

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

Preamble

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

The framework is designed to:

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

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

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

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

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DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: CA

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: Anastasia Dodson

CHIP Program Name(s): All, California

CHIP Program Type:

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

Reporting Period: 2017 (Note: Federal Fiscal Year 2017 starts 10/1/2016 and ends 9/30/2017)

Contact Person/Title: Anastasia Dodson/Associate Director

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City: sacramento State: CA Zip: 95899-7143

Phone: 916-440-7400 Fax: _____

Email: anastasia.dodson@dhcs.ca.gov

Submission Date: 7/25/2018

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

Section I. Snapshot of CHIP Program and Changes

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

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

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

CHIP Medicaid Expansion Program

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

Does your program require premiums or an enrollment fee? NO YES N/A

Enrollment fee amount:

Premium fee amount: 13

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

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL
13	39	160	266

Yearly Maximum Premium Amount per Family: \$468

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

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL
156	468	160	266

If yes, briefly explain fee structure: [500]

\$13 per child w/ maximum family contribution \$39. Families receive 4th month premium free, if 3 months paid in advance, use Electronic Funds Transfer or reoccurring credit card payments. This results in a 25% savings on the annual premiums.

Which delivery system(s) does your program use?

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

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

All CHIP children are enrolled into a Medi-Cal managed care plan.

Children who are enrolled into Presumptive Eligibility are receiving fee-for-service until they are enrolled into Medi-Cal.

When CHIP children are eligible for CCS, the services are delivered through the Medicaid fee-for-service system. CHIP children eligible for specialty mental health services receive those services through a county mental health plan.

Separate Child Health Program

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

Does your program require premiums or an enrollment fee? NO YES N/A

Enrollment fee amount:

Premium fee amount: 21

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

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL
21	63	266	322

Yearly Maximum Premium Amount per Family: \$756

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

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL
252	756	266	322

If yes, briefly explain fee structure: [500]

\$21 per child w/ maximum family contribution of \$63 (family is 3 or more children). Families receive 4th month premium free, if 3 months paid in advance. This results in a 25% savings on the annual premiums.

Which delivery system(s) does your program use?

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

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

All children in CHIP are in managed care. CHIP plans are responsible for medical services except when a CHIP eligible child is eligible for California Children’s Services (CCS) program or specialty mental health through the County Mental Health Department. When CHIP children are eligible for CCS, the services are delivered through the Medicaid fee-for-service system. CHIP children eligible for specialty mental health services receive those services through a county mental health plan.

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

For FFY 2017, please include only the program changes that are in addition to and/or beyond those required by the Affordable Care Act.

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

- f) Delivery system
- g) Eligibility determination process
- h) Implementing an enrollment freeze and/or cap
- i) Eligibility levels / target population
- j) Eligibility redetermination process
- k) Enrollment process for health plan selection
- l) Outreach (e.g., decrease funds, target outreach)
- m) Premium assistance
- n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)
- o) Expansion to “Lawfully Residing” children
- p) Expansion to “Lawfully Residing” pregnant women
- q) Pregnant Women state plan expansion
- r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse
- s) Other – please specify
 - a.
 - b.
 - c.

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

Medicaid Expansion CHIP Program

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

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

Separate Child Health Program

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	SPA 17-0043 was approved allowing the state to apply temporary waivers to the eligibility verification documents in the case of a natural disaster.
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	SPA 17-0043 was approved allowing the state to apply temporary waivers to the certain eligibility verification requirements at renewal in the case of a natural disaster.
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	SPA 17-0043 was approved allowing the state to apply temporary waivers to premium balances and collection in the case of a natural disaster.
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to “Lawfully Residing” children	
p) Expansion to “Lawfully Residing” pregnant women	
q) Pregnant Women State Plan Expansion	

Topic	List change and why the change was made
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a.	
b.	
c.	

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

Section II Program’s Performance Measurement and Progress

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

Section IIA: Enrollment And Uninsured Data

1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in CHIP in your state for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 (Unduplicated # 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. If the information displayed in the table below is inaccurate, please make any needed updates to the data in SEDS and then refresh this page in CARTS to reflect the updated data.

Program	FFY 2016	FFY 2017	Percent change FFY 2016-2017
CHIP Medicaid Expansion Program	1904197	1940139	1.89
Separate Child Health Program	118016	88577	-24.94

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

Overall California’s Medi-Cal family population has been decreasing which is expected with the improvement in the unemployment rate. The impact of this decrease is significant in the SCHIP program because of the small population, but can also be seen slowing the MCHIP program growth. The change from 15-16 to 16-17 was 5.2% as compared to 16-17 to 17-18’s 1.89%. Also, SCHIP counts are subject to revision. California is currently revising the business rules for the unborn child option and waiting for up to date reporting for C-CHIP (CHIM) so the counts for these groups in the SEDS reports are estimated.

2. The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in the single year estimates automatically, and significant changes are denoted with an asterisk (*).If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. .

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Std. Error	Rate	Std. Error
1996 - 1998	1,258	82.5	13.1	.9
1998 - 2000	1,164	79.3	11.8	.8
2000 - 2002	968	66.5	9.6	.6
2002 - 2004	848	62.0	8.5	.6
2003 - 2005	835	55.8	8.3	.5
2004 - 2006	829	53.0	8.2	.5
2005 - 2007	800	53.0	8.0	.5
2006 - 2008	706	49.0	7.2	.5
2007 - 2009	676	48.0	6.8	.5
2008 - 2010	699	36.0	7.0	.4
2009 - 2011	735	39.0	7.5	.4
2010 - 2012	728	36.0	7.4	0

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Margin of Error	Rate	Margin of Error
2013	488	16.0	5.1	.2
2014	341	16.0	3.6	.2
2015	193	12.0	2.0	.1
2016	165	10.0	1.8	.1
Percent change 2015 vs. 2016	14.5%	N/A	50.0%	N/A

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

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

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

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

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

Topic	Description
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? Please provide standard errors, confidence intervals, and/or p-values 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]

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

Section IIB: State Strategic Objectives And Performance Goals

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2015 and FFY 2016) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years' reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2017).

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

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

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

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

A. Goal:

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

B. Type of Goal:

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

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

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 2017.

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 2017.
- 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.

C. 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.

D. HEDIS® Version:

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

“Other” measurement specification explanation:

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

E. Data Source:

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

F. Definition of Population Included in Measure:

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

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

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

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

G. Deviations from Measure Specification

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

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

The five types (and examples) of deviations are:

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

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

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

Date Range: available for 2017 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.

H. Performance Measurement Data (HEDIS® or Other):

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

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

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

I. 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 2018, 2019 and 2020. Based on your recent performance on the measure (from FFY 2015 through 2017), 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.

J. Other Comments on Measure:

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

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

FFY 2015	FFY 2016	FFY 2017
<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>	<p>Goal #1 (Describe)</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children.</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 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. <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>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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Definition of denominator: Number of uninsured children in 2013</p> <p>Definition of numerator: Definition of numerator: Total decrease in the number of uninsured children in 2014.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of uninsured children in 2015</p> <p>Definition of numerator: The number of uninsured children in 2015 minus the number of uninsured children in 2016.</p>
<p>Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 09/2017</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: 176,118 Denominator: 673,208 Rate: 26.2</p> <p>Numerator: 176118 Denominator: 673208 Rate: 26.2</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from previous year</p> <p>Numerator: 34000 Denominator: 302000 Rate: 11.3</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? Did not complete objective in 2014.</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? Unable to identify which quality improvement activities enhance our abilities to report/improve/ make progress on this measure.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 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 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The rate at which the number of uninsured children were reduced is lower than 2016.</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? Implement both Medical Access Infant Program and CCHIP eligibility in the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS)</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 2016: DHCS is still in the process of developing performance objectives for this FFY</p> <p>Annual Performance Objective for FFY 2017: DHCS is still in the process of developing performance objectives for this FFY</p> <p>Annual Performance Objective for FFY 2018: DHCS is still in the process of developing performance objectives for this FFY</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 2017: Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</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 2018: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2019: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California.</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 IIA, Questions 2 and 3) (Continued)

FFY 2015	FFY 2016	FFY 2017
<p>Goal #2 (Describe) This goal is not being developed for FFY 2015 due to time constraints. However, DHCS continues to focus on goal #1, reducing the number of uninsured children in California.</p>	<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</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. <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>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>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p>Explanation of Progress: How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p>

FFY 2015	FFY 2016	FFY 2017
<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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
<p>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 IIA, Questions 2 and 3) (Continued)

FFY 2015	FFY 2016	FFY 2017
<p>Goal #3 (Describe) This goal is not being developed for FFY 2015 due to time constraints. However, DHCS continues to focus on goal #1, reducing the number of uninsured children in California.</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</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. <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>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>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p>Explanation of Progress: How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?</p>	<p>Explanation of Progress: How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p>

FFY 2015	FFY 2016	FFY 2017
<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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</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 2015	FFY 2016	FFY 2017
<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>	<p>Goal #1 (Describe)</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children.</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 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. <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>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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of uninsured children in 2013</p> <p>Definition of numerator: Total decrease in the number of uninsured children in 2014.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of uninsured children in 2015</p> <p>Definition of numerator: The number of uninsured children in 2015 minus the number of uninsured children in 2016</p>
<p>Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 09/2017</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: 176,118 Denominator: 673,208 Rate: 26.2</p> <p>Numerator: 176118 Denominator: 673208 Rate: 26.2</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from previous year</p> <p>Numerator: 34000 Denominator: 302000 Rate: 11.3</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 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 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The rate at which the number of uninsured children were reduced is lower than 2016.</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? Implement both Medical Access Infant Program and CCHIP eligibility in the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS).</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 2016: Annual Performance Objective for FFY 2017:</p> <p>Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</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 2018: California will continue efforts to reduce the number of uninsured children in California. Annual Performance Objective for FFY 2019: California will continue efforts to reduce the number of uninsured children in California. Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California.</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 2015	FFY 2016	FFY 2017
<p>Goal #2 (Describe) This goal is not being developed for FFY 2015 due to time constraints. However, DHCS continues to focus on goal #1, reducing the number of uninsured children in California.</p>	<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</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. <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>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>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 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 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
<p>Goal #3 (Describe) This goal is not being developed for FFY 2015 due to time constraints. However, DHCS continues to focus on goal #1, reducing the number of uninsured children in California.</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</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. <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>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>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 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 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment

FFY 2015	FFY 2016	FFY 2017
<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>	<p>Goal #1 (Describe)</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children.</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 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. <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>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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Number of uninsured children in 2013 Definition of numerator: Total decrease in the number of uninsured children in 2014.</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: Number of uninsured children in 2015 Definition of numerator: The number of uninsured children in 2015 minus the number of uninsured children in 2016.</p>
<p>Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 09/2017</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: 176,118 Denominator: 673,208 Rate: 26.2 Numerator: 176118 Denominator: 673208 Rate: 26.2</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from previous year Numerator: 34000 Denominator: 302000 Rate: 11.3</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? Did not complete objective in 2014.</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? Unable to identify which quality improvement activities enhance our abilities to report/improve/ make progress on this measure.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 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 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The rate at which the number of uninsured children were reduced is lower than 2016.</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? Unable to identify which quality improvement activities enhance our abilities to report/improve/ make progress on this measure.</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 2016: We have no suggestions at this time.</p> <p>Annual Performance Objective for FFY 2017:</p> <p>Annual Performance Objective for FFY 2018:</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 2017:</p> <p>Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</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 2018: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2019: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California.</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 2015	FFY 2016	FFY 2017
<p>Goal #2 (Describe) This goal is not being developed for FFY 2015 due to time constraints. However, DHCS continues to focus on goal #1, reducing the number of uninsured children in California.</p>	<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</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. <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>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>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 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 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
<p>Goal #3 (Describe) This goal is not being developed for FFY 2015 due to time constraints. However, DHCS continues to focus on goal #1, reducing the number of uninsured children in California.</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</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. <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>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>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>

FFY 2015	FFY 2016	FFY 2017
<p>Explanation of Progress:</p> <p>How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 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 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>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 2016: Annual Performance Objective for FFY 2017: Annual Performance Objective for FFY 2018:</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 2017: Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019:</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 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>
<p>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 2015	FFY 2016	FFY 2017
<p>Goal #1 (Describe) Maintain performance at or above National Committee for Quality Assurance (NCQA) National Medicaid 25th percentile for the HEDIS measure Children & Adolescents' Access to Primary Care Practitioners -12 -24 Months.</p>	<p>Goal #1 (Describe)</p>	<p>Goal #1 (Describe) Maintain performance at or above National Committee for Quality Assurance (NCQA) National Medicaid 25th percentile for the HEDIS measure Children & Adolescents' Access to Primary Care Practitioners -12 -24 Months.</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 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. <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>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: 2015</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"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2017</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>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 checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Children 12-24 months: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: 12 – 24 as of December 31 of the measurement year. Include all children who are at least 12 months old but younger than 25 months old during the measurement year.</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>	<p>Definition of Population Included in the Measure: Definition of numerator: Children 12-24 months: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: 12 – 24 as of December 31 of the measurement year. Include all children who are at least 12 months old but younger than 25 months old during the measurement year.</p>
<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>

FFY 2015	FFY 2016	FFY 2017
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 172589 Denominator: 184506 Rate: 93.54</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 153556 Denominator: 164873 Rate: 93.14</p>
<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes 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 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? Decreased slightly from 2014 to 2015.</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 performance measure, Children & Adolescents' Access to Primary Care Practitioners -12 -24 Months is a revised goal #1</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 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 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The annual performance measure increased slightly from 2016 to 2017 by less than 1 percentage point.</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 Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>

FFY 2015	FFY 2016	FFY 2017
<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 2016: Maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2017: Maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2018: Maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</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 2017: Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</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 2018: The objective is to maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FY 2015	FFY 2016	FFY 2017
<p>Goal #2 (Describe) Maintain performance at or above NCQA’s National Medicaid 25th percentile for the HEDIS measure Children & Adolescents’ Access to Primary Care Practitioners - 25 Months – 6 Years.</p>	<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe) Maintain performance at or above NCQA’s National Medicaid 25th percentile for the HEDIS measure Children & Adolescents’ Access to Primary Care Practitioners - 25 Months – 6 Years.</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 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. <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>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: 2015</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"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used: 2017</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>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 checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Definition of numerator: Children 25 months-6 years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</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>	<p>Definition of Population Included in the Measure: Definition of numerator: Children 25 months-6 years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: 25 months – 6 years as of December 31 of the measurement year. Include all children who are at least 2 years and 31 days old but not older than 6 years during the measurement year.</p>
<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>

FY 2015	FFY 2016	FFY 2017
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 834036 Denominator: 976750 Rate: 85.39</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 855205 Denominator: 1019024 Rate: 83.92</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional note/commentss 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 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? The performance measure, Children & Adolescents' Access to Primary Care Practitioners - 25 Months – 6 Years is a revised goal #2.</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? Implemented Rapid Cycle</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 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 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The annual performance measure decreased slightly from 2016 to 2017 by less than 1 percentage point.</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 Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>

FY 2015	FFY 2016	FFY 2017
<p>Quality Improvement to assist the Health Plans to improve their HEDIS® rates next year.</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 2016: Maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2017: Maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2018: Maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</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 2017: Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</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 2018: The objective is to maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2015	FFY 2016	FFY 2017
<p>Goal #3 (Describe) Maintain performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS measure Children & Adolescents’ Access to Primary Care Practitioners – 7 – 11 Years.</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe) Maintain performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS measure Children & Adolescents’ Access to Primary Care Practitioners – 7 – 11 Years.</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> Goal has been revised to align with national Medicaid percentile benchmarks.</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>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>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> 2015 <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"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2017 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>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 checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Children 7-11 years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year or prior to the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</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>	<p>Definition of Population Included in the Measure: Definition of numerator: Children 7-11 years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year or prior to the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: 7 – 11 years as of December 31 of the measurement year.</p>
<p>From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 0</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 808278</p>

FFY 2015	FFY 2016	FFY 2017
Denominator: 0 Rate: 86.08	Denominator: Rate:	Denominator: 936726 Rate: 86.29
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: 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 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? The performance measure, Children & Adolescents' Access to Primary Care Practitioners – 7 – 11 Years is a revised goal #3.</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? Implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates next year.</p>	Explanation of Progress: <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 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>	Explanation of Progress: <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The annual performance measure decreased slightly from 2016 to 2017 by less than 1 percentage point.</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 Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>

FFY 2015	FFY 2016	FFY 2017
<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 2016: Maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2017: Maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2018: Maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</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 2017: Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</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 2018: The objective is to maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA's 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2015	FFY 2016	FFY 2017
<p>Goal #1 (Describe) Maintain performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS measure Immunizations Status – Combination 3.</p>	<p>Goal #1 (Describe)</p>	<p>Goal #1 (Describe) Maintain performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS measure Immunizations Status – Combination 3.</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> Goal has been revised to align with national Medicaid percentile benchmarks</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>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>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> 2015 <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"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2017 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The eligible population: Children who turn 2 years of age during the measurement year. Continuous enrollment, twelve months prior to the child’s second birthday.</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 checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Definition of numerator: For MMR, hepatitis B, VZV count any of the following: <ul style="list-style-type: none"> Evidence of the antigen or combination vaccine. Documented history of the illness. A seropositive test result. For DTaP, Hib, IPV, pneumococcal conjugate, rotavirus and influenza, count only: <ul style="list-style-type: none"> Evidence of the antigen or combination vaccine For combination vaccinations that require more than one antigen (i.e., DTaP and MMR), the organization must find evidence of all the antigens. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" 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>	<p>Definition of Population Included in the Measure: Definition of numerator: For MMR, hepatitis B, VZV, DTaP, Hib, IPV, pneumococcal conjugate, rotavirus and influenza, and combination vaccinations (i.e, DTaP and MMR), count only the evidence of the antigen or combination vaccine. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: Children who turn 2 years of age during the measurement year. Continuous enrollment, twelve months prior to the child’s second birthday.</p>

FFY 2015	FFY 2016	FFY 2017
If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:		
Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 128735 Denominator: 174341 Rate: 73.84	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: 133390 Denominator: 188672 Rate: 70.70
Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
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 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? Decreased slightly from 2014 to 2015. 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	Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure,	Explanation of Progress: How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The annual performance measure increased slightly from 2016 to 2017 by less than 1 percentage point. 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

FFY 2015	FFY 2016	FFY 2017
<p>progress toward your goal? Implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates next year.</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 2016: Maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2017: Maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2018: Maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i></p>	<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 2017: Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</p> <p><i>Explain how these objectives were set:</i></p>	<p>progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2015	FFY 2016	FFY 2017
<p>Goal #2 (Describe) Maintain performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS measure Immunizations for Adolescent – Combo 1.</p>	<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe) Establish baseline performance for the HEDIS measure Immunization for Adolescent –Combo 2.</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> Goal has been revised to align with national Medicaid percentile benchmarks</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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Changed goal to align with NCQA HEDIS measure Immunization for Adolescent – Combo 2.</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>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> 2015 <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"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify HEDIS® Version used:</i> 2017 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>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 checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: The eligible population: Adolescents who turn 13 years if age during the measurement year. Continuous enrollment 12 months prior to the member’s 13th birthday. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, 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 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: For meningococcal conjugate or polysaccharide and Tdap or Td, count only the evidence of the antigen or combination vaccine. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: Adolescents who turn 13 years if age during the measurement year. Continuous enrollment 12 months prior to the member’s 13th birthday.</p>
<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>

FFY 2015	FFY 2016	FFY 2017
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 115276 Denominator: 156827 Rate: 73.51</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 53390 Denominator: 198575 Rate: 26.89</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes/comments on measure:</p>
<p>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 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? Decreased slightly from 2014 to 2015.</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? Implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates next year.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 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 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The objective goal changed to align with NCQA HEDIS measure Immunization for Adolescent – Combo 2 and a new baseline performance will be established based on this year’s results.</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 Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>

FFY 2015	FFY 2016	FFY 2017
<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 2016: Maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2017: Maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p>Annual Performance Objective for FFY 2018: Maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</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 2017: Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019:</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 2018: The objective is to align with the NCQA HEDIS® performance.</p> <p>Annual Performance Objective for FFY 2019: The objective is to align with the NCQA HEDIS® performance.</p> <p>Annual Performance Objective for FFY 2020: The objective is to align with the NCQA HEDIS® performance.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2015	FFY 2016	FFY 2017
<p>Goal #3 (Describe) Ensure Medi-Cal beneficiaries under the age of 21 who had no more than one month gap in eligibility from October 1, 2014, to September 30, 2015, receive an annual dental visit.</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe) Ensure Medi-Cal beneficiaries under the age of 21 with no more than one month gap in eligibility from October 1, 2016, to September 30, 2017, receive an annual dental visit.</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 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. <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>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> This data was captured for all Medi-Cal beneficiaries under the age of 21 who had no more than one month gap in eligibility from October 1, 2014, to September 30, 2015. Data included in this report does not account for full runout of claims submissions. The annual dental visit definition used for this report is based on individuals who received any dental procedure during the reporting period, whereas, the actual HEDIS definition excludes several infrequently used procedures.</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 checked="" type="checkbox"/> Other. <i>Explain:</i> This data was captured for all Medi-Cal beneficiaries under the age of 21 with no more than one month gap in eligibility from October 1, 2016 to September 30, 2017. Data included in this report does not account for full runout of claims submissions. The annual dental visit definition used for this report is based on individuals who received any dental procedure during the reporting period, whereas, the actual HEDIS definition excludes several infrequently used procedures.</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>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 checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: The numerator includes all Medi-Cal eligibles under the age of 21 who had no more than one month gap in eligibility from October 1, 2014, to September 30, 2015, and received an annual dental visit (D0120-D0999, D1110-D2999, D3110-D3999, D4210-D4999, D5110-D5899, D6010-D6205, D7111-D7999, D8010-D8999, or D9110-D9999) in FFY 2014. Data included in this report does not account for full runout in claims submissions. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only.</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>	<p>Definition of Population Included in the Measure: Definition of numerator: The numerator includes all Medi-Cal eligibles under the age of 21 with no more than one month gap in eligibility from October 1, 2016 to September 30, 2017, and received an annual dental visit (D0120-D0999, D1110-D2999, D3110-D3999, D4210-D4999, D5110-D5899, D6010-D6205, D7111-D7999, D8010-D8999, or D9110-D9999) in FFY 2016. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p>

FFY 2015	FFY 2016	FFY 2017
<input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The denominator includes all Medi-Cal eligibles under the age of 21 who had no more than one month gap in eligibility from October 1, 2014, to September 30, 2015.		If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The denominator includes all Medi-Cal eligibles under the age of 21 with no more than one month gap in eligibility from October 1, 2016 to September 30, 2017.
Date Range: From: (mm/yyyy) 10/2014 To: (mm/yyyy) 09/2015	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i> Numerator: Denominator: Rate:	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>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>	Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i> <input type="checkbox"/> Data Source, <i>Explain.</i> <input type="checkbox"/> Numerator, <i>Explain.</i> <input type="checkbox"/> Denominator, <i>Explain.</i> <input type="checkbox"/> Other, <i>Explain.</i>
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 2281230 Denominator: 4504116 Rate: 50.65 Additional notes on measure: As complete runout has not occurred for the claims data, the rate shown above is knowingly underreported for the time period described.	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: 2456812 Denominator: 4735952 Rate: 51.9 Additional notes on measure:
Explanation of Progress: How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report? The HEDIS rate for Medi-Cal	Explanation of Progress: How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?	Explanation of Progress: How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The HEDIS rate for Medi-Cal

FFY 2015	FFY 2016	FFY 2017
<p>beneficiaries under the age of 21 who received an annual dental visit decreased 1.86%.</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? In an effort to improve dental utilization and make progress toward utilization goals, DHCS actively participated in the Center for Health Care Strategies Oral Health Learning Collaborative and developed an Oral Health Action Plan to increase preventative service utilization by ten percentage points. DHCS also developed a Dental Outreach and Education Plan which will focus on outreach efforts to beneficiaries in 15 Counties identified as underserved. The overall goal of this plan is to increase beneficiary utilization in each underserved County by 10% over the course of 5 years.</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 2016: Achieve a two percentage point increase over the current annual dental visit (ADV) rate of 50.65.</p> <p>Annual Performance Objective for FFY 2017: Achieve a two percentage point increase from the prior year ADV rate.</p> <p>Annual Performance Objective for FFY 2018: Achieve a two percentage point increase from the prior year ADV rate.</p> <p><i>Explain how these objectives were set:</i> Through participation and development with the the Center for Health Care Strategies Oral Health Learning Collaborative and recent collaboration with CMS for the formation of the Dental Transformation Initiative. DHCS strives to ensure that Medi-Cal children receive at least an annual dental visit to increase preventative services, build upon continuity of care, and reduce the occurrence of restorative services and other dental related conditions.</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 2017: Annual Performance Objective for FFY 2018:</p> <p>Annual Performance Objective for FFY 2019: <i>Explain how these objectives were set:</i></p>	<p>beneficiaries under the age of 21 who received an annual dental visit increased by 2.78 percentage points.</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? To improve dental utilization and make progress toward utilization goals, California has targeted multiple areas within the Medi-Cal dental program, including significantly enhancing the modalities for provider participation outreach and beneficiary utilization through administrative simplifications/efficiencies, and the Dental Transformation Initiative (DTI) Program.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Achieve a two percentage point increase over the current annual dental visit (ADV) rate of 51.9%.</p> <p>Annual Performance Objective for FFY 2019: Achieve a two percentage point increase from the prior year ADV rate.</p> <p>Annual Performance Objective for FFY 2020: Achieve a two percentage point increase from the prior year ADV rate.</p> <p><i>Explain how these objectives were set:</i> California's objectives were set through collaboration with CMS for the Dental Transformation Initiative Program. California strives to ensure that Medi-Cal children receive at least an annual dental visit to increase preventative service utilization, build upon continuity of care, and reduce the need for restorative services and occurrence of other dental related conditions.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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]**
California has multiple data reports that include information on access, quality and outcomes of care for child and adolescent Medicaid and CHIP populations of California.

These reports include the following:

- California Eligibility and Enrollment Report: Insurance Affordability Programs
- Dental Utilization
- Managed Care Performance Dashboard
- DHCS Children's Health Dashboard
- Mental Health Performance Outcome System Reports and Measures Catalog

The California Department of Health Care Services (DHCS) monitors the quality of care provided to its beneficiaries in a number of ways. The DHCS Quality Measurement Reporting page, located on the DHCS public website, has links to different types of reports that have been developed to monitor DHCS programs and the quality of care provided to our beneficiaries.

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]**

DHCS will continue to publish the reports noted above in question 1.

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]**

DHCS contracts with External Quality Review Organizations to perform focused quality studies for Medi-Cal managed care as well as specialty mental health. DHCS uses focused studies to develop current and future strategies for improvement, implementation, and evaluation of quality improvement strategies. DHCS also utilizes focused studies to monitor performance in priority areas; to identify opportunities for improved quality of, and access to, care; to develop or modify quality related policies; and to provide technical assistance and administer corrective action plans to Medi-Cal managed care plans.

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

The DHCS Quality Measurement Reporting page, located on the DHCS public website, has links to different types of reports that have been developed to monitor DHCS programs and the quality of care provided to our beneficiaries.

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

Section III: Assessment of State Plan and Program Operation

Please reference and summarize attachments that are relevant to specific questions

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

Section IIIA: Outreach

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

DHCS has not changed outreach strategies during the reporting period. California Assembly Bill (AB) 82 chaptered June 27, 2013, continues to extend the availability of previously authorized outreach funding through June 30, 2018. Prior legislation allocated outreach funding to counties to supplement outreach and enrollment and for renewal assistance.

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]

County agencies developed various outreach plans in collaboration with their Community Based Organizations based on the need of the community and the population they serve. Counties were informed that the newly eligible population of uninsured, low income children may overlap with already targeted populations; counties were instructed to redirect outreach efforts accordingly.

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

A full analysis of outcomes has not yet been completed.

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]

Consideration for outreach funding will only be given to county outreach and enrollment efforts that place special emphasis on one or more of the following populations:

- Persons with mental health needs
- Persons with substance use disorder needs
- Persons who are homeless
- Young men of color
- Persons who are in county jail, state, prison, on state parole, on county probation, or under post release community supervision
- Families of mixed-immigration status
- Persons with limited English proficiency

County agencies and their collaboration with Community Based Organizations have been successful in their outreach efforts. During the 2016 Federal Fiscal Year, our county partners reached approximately 490,000 potential beneficiaries.

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

(Identify the data source used). [7500]

There is no current data for this question as our grant does not require the collection of age-specific data.

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

Section IIIB: Substitution of Coverage (Crowd-out)

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

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

- No
 Yes
 N/A

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

2. How many months does your program require a child to be uninsured prior to enrollment?

3. To which groups (including FPL levels) does the period of uninsurance apply? [1000]

4. List all exemptions to imposing the period of uninsurance [1000]

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

- No
 Yes
 N/A

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

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

8. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage? [5]

a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)*100]? [5]

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

- Yes No

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

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

The responses in this section only apply to California's S-CHIP Populations which includes the following four groups:

- Medi-Cal Access Program (MCAP)
- Infants born to MCAP mothers
- County Children's Health Initiative Program (CCHIP)
- Medicaid Pregnant Women who do not have satisfactory immigration status

Although Medi-Cal does not track private health insurance information at application, the Single Streamlined Application asks about other health coverage and Medi-Cal performs data matches with private health insurance carriers after enrollment. Additionally, the State conducts weekly and/or monthly data match exchanges with most insurance carriers to identify other health coverage and update members' eligibility records. However, California does not track access to private health insurance at the time of application.

Section IIIC: Eligibility

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

Section IIIC: Subpart A: Eligibility Renewal and Retention

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

If yes,

- a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]**
 - b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination? **[5]**
2. Select the measures from those below that your state employs to simplify an eligibility renewal and retain eligible children in CHIP.
 - Conducts follow-up with clients through caseworkers/outreach workers
 - Sends renewal reminder notices to all families
 - How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
If eligibility cannot be redetermined via an ex parte review, California sends a pre-populated renewal form to the beneficiary providing at least 60 days for response prior to disenrollment.
 - 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]**
At least 30 days prior to the renewal due date there is county contact regarding the renewal form or missing information requirements. This contact is made by the beneficiary's preferred method (phone, mail, etc.) If information is not received, a notice of action (NOA) to discontinuance must be sent ten days prior to the end of renewal due month. If it not possible to issue a NOA that allows the ten day notice at the end of the renewal month, the beneficiary will be eligible the following month
 - Other, please explain: **[500]**

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

California has not evaluated the effectiveness of any strategies at this time. California cannot provide the percentage of children presumptively enrolled (PE) in CHIP asked in 1a and 1b, as California does not segregate CHIP applicants from other applicants.

Section III C: Subpart B: Eligibility Data

Table 1. Data on Denials of Title XXI Coverage in FFY 2017

States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2017. Please enter the data requested in the table below and the template will tabulate the requested percentages.

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

2. Please describe any limitations or restrictions on the data used in this table:
Title XXI applicants are not segregated from other applicants due to the ACA's requirement for a Single Streamlined Application in the state.

Definitions:

1. The "the total number of denials of title XXI coverage" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2017. 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 2017 (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 2017 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.)
 - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX.
 - c. The "total number of applicants denied for other reasons" is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

Table 2. Redetermination Status of Children

For tables 2a and 2b, reporting is required for FFY 2017.

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

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

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

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

California plans to work towards this level of granularity to capture previous redetermination dates.

Definitions:

- The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2017, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose

eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2017 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2017.
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 2017. 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 2017 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
 - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.
The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).

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

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

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

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

California plans to work towards this level of granularity to capture previous redetermination dates.

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) 2017, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2017 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2017.
4. The “total number of children disenrolled from title XIX after the redetermination process” is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2017. This includes those children that states may define as “transferred” to CHIP for title XXI eligibility screening.
 - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2017 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state’s Medicaid eligibility criteria (i.e., income too high, etc.).
 - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.
The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).

Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2017

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

Because the measure is designed to capture continuity of coverage in title XIX and title XXI beyond one year of enrollment, the measure collects data for 18 months of enrollment. This means that reporting spans two CARTS reports over two years. The duration measure uses a cohort of children and follows the enrollment of the same cohort of children for 18 months to measure continuity of coverage. **States identify a new cohort of children every two years. States identified newly enrolled children in the second quarter of FFY 2016 (January, February, and March of 2016) for the FFY 2016 CARTS report. This same cohort of children will be reported on in the FFY 2017 CARTS report. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

The FFY 2017 CARTS report is the second year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2016. The next cohort of children will be identified in the second quarter of the FFY 2018 (January, February and March of 2018).

Instructions: For this measure, please identify newly enrolled children in both title XIX and title XXI in the second quarter of FFY 2016, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2016 must have birthdates after July 1999 (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 2016 must have birthdates after August 1999, and children enrolled in March 2016 must have birthdates after September 1999. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span).

Please enter the data requested in the tables below, and the template will tabulate the percentages. The tables are pre-populated with the 6-month data you reported last year; in this report you will only enter data on the 12- and 18-month enrollment status.. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

Note that all data must sum correctly in order to save and move to the next page. The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to the row 1; and rows 8, 9 and 10 must sum to row 1. **Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the total because they are subsets of their respective rows.**

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

Not Previously Enrolled in CHIP or Medicaid—"Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, etc.)

Not Previously Enrolled in Medicaid—"Newly enrolled" is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in title XIX in December 2015, etc.)

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2016	238784	100%	74579	100%	68336	100%	63362	100%	32507	100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XIX	184807	77.4	58620	78.6	54389	79.59	48817	77.04	22981	70.7
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	1670	0.7	673	0.9	401	0.59	385	0.61	211	0.65
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)	213	0.09	23	0.03	62	0.09	90	0.14	38	0.12
4. Total number of children disenrolled from title XIX	52307	21.91	15286	20.5	13546	19.82	14160	22.35	9315	28.66
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)	9997	4.19	544	0.73	2953	4.32	4232	6.68	2268	6.98
Enrollment Status 12 months later										
5. Total number of children continuously enrolled in title XIX	157421	65.93	51686	69.3	45950	67.24	40430	63.81	19355	59.54
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	6536	2.74	1897	2.54	1976	2.89	1822	2.88	841	2.59
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)	2123	0.89	220	0.29	650	0.95	871	1.37	382	1.18
7. Total number of children disenrolled from title XIX	74827	31.34	20996	28.15	20410	29.87	21110	33.32	12311	37.87
7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)	19828	8.3	1495	2	6074	8.89	8219	12.97	4040	12.43
Enrollment Status 18 months later										
8. Total number of children continuously enrolled in title XIX	114903	48.12	37946	50.88	33805	49.47	29075	45.89	14077	43.3
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	26339	11.03	7154	9.59	8215	12.02	7667	12.1	3303	10.16
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)	9201	3.85	1270	1.7	2921	4.27	3513	5.54	1497	4.61
10. Total number of children disenrolled from title XIX	97542	40.85	29479	39.53	26316	38.51	26620	42.01	15127	46.53
10.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)	33554	14.05	6785	9.1	9380	13.73	11578	18.27	5811	17.88

Definitions:

1. The “total number of children newly enrolled in title XIX in the second quarter of FFY 2016” is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XIX for 6 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016
3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2016
 - 3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage
4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
 - 4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.
5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017
6. The total number of children who had a break in title XIX coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:
 - the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XIX by the end of December 2016

- + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XIX by the end of January 2017
- + the number of children with birthdates after September 1999 who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XIX by the end of February 2017

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

7. The total number of children who disenrolled from title XIX 12 months after their enrollment month is defined as the sum of:
- the number of children with birthdates after July 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
 - + the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
 - + the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 2017

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

8. The total number of children who were continuously enrolled in title XIX for 18 months is defined as the sum of:
- the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017

9. The total number of children who had a break in title XIX coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:
- the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2017

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

10. The total number of children who were disenrolled from title XIX 18 months after their enrollment month is defined as the sum of:
- the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 2017

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

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

Specify how your “newly enrolled” population is defined:

Not Previously Enrolled in CHIP or Medicaid—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2016, he/she would not be enrolled in either title XXI or title XIX in December 2015, 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 2016, he/she would not be enrolled in title XXI in December 2015, etc.)

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2016	79565	100%	3098	100%	23947	100%	37065	100%	15455	100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XXI	64096	80.56	2347	75.76	18262	76.26	30696	82.82	12791	82.76
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	378	0.48	10	0.32	148	0.62	159	0.43	61	0.39
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"/>)	273	0.34	6	0.19	109	0.46	115	0.31	43	0.28
4. Total number of children disenrolled from title XXI	15091	18.97	741	23.92	5537	23.12	6210	16.75	2603	16.84
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"/>)	10145	12.75	486	15.69	3969	16.57	4142	11.17	1548	10.02
Enrollment Status 12 months later										
5. Total number of children continuously enrolled in title XXI	49194	61.83	1812	58.49	13326	55.65	23886	64.44	10170	65.8
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	2207	2.77	94	3.03	667	2.79	1038	2.8	408	2.64
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"/>)	1807	2.27	83	2.68	552	2.31	850	2.29	322	2.08
7. Total number of children disenrolled from title XXI	28164	35.4	1192	38.48	9954	41.57	12141	32.76	4877	31.56
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"/>)	20474	25.73	822	26.53	7522	31.41	8826	23.81	3304	21.38
Enrollment Status 18 months later										
8. Total number of children continuously enrolled in title XXI	31992	40.21	1135	36.64	8153	34.05	15951	43.04	6753	43.69
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	7997	10.05	378	12.2	2447	10.22	3726	10.05	1446	9.36
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"/>)	6199	7.79	319	10.3	1923	8.03	2878	7.76	1079	6.98
10. Total number of children disenrolled from title XXI	39576	49.74	1585	51.16	13347	55.74	17388	46.91	7256	46.95
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"/>)	27598	34.69	961	31.02	9838	41.08	12223	32.98	4576	29.61

Definitions:

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2016” 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 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016
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 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 2016
 - 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 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
 - 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 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017
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 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XXI by the end of December 2016
 - + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XXI by the end of January 2017
 - + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XXI by the end of February 2017
 - 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 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016
+ the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017
+ the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 2017

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 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017
+ the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017
+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017
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 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2017
+ the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2017
+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 2017
- 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 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017
+ the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017
+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 2017
- 10.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

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

Section IIID: Cost Sharing

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?

a. Cost sharing is tracked by:

Enrollees (shoebox method)

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

Health Plan(s)

State

Third Party Administrator

N/A (No cost sharing required)

Other, please explain. **[7500]**

The 5% cap is provided on the monthly premium statement sent to beneficiaries to inform them of the maximum monthly dollar amount incurred before the family is no longer subject to premium or cost sharing provisions. Currently, California only charges premiums for children in families with family income above 160% FPL. There are no enforceable copayments for these children but if their family members are subject to cost sharing, those charges will be counted towards the aggregate family limit. Premiums cannot exceed \$39 per family per month in the Medicaid expansion program and \$63 per family per month in the separate CHIP. See below for more information on separate CHIP and the 5% cap

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

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

While the State's premium processing vendor tracks the 5% cap amount to ensure that no family reaches the limit, as we indicated above it is not possible for families to reach the 5% cap. Therefore, the 5% cap is never exceeded and there is never a need to notify providers about non-enforceable cost sharing (see additional information below).

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]**

The state's premium processing vendor tracks the 5% cap and no families have been identified.

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

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

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

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

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

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

The 5% Ceiling of a three child household with the Annual Income at 261% of the FPL is \$3,210. For a CCHIP family with three children, the annual premium cost plus the \$250 cap on copayments would be \$1,006, well below the 5% ceiling of \$3,210.

The 5% Ceiling for Infants born to MCAP mothers would be even lower, because even though the 261% of the FPL is the same as CCHIP, there are no copayments for infants born to MCAP mothers.

MCAP has a lower income range for eligibility at 208% of the FPL. MCAP premiums are set as 1.5% of the families Annual Income. For a three person family that would be in the amount of \$767, well below the 5% Ceiling of \$2,558.

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

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

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

Children

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

Adults

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

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

- Parents and Caretaker Relatives
 Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**
4. What benefit package does the ESI program use? **[7500]**
5. Are there any minimum coverage requirements for the benefit package?
 Yes No
6. Does the program provide wrap-around coverage for benefits?
 Yes No
7. Are there limits on cost sharing for children in your ESI program?
 Yes No
8. Are there any limits on cost sharing for adults in your ESI program?
 Yes No
9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?
 Yes No
 If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum **[7500]**?
10. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).
- Number of childless adults ever-enrolled during the reporting period
- Number of adults ever-enrolled during the reporting period
- Number of children ever-enrolled during the reporting period
11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2017.
- | | |
|----------|---------|
| Children | Parents |
|----------|---------|
12. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**
13. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

14. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**
15. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**
16. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:

Population	State	Employer	Employee
Child			
Parent			

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

Children	Low	High
Parent	Low	High

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

19. Please provide the income levels of the children or families provided premium assistance.
- | | | |
|--|------|----|
| | From | To |
|--|------|----|

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

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

Yes No

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

21. Do you have a waiting list for your program? Yes No

22. Can you cap enrollment for your program? Yes No

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

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

Section III F: Program Integrity

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

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

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

Please explain: **[7500]**

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

Yes No

Please Explain: **[500]**

2. For the reporting period, please report the
Number of fair hearing appeals of eligibility denials
Number of cases found in favor of beneficiary
3. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

Provider Credentialing

Number of cases investigated
Number of cases referred to appropriate law enforcement officials

Provider Billing

Number of cases investigated
Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

Number of cases investigated
Number of cases referred to appropriate law enforcement officials

Are these cases for:

- CHIP
Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

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

Yes

No

Please Explain: **[500]**

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

California does not currently collect fair hearing appeals data regarding separate CHIP programs. California plans to work towards the ability to capture separate CHIP appeals data, in hopes to have information for this table in the 2018 CARTS Report.

Section IIIG: Dental Benefits:

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

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

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

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

FFY	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
2017							
Total Individuals Enrolled for at Least 90 Continuous Days¹	5473352	239636	585765	885043	1209198	1460121	1093589
Total Enrollees Receiving Any Dental	2617342	5911	156975	468334	721897	785715	478510

FFY 2017	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Services ² [7]							
Total Enrollees Receiving Preventive Dental Services ³ [7]	2374590	2813	132572	429177	673045	724419	412564
Total Enrollees Receiving Dental Treatment Services ⁴ [7]	1070603	164	17360	167167	346949	326152	212811

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

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

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

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

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

- b. **For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth⁵? [7]**

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

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

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

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

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

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

California notes that data for this table are based on the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416). Also, the dental data provided here includes Medicaid (Title XIX) and CHIP Combination (Title XXI) enrolled children.

Section IIIG: CHIPRA CAHPS Requirement:

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

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

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

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

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

If No, Explain Why:

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

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

Definition of Population Included in the Survey Sample:

Definition of population included in the survey sample:

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

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

Which Version of the CAHPS® Survey was Used?

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

Which Supplemental Item Sets were Included in the Survey?

- No supplemental item sets were included
- CAHPS Item Set for Children with Chronic Conditions
- Other CAHPS Item Set. Explain:

Which Administrative Protocol was Used to Administer the Survey?

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

Enter any Narrative text related to Section IIIH below. **[7500]**
 2017 CHIP CAHPS Survey Results

CHIP CAHPS Survey Measures

Measure	CHIP population
Rating of Health Plan	62.4%
Rating of All Health Care	64.2%
Rating of Personal Doctor	70.9%
Rating of Specialist Seen Most Often	N/A (Denominator <100)
Getting Needed Care	76.9%
Getting Care Quickly	77.3%
How Well Doctors Communicate	88.7%
Customer Service	84.1%
Shared Decision Making	N/A (Denominator <100)

CAHPS Survey Measures for Children with Chronic Conditions (CCC)

Measure	CCC population
Rating of Health Plan	59.0%
Rating of All Health Care	60.9%

Rating of Personal Doctor	70.1%
Rating of Specialist Seen Most Often	74.3%
Getting Needed Care	81.0%
Getting Care Quickly	79.6%
How Well Doctors Communicate	90.0%
Customer Service	88.3%
Shared Decision Making	78.6%
Access to Specialized Services	N/A (Denominator <100)
FCC: Personal Doctor Who Knows Child	84.7%
Coordination of Care for	
Children With Chronic Conditions	N/A (Denominator <100)
FCC: Getting Needed Information	83.0%
Access to Prescription Medicines	90.1%

Note: According to NCQA's Specification for Survey Measures (HEDIS 2016, Volume 3), Health plans must achieve a denominator of at least 100 responses to obtain a reportable result. If the denominator for a particular survey result calculation is less than 100, NCQA assigns a measure result of NA.

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

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

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

Yes, please answer questions below.

No, please skip to Section IV.

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

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program ¹
California Poison Control System	The targeted populations are children who are Latino, African American, or in the lowest income families.	220000	40%

3) Please define a metric for each of your state's HSI programs that is used to measure the program's impact on improving the health of low-income children. In the table below, please list the HSI program title in the first column, and include a metric used to measure that program's impact in the second column. In the third column, please provide the outcomes for metrics reported in the second column. Reporting on outcomes will be optional for the FFY 2017 report as states work to develop metrics and collect outcome data. States that are already reporting to CMS on such measures related to their HSI program(s) do not need to replicate that reporting here and may skip to Section IV.

HSI Program	Metric	Outcome
California Poison Control System	Increase access to consumer-based educational materials has been developed in Spanish using research findings with target audiences. Materials are culturally relevant, take into	Reduce the number of children ingesting poisonous and other hazardous substances.

¹ The percent of children served by the HSI program who are below the CHIP FPL threshold in your state should be reported in this column.

HSI Program	Metric	Outcome
	consideration health literacy levels and clearly illustrate and describe poison center services. Chinese, Korean, Vietnamese, Tagalog, Hmong, Russian and Armenian brochures have also been developed. Materials are customized and culturally relevant to each group.	

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

Section IV. Program financing for State Plan

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-federal funds).
(Note: This reporting period equals federal fiscal year 2017. 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

	2017	2018	2019
Benefit Costs			
Insurance payments			
Managed Care	2044487420	1951573137	1954886103
Fee for Service	1425095951	861139374	1350881260
Total Benefit Costs	3469583371	2812712511	3305767363
(Offsetting beneficiary cost sharing payments)	-59509445	-78323671	-65750000
Net Benefit Costs	\$ 3410073926	\$ 2734388840	\$ 3240017363

	2017	2018	2019
Administration Costs			
Personnel	18268811	9198102	18298312
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing	60390033	30405574	60487551
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	78658844	39603676	78785863
10% Administrative Cap (net benefit costs ÷ 9)	378897103	303820982	360001929

	2017	2018	2019
Federal Title XXI Share	3070084838	2441113414	2920546839
State Share	418647932	332879102	398256387
TOTAL COSTS OF APPROVED CHIP PLAN	3488732770	2773992516	3318803226

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]** Healthcare Treatment Fund Prop 56

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

A. Managed Care

Year	Number of Eligibles	PMPM (\$)
2017	1812804	\$134
2018	1814897	\$128
2019	1812152	\$128

A. Fee For Service

Year	Number of Eligibles	PMPM (\$)
2017	161380	\$1260
2018	161567	\$760
2019	161322	\$1195

Enter any Narrative text related to Section IV below. **[7500]**
 This section includes all CHIP (Title XXI) funding.

The CARTS system defaults the Federal Title XXI Share calculation to the current 88% FMAP. This does not take into account expenditures being adjusted from periods prior to October 2015 (FMAP = 65%). At the time of submission we also anticipated an estimated reduction to the 65% FMAP if the CHIP enhanced rate was not reauthorized. California’s Section IV: Program Financing for State Plan includes actual and estimated expenditures at both FMAP rates. Title XXI federal and state funding shares are listed below:

The Federal Title XXI Share should be: \$2,907,799,757 (2017), \$2,015,761,873 (2018), and \$2,258,750,359 (2019)

The State Share should be: \$580,933,013(2017), \$758,230,643 (2018), and \$1,060,052,867 (2019).

The Total Cost of Approved CHIP plan is accurate as it was auto-populated by the system

PMPM Calculation:

The PMPM is determined by calculating the total dollars/member months. The FFY 2017 member months have been obtained from the quarterly SEDS report (counts for the unborn child option are estimated, updates to the methodology are being researched at this time). Updated information not yet available via SEDS has been estimated using monthly enrollment for applicable T21 Medi-Cal recipients. FFY 2017 expenditures have been obtained from the T21 and CMS-64.

of eligibles:

of eligibles enrolled in the year (unduplicated) using the SEDS CMS-64.21E FFY Q4 report and is estimated to be 8.39 member months per unduplicated eligible enrolled in the year.

Expenditure Information:

All expenditures regardless of S/MCHIP have been included above.

Medi-Cal Managed Care plans do carve out some services which are then paid through the Fee for Service system. The eligible is a managed care eligible; this does tend to inflate the Fee for Service PMPM.

Estimated expenditures are based on California's Medi-Cal Local Assistance Estimate and may include items which are pending CMS approval. Estimated Eligible growth is estimated using the applicable estimated eligible growth also from the Medi-Cal Local Assistance Estimate.

Section V: Program Challenges and Accomplishments

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

For the reporting period of October 2016 through September 2017, California's political environment has been supportive of efforts to maintain health care coverage for low-income, uninsured children under the Affordable Care Act (ACA).

California's fiscal environment in recent years has allowed the state to support health coverage for low-income, uninsured children. Additionally, the increase in federal financial participation for CHIP in October 2015 helped strengthen those efforts to reach uninsured children within the state.

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

For the reporting period of October 2016 through September 2017, California had efforts underway to address key challenges for the state's CHIP program, including utilization for children's dental preventive care, eligibility and enrollment processing for transitions between CHIP, Medicaid, and the state's health exchange, and immunization rates.

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

For the reporting period of October 2016 through September 2017, California continued the efforts begun in 2015 to expand the state's online application portal to improve the application process and eligibility outcomes for consumers, by simplifying language and improving applicant understanding. Changes were made to align the online application questions to the paper application. Resource links have been built into the online application to provide opportunities for consumers to learn more about specific programs available to them and to obtain help in making the right choices based on their individual situation.

California has identified delivery system changes to the California Children's Services (CCS) program, to improve quality and coordination of care for Children and Youth with Special Health Care Needs. The goal is an integrated, organized delivery system built on the existing managed care model, to address all of the health care needs of children with CCS conditions through improved care coordination.

Additionally, through the unfortunate wildfires that displaced so many families, California gained SPA approval to waive premiums and certain eligibility verification requirements on a temporary basis to assist families that were affected by the natural disaster. California will still maintain SPA authority to provide this assistance in the unfortunate event of any future natural disasters.

During the reporting period of October 2016 through September 2017, California continued the implementation of several new laws passed in 2015 that are intended to curtail overprescribing of psychotropic medication for foster youth. These laws require the state to publish data on the number of children in foster care who are prescribed psychotropic drugs, along with other medications that might cause harmful drug interactions; will create a system for public health nurses to monitor and oversee children in foster care who is prescribed psychotropic medications; and establish treatment protocols and state oversight of psychotropic drugs in group-home settings.

In February 2016, California began to authorize payment for Behavioral Health Treatment (BHT) services. These changes were implemented in response to CMS guidance and in accordance with Title 42 Code of Federal Regulations Section 440.130(c), including BHT services as a covered Medi-Cal benefit for beneficiaries under 21 years of age when medically necessary, based upon recommendation of a licensed physician and surgeons or a licensed psychologist after a diagnosis of Autism Spectrum Disorder to the extent required by the federal government.

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]**

California will continue to implement the Dental Transformation Initiative (DTI), to improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform. More specifically, this strategy aims to increase the use of preventive dental services for children, prevent and treat more early childhood caries, and increase continuity of care for children. Given the importance of oral health to the overall health of an individual, California views improvements in dental care as critical to achieving overall better health outcomes for Medi-Cal beneficiaries, particularly children.

California is working to increase the percentage of children receiving the following vaccinations: four diphtheria, tetanus, and pertussis (DTaP); three inactivated poliovirus (IPV); one measles, mumps, and rubella (MMR); three Haemophilus influenza type B (HiB); three hepatitis B; one varicella-zoster virus (chicken pox or VZV); and four pneumococcal conjugate vaccinations on or before the child's second birthday.

California is seeking SPA approval to transition the Medi-Cal Access Program subscribers from Medi-Cal fee-for service delivery system into the Medi-Cal Managed Care delivery system. Also, the state is seeking SPA approval to demonstrate parity between mental health services and medical services in the CHIP.

Additionally, California is working to improve policy and practice in California's foster care system through the implementation of the Continuum of Care Reform (CCR). CCR is an initiative to significantly change policy and practice in California's foster care system. Under this initiative, reliance on congregate care should be limited to short-term, therapeutic interventions that are just one part of a continuum of care available for children, youth and young adults. CCR ensures services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family, including services that meet their mental health needs. CCR builds on past efforts for the provision of a comprehensive array of mental health services, and further ensures that children and youth in foster care receive services that meet their mental health needs regardless of the placement setting.

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