 2014: The annual performance objective for FFY 2014 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards and to increase from 2013, the percent of enrolled children who have good access to specialist referral. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2014. HHSC will determine those goals for SFY 2014 in May 2013.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans. HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measure.</p>
<p>Other Comments on Measure: Information for this new goal is obtained from the CHIP Established Enrollee Survey. The next survey will be completed in SFY 2010. Updated information will be provided in the FFY 2010 Annual Report.</p>	<p>Other Comments on Measure: Information for this new goal is obtained from the CHIP Established Enrollee Survey. The next survey will be reported in FFY 2012.</p>	<p>Other Comments on Measure: Information for this new goal is obtained from the CHIP Established Enrollee Survey. The next survey will be reported in FFY 2012.</p>

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

FFY 2009	FFY 2010	FFY 2011
<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <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>

FFY 2009	FFY 2010	FFY 2011
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).	Definition of Population Included in the Measure: 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:
Year of Data:	Year of Data:	Date Range: From: (mm/yyyy) To: (mm/yyyy)
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <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:

FFY 2009	FFY 2010	FFY 2011
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the 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>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the 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>Explanation of Progress:</p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>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>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

The State of Texas external quality review organization (EQRO) contractor, the Institute for Child Health Policy, University of Florida, produces Quality of Care reports on an annual basis. These reports provide information regarding state and health plan-specific performance using selected Health Plan Employer Data and Information Set (HEDIS®) indicators and Clinical Risk Groups (CRGs). CRGs are used to estimate enrollee health risk profiles and are also used to contextually place health care expenditures and health care use patterns in the MCO.

The EQRO invokes other strategies including biennial Consumer Assessment of Healthcare Providers and Systems (CAHPS®) telephone surveys of families with children who are enrolled in CHIP. These telephone surveys cover issues such as enrollee satisfaction and experiences with their healthcare. In addition, the EQRO conducts an annual evaluation of all MCOs' Quality Assurance Improvement Plans serving the CHIP population.

In conjunction with the EQRO, the state requires the MCOs to submit an annual quality assurance summary of activities and complete a detailed administrative interview questionnaire to review overall performance and quality improvement activities required under the MCO contract.

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]**

The State of Texas will continue to contract with an external independent EQRO for the production of annual quality of care and patient satisfaction surveys. The Annual Quality of Care Reports are reported annually. The Texas CHIP Established Enrollee Survey Report is conducted biennially. The next Established Enrollee Survey Report survey will be reported in FFY 2012.

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]**

Findings from The Children with Special Health Care Needs (CSHCN) Fiscal Year 2009 Administrative Analysis report indicates the need to improve the delivery and quality of care that CSHCN members receive in the following domains:

- Outpatient care for asthma – This will help to reduce both potentially preventable inpatient and emergency department admissions.
- Access to specialized services for adolescents – This includes training primary care providers in underserved areas to treat complex illnesses and ensuring that provider networks include an adequate number of specialty providers.
- Care coordination for CSHCN in Texas Medicaid and CHIP – This will help to reduce both potentially preventable inpatient and emergency department admissions.

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]**

Attached is Children with Special Health Care Needs: Quality in the Medicaid Managed Care and Children's Health Insurance Programs.

This report presents results of studies conducted by the Institute for Child Health Policy at the University of Florida – the EQRO for Texas Medicaid Managed Care and CHIP – to assess the quality of care for CSHCN members enrolled in the Texas STAR, PCCM, STAR Health, CHIP, and CSHCN Services (Title V) programs during State Fiscal Years (SFY) 2009 and 2010.

The purpose of this report is to describe and analyze the following aspects of health and health services delivery for CSHCN in Texas Medicaid and CHIP:

- Demographic and health status factors, including estimates of the numbers of CSHCN in each program, clinical risk group (CRG) classifications, and parent-reported quality of life.
- Access to and timeliness of care, including measures of access to primary care practitioners and outpatient care using administrative claims and encounter data, and survey-based measures of access to and timeliness of routine, urgent, and specialist care, specialized services, prescription medicines, and care coordination.
- Utilization of health services, including rates of well-child visits, inpatient stays, ambulatory care, dental care, and outpatient pharmaceutical care using administrative claims and encounter data.
- Patient-centered care, including survey-based measures of health plan information and customer service, communication with personal doctors, shared decision-making, and CSHCN transition issues.

The following attachments are included:

- Children with Special Health Care Needs: Quality in the Medicaid Managed Care and Children's Health Insurance Programs,
- CHIP HMOs Managed Care Service Areas map

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

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

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

In FFY 2011, we produced new TV and radio ads, then updated the creative theme of our print materials, and redesigned our website to make those materials consistent with the new TV and radio ads. The new creative theme puts children front and center with lively, eye-catching colors. The TV and radio ads feature kids talking about how expensive health care is (“The dentist costs like a bazillion dollars!”), and, by contrast, what a good deal CHIP/Children’s Medicaid is. We continue to push the price point: “\$50 a year or less covers all your children for one year.”

For the first time, in FFY 2011, we dedicated a portion of our budget to buying TV air time not only in the five biggest media markets in Texas (Dallas/Fort Worth, Houston, San Antonio, El Paso, Austin, Rio Grande Valley) but we also bought TV air time and billboard space in medium-size markets like Tyler, Abilene, Amarillo, Beaumont, Corpus Christi, Laredo, Lubbock, Midland, San Angelo, Wichita Falls, and Waco. The ads and all the print materials we produce drive people to our website, www.CHIPmedicaid.org and our toll-free call center, 877-KIDS-NOW.

For the first time, in FFY 2011, we dedicated a portion of our resources to a one-month in-store outreach in 200-plus Dollar General and Family Dollar stores in small to medium-size Texas markets such as Abilene, Amarillo, Corpus Christi, Killeen, Laredo, Longview, Midland, Odessa, San Angelo, Temple, Tyler, Waco, and Wichita Falls. Promotion included in-store placement of bilingual promotional floor vinyls and “take one” flyers strategically placed on store shelves.

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]**

Overall, the effectiveness of the outreach campaign is being measured by the number of new and renewal applications processed, hits to the website and, by extension, the number of children enrolled in CHIP and Children’s Medicaid. Through our experience in putting emphasis on several outreach efforts – paid media, website promotion and grassroots outreach – we have found that each method compliments the other. No one method is stronger than any other.

This approach seems to be effective. In the period of October 1, 2010 to August 31, 2011, more than one million unique visitors came to our CHIPmedicaid.org website, and those visitors spent an average of 2:24 on the site. In FFY 2011, enrollment in CHIP increased by more than 27,000 children and enrollment in Children’s Medicaid increased by 181,700 children. Obviously, the economy was a main factor in those increases, but the outreach effort increased public awareness of the programs and gave people clear, simple directions for how to get more information or start an application.

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

As mentioned in the answer to Question 2, each aspect of our outreach campaign – paid media, website promotion and grassroots outreach – compliments the other aspects. No one method is any stronger than any other.

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]**

Our outreach campaign dedicates resources to big urban centers as well as mid-size communities and more rural areas. As mentioned in the answer to Question 1, in FFY 2011, we dedicated more resources to public awareness in medium-size media markets in Texas, including dollars for TV and radio advertising, minority newspaper advertising, billboards, Dollar General and Family Dollar in-store outreach, and web banner ads.

Additionally, HHSC contracts with 28 community organizations and 19 food banks across the state that help promote CHIP/Children's Medicaid and provide application assistance. Through this network, each of Texas' 254 counties is covered.

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] 77

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

According to our own enrollment statistics for CHIP and Children's Medicaid and using U.S. Census Bureau estimates of the number of uninsured children under age 19 who are U.S. citizens in families under 200 percent of the federal poverty level, we estimate 76 percent of eligible children in Texas are enrolled in either CHIP or Children's Medicaid.

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]**

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

The Health and Human Services Commission (HHSC) Office of Eligibility Services CHIP Operations receives monthly reports of the number and types of exceptions granted to the 90-day period of uninsurance. All trends are analyzed to ensure that exceptions are granted correctly. The CHIP administrative services contractor identifies and promptly mitigates issues to minimize any improper use of the 90-day exception policy. In addition, HHSC periodically requests Quality Assurance case readings from the CHIP administrative services contractor to ensure accurate use of the 90-day wait policy and

there are semi-monthly CHIP Operations and weekly CHIP state report meetings with the CHIP administrative services contractor.

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]**

CHIP does not have a trigger mechanism for the substitution prevention policy; the CHIP 90-day waiting period is continuously effective. At initial CHIP enrollment, a 90-day waiting period applies to a child who was covered by a health benefits plan at any time during the 90 days before the date of application for coverage under CHIP, unless the child qualifies for an exception to the waiting period. The exceptions are listed below in question 5.

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]** 8.1
and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? 1.8
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]** 0.7
- 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]**

2.1

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]**

The threshold for defining affordability is when the cost of the premium is 10 percent or more of the family's net income.

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

When determining whether a family exceeds the 10 percent affordability threshold, the state considers the cost of the premiums for the child's health insurance coverage, regardless of the type of plan covering the child (e.g., family coverage, or employee - dependent coverage).

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

0.8

- 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]

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]**

If a child’s eligibility status changes from Medicaid to CHIP, or vice versa, data regarding the child is electronically referred from one program to the other. Medicaid eligibility specialists deem children eligible for CHIP when they find children ineligible for Medicaid based on income or resources but have family incomes at or below the CHIP-qualifying upper limit of 200 percent of the FPL and resources at or below \$10,000. The resource test only applies to households with net income above 150 percent of the FPL. Before deeming, the eligibility specialist determines if the family has private health insurance. If the private health insurance costs 10 percent or more of the household’s net income, the eligibility specialist continues to deem the child(ren) to CHIP. CHIP eligibility specialists do not perform any additional eligibility work for the child and immediately initiate the enrollment process for the transferring child from Medicaid to CHIP. In turn, if a CHIP eligibility specialist determines that a child is potentially eligible for Medicaid, the child is referred to Medicaid. Medicaid eligibility staff must still conclusively determine the final eligibility for Medicaid.

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]**

The Medicaid system includes fee-for-service, health maintenance coverage in most metropolitan areas, and primary care case management coverage in most rural areas. The CHIP system has health maintenance coverage in the metropolitan areas and an exclusive provider organization in most rural areas. See attachment one for a map of the health plan service delivery areas. Many of the health maintenance organizations have contracts with Texas to provide services to both Medicaid and CHIP members.

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

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

Table B1

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

Program Feature	Question	Medicaid	CHIP
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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
Liberalization of Asset (or Resource Test) Requirements	<p>2. Does the State have an assets test?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>3. If there is an assets test, does the State allow administrative verification of assets?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
Elimination of In-Person Interview	<p>4. Does the State require an in-person interview to apply?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	<p>5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	<p>6. Does the State use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>7. Does the State use the same application form, supplemental forms, and information verification process for <i>renewing</i> eligibility for Medicaid and CHIP?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

Automatic/Administrative Renewal	8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No	If exparte is used, is it used for All applicants <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No
Presumptive Eligibility	10. Does the State provide presumptive eligibility to children who appear to be eligible for Medicaid and CHIP to enroll pending a full determination of eligibility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Express Lane Eligibility	11. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			If yes, which Express Lane Agencies are you using? <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps <input type="checkbox"/> Tax/Revenue Agency <input type="checkbox"/> Unemployment Compensation Agency <input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Free, Reduced School Lunch Program <input type="checkbox"/> Subsidized Child Care Program <input type="checkbox"/> Other, please explain. [7500]
			If yes, what information is the Express Lane Agency providing? <input type="checkbox"/> Income <input type="checkbox"/> Resources <input type="checkbox"/> Residency <input type="checkbox"/> Age <input type="checkbox"/> Citizenship <input type="checkbox"/> Other, please explain. [7500]

Premium Assistance	12. Has the State implemented premium assistance as added or modified by CHIPRA?	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
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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]**
CHIP: 3, Medicaid: 2
 - At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**
CHIP: Renewal packet is mailed during the 9th month. If family fails to respond by the 15th business day of the 10th month of coverage, a reminder notice is sent with a renewal application attached. If the family fails to respond to the reminder notice, another renewal reminder notice is sent on the 1st business day of the 11th month of coverage.

Other, *please explain*: **[500]**

The CHIP and Children's Medicaid renewal application is pre-populated with information that is unchanged or requires limited changes. 2) HHSC sends contracted CBOs a list of parents of CHIP clients in their area who are at risk of losing CHIP coverage if they don't renew coverage for their children. The CBOs contact the parents 3) Email notices 4) A brochure is mailed with the CHIP renewal application.

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]**

Texas contracts with an external quality review organization (EQRO) to conduct assessments of the CHIP program. A disenrollee survey was administered biennially with the intent to identify the socio-demographic and health characteristics of those who disenroll, why disenrollees leave the program, if disenrollees obtained health insurance coverage after leaving the program, and disenrollees' opinions of premium affordability. The last survey was conducted in SFY 2008, and a summary was provided in the 2008 CHIP Annual Report to CMS. This survey has been discontinued.

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.

1. Total number of title XXI applicants	Number	Percent
---	--------	---------

	466703	100
2. Total number of application denials	356769	76.4
a. Total number of procedural denials	93485	20
b. Total number of eligibility denials	263284	56.4
i. Total number of applicants denied for title XXI and enrolled in title XIX	93970	20.1
(Check here if there are no additional categories <input checked="" type="checkbox"/>)		
c. Total number of applicants denied for other reasons Please indicate:		

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

Definitions:

1. The “total number of title XXI applicants,” including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 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]
- 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	454999	100%			
2. Total number of children screened for redetermination	357312	78.53	100%		
3. Total number of children retained after the redetermination process	229806	50.51	64.32		
4. Total number of children disenrolled from title XXI after the redetermination process	127506	28.02	35.68	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	57169			44.84	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	70337			55.16	100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/>)	31097				44.21
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/>)	39240				55.79
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: Child no longer in household, moved out of state, enrolled erroneously, duplicate, aged out, deceased, termination requested. (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.
0 should be entered in iii, iv, and c.

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 18th 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%
Enrollment Status 6 months later										
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"/>)										
Enrollment Status 12 months later										
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]**

CHIP enrollees receive information during the enrollment process on how to track and report their cost-sharing expenditures. Specifically, CHIP families are provided the Medical Payments Form (MPF) to track expenses for medical expenditures by type, date, and amount. A CHIP enrollee's family must complete the MPF and submit the form to the CHIP administrative services contractor. Families are not required to provide receipts for the expenses claimed on the MPF. The CHIP administrative services contractor notifies the CHIP member's health maintenance organization (HMO) and the HMO re-issues the CHIP member a new membership card that indicates no cost-sharing is required through the end of the member's enrollment period.
 - 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]**

After the CHIP administrative services contractor confirms that a CHIP member has met their cost-sharing cap, the administrative services contractor notifies the CHIP member's health plan via a daily distributed file. Subsequently, the CHIP member's health plan re-issues a new membership card that specifies the member is not responsible for any cost-sharing for the remainder of the enrollment period.

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]**

CHIP families up to and including 150 percent FPL have a 1.25 percent annual cap. Families above 150 percent FPL up to and including 200 percent FPL have a 2.5 percent cap. No children exceeded the 5 percent cap.

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]**

The state increased certain co-payments for CHIP members above 150 percent of the federal poverty level in order to offset the cost of Mental Health Parity requirements under The CHIP Reauthorization Act of 2009. The state collects statewide data on enrollment, renewals, attempted renewals and disenrollment by month. The state's CHIP enrollment was not negatively impacted by the increase in co-payments. The state's CHIP enrollment increased 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 HHSC Office of Inspector General (OIG) is the agency tasked with investigation of waste, fraud and abuse in health and human service programs. These include, but are not limited to, food stamps, Medicaid and CHIP. Referral information is found on the internet at <https://oig.hhsc.state.tx.us/Reports/reports.aspx> and linked from Health and Human Services websites. The procedures used in the conduct of these investigations are included in the OIG Policies and Procedures Manual.

OIG's investigations are largely based on allegations of fraud, waste and abuse in the Medicaid and/or CHIP programs which would involve issues related to the submission of claims or information related to eligibility for CHIP benefits. OIG does not typically conduct investigations solely on the basis of provider credentialing. Provider credentialing issues may be discovered during the course of an OIG investigation, but the initial investigation is typically based on allegations of inappropriate or false billing of claims to the Medicaid Program or client issues regarding eligibility for CHIP benefits. The OIG investigates reported complaints regarding Medicaid providers and CHIP beneficiaries. Beneficiary eligibility cases are tracked separately for CHIP.

(For Question 2 below, 4,933 is the number of approved cases. Approved can mean that a client provided additional information for the approval of their case or it can mean that the initial determination of their case was overturned.)

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

Yes

No

Please Explain: **[500]**

Contracted managed care health plans (plans that contract with HHSC), by statute and administrative rule, are required annually to develop and submit to the OIG for approval, a plan to prevent and reduce waste, abuse and fraud. The plan must explain safeguards, and establish methods and procedures for prevention, investigations, and referral of cases of fraud and abuse.

2. For the reporting period, please report the

17992 Number of fair hearing appeals of eligibility denials
4933 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

840 Number of cases investigated

180 Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

2 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]**

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

Yes

No

Please explain: **[500]**

HHSC contracts with multiple managed care organizations (MCOs) to administer Medicaid and CHIP services for many areas of the state. HHSC, by administrative rule, requires these MCOs to have a fraud, waste and abuse program in place to identify potential provider and beneficiary fraud, waste and abuse within the specific plans.

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: TX	Age Group							
	FFY: TX	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total Enrollees Receiving Any		352054	3620	22590	46928	112229	113529	53158

Dental Services¹							
Total Enrollees Receiving Preventive Dental Services²	326870	3155	20514	43901	105523	106498	47279
Total Enrollees Receiving Dental Treatment Services³	160122	65	2492	17641	57355	55287	27282

***Includes 12-month visit**

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

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

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

b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a protective sealant on at least one permanent molar tooth⁴? [7]

31381

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

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
Benefit Costs			
Insurance payments			
Managed Care	932770465	999391777	1062033688
Fee for Service	165159303	172907133	182862152
Total Benefit Costs	1097929768	1172298910	1244895840
(Offsetting beneficiary cost sharing payments)	-4339425	-5147235	-5295819
Net Benefit Costs	\$ 1093590343	\$ 1167151675	\$ 1239600021

Administration Costs

Personnel	3084709	3800938	3800938
General Administration	13280159	16601842	16601842
Contractors/Brokers (e.g., enrollment contractors)	35975328	47088525	47088525
Claims Processing	0	0	0
Outreach/Marketing costs	595502	814266	814266
Other (e.g., indirect costs)	2869483	2869483	2869483
Health Services Initiatives	0	0	0
Total Administration Costs	55805181	71175054	71175054
10% Administrative Cap (net benefit costs ÷ 9)	121510038	129683519	137733336

Federal Title XXI Share	832047420	896424719	948870077
State Share	317348104	341902010	361904998

TOTAL COSTS OF APPROVED CHIP PLAN	1149395524	1238326729	1310775075
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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]** state share of lawsuit settlement

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

No

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

	2011		2012		2013	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	576865	\$ 138	602609	\$ 137	619870	\$ 142
Fee for Service	533179	\$ 26	564392	\$ 26	580736	\$ 26

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

The data in the Fee for Service column in #4 includes only prescription drug usage and costs. All other benefits are administered through managed care.

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 1st Quarter of the FFY)

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

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

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

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

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

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

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

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

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

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

Administration Costs

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

Federal Title XXI Share					
State Share					

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

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

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

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

During the reporting period, the 82nd Texas Legislature in 2011 directed HHSC to achieve program efficiencies, cost-savings, and any possible program flexibility. Agency changes remain subject to the maintenance of effort (MOE) requirements in the Affordable Care Act. However, certain CHIP covered services were expanded during this time to comply with requirements in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), and HHSC increased certain copayments to offset costs for expanding CHIP covered services.

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

Challenges submitted during the prior reporting period have been resolved. While enrollment has increased during this enrollment period, the agency continues to be challenged with negative client response rates during the six month check requirement. Households with income over 185% Federal Poverty Levels are required to complete a six month income check to ensure the households remain eligible for CHIP. If the family fails to respond to the request for verification of income they are disenrolled from the program. The number of children disenrolled for failure to respond to the income check remains consistently high.

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

CHIP enrollment has steadily increased during the reporting period. The enrollment count for CHIP increased from 522,696 in FFY 2010 to 549,581 in FFY 2011. Increased enrollment numbers are attributed to increased access points, such as the Children's Insurance Self Service portal, and efforts to encourage families to complete their renewal timely, such as reminder emails. The Children's Insurance Self Service portal currently is being utilized at a rate of 51%. Additionally, CMS gave approval to eliminate the State Kids Insurance Program (SKIP) and allow former SKIP members to enroll in CHIP. In rural areas of the state, Texas added an additional health plan to increase provider choice.

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]**

HHSC does not have any approved changes to the CHIP program in the next fiscal year.

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