Preamble

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

The framework is designed to:

- Recognize the *diversity* of state approaches to CHIP and allow States *flexibility* to highlight key accomplishments and progress of their CHIP programs, **AND**

- Provide *consistency* across states in the structure, content, and format of the report, **AND**

- Build on data *already collected* by CMS quarterly enrollment and expenditure reports, **AND**

- Enhance *accessibility* of information to stakeholders on the achievements under Title XXI.

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

- Section I: Snapshot of CHIP Programs and Changes

- Section II: Program's Performance Measurement and Progress

- Section III: Assessment of State Plan and Program Operation

- Section IV: Program Financing for State Plan

- Section V: Program Challenges and Accomplishments

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

<u>*Disclosure.</u> According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

<u>DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.</u>

State/Territory: _____ **LA** _____

(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: _____

Diane Batts

CHIP Program Name(s):   **All, Louisiana** _____

CHIP Program Type:

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

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

Contact Person/Title: **Diane Batts** _____

Address: **628 North 4th Street** _____

_____

City: **Baton Rouge** _____   State**:**   **LA** _____   Zip**:**   **70802** _____

Phone: **225-342-2300** _____   Fax: _____

Email: **diane.batts@la.gov** _____

Submission Date: **12/30/2014** _____

(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			**Separate Child Health Program**			
	* Upper % of FPL (federal poverty level) fields are defined as <u>Up to and Including</u>						
Does your program require premiums or an enrollment fee?	☒ No			☐ No			
	☐ Yes			☒ Yes			
	Enrollment fee amount			Enrollment fee amount	0		
	Premium amount			Premium amount	50		
	If premiums are tiered by FPL, please breakout by FPL			If premiums are tiered by FPL, please breakout by FPL			
	Premium Amount			Premium Amount			
	Range from	Range to	From	To	Range from	Range to	From	To
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	$	$	% of FP L	% of FPL	$	$	% of FPL	% of FPL
	If premiums are tiered by FPL, please breakout by FPL			If premiums are tiered by FPL, please breakout by FPL			
	Yearly Maximum Premium Amount per family	$		Yearly Maximum Premium Amount per family	$600		
	Range from	Range to	From	To	Range from	Range to	From	To
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	$	$	% of FPL	% of FPL	$	$	% of FPL	% of FPL
	If yes, briefly explain fee structure in the box below **[500]**			If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) **[500]**			
	☐ N/A			☐ N/A			

Which delivery system(s) does your program use?	☒	Managed Care	☒	Managed Care
	☐	Primary Care Case Management	☒	Primary Care Case Management
	☐	Fee for Service	☐	Fee for Service
	Please describe which groups receive which delivery system **[500]**		Please describe which groups receive which delivery system **[500]**	

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

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

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

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☒	☐	☐	☒	☐
b) Application	☐	☒	☐	☐	☒	☐
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 (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) _____ ☐ ☐ ☐ ☐ ☐ ☐

B. Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
C. Application	
D. Benefits	
E. Cost sharing (including amounts, populations, & collection process)	
F. Crowd out policies	
G. Delivery system	
H. Eligibility determination process	
I. Implementing an enrollment freeze and/or cap	
J. Eligibility levels / target population	
K. Eligibility redetermination process	
L. Enrollment process for health plan selection	

M. Outreach	
N. Premium assistance	
O. Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
P. Expansion to "Lawfully Residing" children	
Q. Expansion to "Lawfully Residing" pregnant women	
R. Pregnant Women State Plan Expansion	
S. Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
T. Other – please specify	
a.	
b.	
c.	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

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

Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub.L. 111-3) required the Secretary of the Department of Health and Human Services to identify a core set of child health care quality measures for voluntary use by state programs administered under titles XIX and XXI, health insurance issuers and managed care entities that enter into contract with such programs, and providers of items and services under such programs. CHIPRA also required the Secretary to publish changes to the Child Core Set measures beginning in January 2013. Three measures (Human Papillomavirus [HPV] Vaccine for Female Adolescents, Maternity Care - Behavioral Health Risk Assessment, and Medication Management for People with Asthma) were added to the Child Core Set in 2013 and one measure (Otitis Media with Effusion) was retired. Three additional measures (Annual Pediatric Hemoglobin A1C Testing, Appropriate Testing for Children with Pharyngitis, and Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits) were retired from the Child Core Set in 2014. Table 1 lists the Children's Core Set measures, their measure stewards, and a general description of each measure. Abbreviations replaced measure numbers beginning in 2013.

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

The Technical Specifications and Resource Manual for the Child Core Set of Health Care Quality Measures can be found at:
http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-and-CHIP-Child-Core-Set-Manual.pdf

Table 1: Child Core Set Measures

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

Measure Abbreviation	Measure	Measure Steward	Description
FPC-CH	Frequency of Ongoing Prenatal Care	NCQA/HEDIS	Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: 1. < 21 percent of expected visits 2. 21 percent – 40 percent of expected visits 3. 41 percent – 60 percent of expected visits 4. 61 percent – 80 percent of expected visits 5. ≥ 81 percent of expected visits
LBW-CH	Live Births Weighing Less Than 2,500 Grams	Centers for Disease Control and Prevention (CDC)	Percentage of live births that weighed less than 2,500 grams in the state during the reporting period
PC02-CH	PC-02: Cesarean Section for Nulliparous Singleton Vertex	The Joint Commission	Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section
CIS-CH	Childhood Immunization Status	NCQA/HEDIS	Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday
IMA-CH	Immunization Status for Adolescents	NCQA/HEDIS	Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday.
WCC-CH	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index (BMI) percentile for age and gender
DEV-CH	Developmental Screening in the First Three Years of Life	Oregon Health and Science University	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday

Measure Abbreviation	Measure	Measure Steward	Description
CHL-CH	Chlamydia Screening in Women	NCQA/HEDIS	Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
W15-CH	Well-Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of children who turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits with a PCP during their first 15 months of life
W34-CH	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NCQA/HEDIS	Percentage of children ages 3 to 6 who had one or more well-child visits with a PCP during the measurement year
AWC-CH	Adolescent Well-Care Visit	NCQA/HEDIS	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a PCPC or an OB/GYN practitioner during the measurement year
PDENT-CH	Percentage of Eligibles that Received Preventive Dental Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received preventive dental services
CAP-CH	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: 1.Children ages 12 to 24months and 25 months to 6 years who had a visit with a PCP during the measurement year 2.Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year
TDENT-CH	Percentage of Eligibles that Received Dental Treatment Services	CMS	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for EPSDT services, and that received dental treatment services
AMB-CH	Ambulatory Care – Emergency Department (ED) Visits	NCQA/HEDIS	Rate of ED visits per 1,000 enrollee months among children up to age 19

Measure Abbreviation	Measure	Measure Steward	Description
CLABSI-CH	Pediatric Central Line-Associated Blood Stream Infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	CDC	Rate of central line-associated blood stream infections (CLABSI) in the pediatric and neonatal intensive care units during periods selected for surveillance
ADD-CH	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	NCQA/HEDIS	Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase
FUH-CH	Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS	Percentage of discharges for children ages 6 to 20 who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge
CPC-CH	Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items	NCQA/HEDIS	Survey on parents' experiences with their children's care
HPV-CH	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NCQA/HEDIS	Percentage of female adolescents who turned 13 years old during the measurement year and who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday

Measure Abbreviation	Measure	Measure Steward	Description
BHRA-CH	Maternity Care - Behavioral Health Risk Assessment	AMA-PCPI	Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug-use screening (illicit and prescription, over the counter), and intimate partner violence screening
MMA-CH	Medication Management for People with Asthma	NCQA/HEDIS	Percentage of children ages 5 to 20 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

Two rates are reported:

1. Percentage of children who remained on asthma controller medication for at least 50 percent of their treatment period

2. Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period

This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19-20 years; and total |

GUIDANCE FOR REPORTING

This section contains templates for reporting performance measurement data for each of the Child Core Set measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second columns, data from the previous two years' annual reports (FFY 2012 and FFY 2013) will be populated with data previously reported in CARTS; enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have data for those years, please enter the data in the appropriate column. Indicate the data were updated using the "Did you update data for this measure?" field. In the third column, report the most recent data available at the time you are submitting the current annual report (FFY 2014). Additional instructions for completing each row of the table are provided below.

Beginning in 2011, the CARTS application requires states to provide information on why they chose not to report a measure(s) in Section IIA. The CARTS user will be prompted to provide this information for each measure during data entry. If the CARTS User skips these questions during

the data entry process, he/she will be prompted to respond to them before being able to certify the Annual Report.

If Data Not Reported, Please Explain Why:
If your state cannot report a specific measure, please check the box that applies to why data are not being reported for each measure. The user may select any applicable reason why data are not being reported, but must select at least one response as follows.

- Service not covered: Check this box if your program does not cover this service.
- Population not covered: Check this box if your program does not cover the population included in the measure. If this box is selected, users will also need to indicate whether the entire population or partial population was not covered under its program. A detailed explanation is required if partial population is not covered.
- Data not available: Check this box if data are not available for this measure in your state.   If this box is selected, users will need to explain why data are not available for reporting. Reasons may include "Budget Constraints," "Staff Constraints," "Data Inconsistencies/Accuracy," "Data Source Not Easily Accessible," "Information Not Collected," and "Other".
- Small sample size: Check this box if the denominator size for this measure is less than 30. If the denominator size is less than 30, your state is not required to report a rate on the measure. However, the state will need to indicate the exact denominator size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Although the Child Core Set measures are voluntarily reported, if the state does not report data on a specific measure, it is important for CMS to understand why each state is not reporting on specific measures. Your selection of a reason for not reporting and/or provision of an "Other" reason for not reporting will assist CMS in that understanding.

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

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

- Final: Check this box if the data you are reporting are considered final for the current CARTS reporting period.

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

Measurement Specification:
For each measure, the state should indicate whether a measure adheres to the Child Core Set technical specifications, based on HEDIS® or specifications developed by other measure steward (e.g. CMS, CDC, TJC, AMA/PCPI), or "Other" measurement specifications. If HEDIS® is selected, the HEDIS® Version field must be completed.
If "Other" measurement specification is selected, an explanation must be provided.

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

- **HEDIS® Version:**
  Please specify HEDIS® Version (example HEDIS 2014). This field must be completed only when a user selects the HEDIS® measurement specification.

- **"Other" Measurement Specification Explanation:**
  The explanation field must be completed when "Other" measurement specification has been selected.

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

    a. <u>Administrative Data</u>: Medical claims and encounter data or other administrative data source (e.g., immunization registry, vital records,). If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source.

    b. <u>Hybrid</u>: A combination of administrative and medical records data. If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source. The user must also indicate whether the medical record data for a measure are coming from electronic health records (EHR), paper, or EHR and paper.

    c. <u>Survey Data</u>: The state should specify the survey used.

    d. <u>Other</u>: An explanation box is available for the state to specify the other source of data.

Definition of Population Included in the Measure:

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

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

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

Child Core Set Performance Measurement Data:
In this section, report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the data, depending on whether you are reporting using the technical specifications provided by the measure steward or another methodology. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the "additional notes" section. "Additional Notes/Comments on Measure" may be entered but is not required. Please note that some measures require reporting of multiple rates.

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

In the section on "Definition of Population Incuded in the Measure," states should indicate whether state-level rates were calculated based on rates for multiple reporting units, and if so, whether the rates were weighted based on the size of the measure-eligible population or other factor or were not weighted. For additional guidance on developing a state-level rate, please refer to the Technical Assistance Brief "Approaches to Developing State-Level Rates for Children's Health Care Quality Measures Based on

Data from Multiple Sources," available at: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf.

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

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

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

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

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

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

- **Title XIX Programs:** Reporting of the CAHPS survey remains voluntary for Title XIX Programs. Title XIX Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality's CAHPS Database.

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

CHIPRA Quality Demonstration States

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

MEASURE PPC-CH: Timeliness of Prenatal Care

FFY 2012	FFY 2013	FFY 2014
Did you Update any Data for this Measure? ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). 　*Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY13 report.	**Did you Update any Data for this Measure?** ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). 　*Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY14 report.	**Did you Report on this Measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** *Select all that apply (Must select at least one)*: ☐ Service not covered ☐ Population not covered 　☐ Entire population not covered 　☐ Partial population not covered 　　Explain the partial population not covered: ☐ Data not available 　Explain why data not available 　☐ Budget constraints 　☐ Staff constraints 　☐ Data inconsistencies/accuracy 　　Please explain: 　☐ Data source not easily accessible 　　*Select all that apply* 　　☐ Requires medical record review 　　☐ Requires data linkage which does not currently exist 　　☐ Other: 　☐ Information not collected. 　　*Select all that apply* 　　☐ Not collected by provider (hospital/health plan) 　　☐ Other: 　☐ Other: ☐ Small sample size (less than 30) 　Enter specific sample size: ☐ Other. Explain:
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used*:2014

FFY 2012	FFY 2013	FFY 2014
☐Other. *Explain*:	☐Other. *Explain*:	☐Other. *Explain*:

Data Source:
☐ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data). *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Data Source:
	☐ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data). *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Data Source:
		☒ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		   ☒ Medicaid Management Information System (MMIS)
		   ☐ Vital Records
		   ☐ Other. Specify:
		☐ Hybrid (Administrative and Medical Records Data)
		   From where is the Administrative Data coming?
		   Must select one or more
		     ☐ Medicaid Management Information System (MMIS)
		     ☐ Vital Records
		     ☐ Other. Specify:
		   From where is the Medical Records Data coming?
		   Must select one:
		     ☐ Electronic Health Record (EHR) Data
		     ☐ Paper
		     ☐ Both (EHR and paper)
		☐ Other: Specify:

Definition of Population Included in the Measure:
Definition of numerator:
Definition of denominator:
☐ Denominator includes CHIP population only.
☐ Denominator includes Medicaid population only.
☐ Denominator includes CHIP and Medicaid (Title XIX).
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
	Definition of Population Included in the Measure:
	Definition of numerator:
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☐ Denominator includes CHIP and Medicaid (Title XIX).
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		Definition of denominator:
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☒ Denominator includes CHIP and Medicaid (Title XIX).
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		  If yes, indicate whether the state-level rate is weighted:
		  ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		  ☐ The rates are weighted based on another weighting factor
		  ☐ The rates are not weighted
		☒ No

Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment	**Performance Measurement Data:** Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment	**Performance Measurement Data:** Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 23470 Denominator: 38583 Rate: 60.83
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

MEASURE FPC-CH: Frequency of Ongoing Prenatal Care

FFY 2012	FFY 2013	FFY 2014
Did you Update any Data for this Measure? ☐ Yes	**Did you Update any Data for this Measure?** ☐ Yes	**Did you Report on this Measure?** ☒ Yes ☐ No
Did you report on this measure? ☐ Yes ☒ No	**Did you report on this measure?** ☐ Yes ☒ No	**If Data Not Reported, Please Explain Why:** *Select all that apply (Must select at least one)*: ☐ Service not covered ☐ Population not covered

If Data Not Reported, Please Explain Why:
 ☐ Population not covered.
 ☒ Data not available. *Explain*:
 ☐ Small sample size (less than 30)
    Specify sample size:
 ☐ Other. *Explain*:
 Louisiana is working to gather the data for this measure for the FFY13 report.
	If Data Not Reported, Please Explain Why:
	 ☐ Population not covered.
	 ☒ Data not available. *Explain*:
	 ☐ Small sample size (less than 30).
	    Specify sample size:
	 ☐ Other. *Explain*:
	 Louisiana is working to gather the data for this measure for the FFY14 report.
		☐ Entire population not covered
		    ☐ Partial population not covered
		     Explain the partial population not covered:
		
		 ☐ Data not available
		    Explain why data not available
		    ☐ Budget constraints
		    ☐ Staff constraints
		    ☐ Data inconsistencies/accuracy
		     Please explain:
		    ☐ Data source not easily accessible
		     Select all that apply
		     ☐ Requires medical record review
		     ☐ Requires data linkage which does not currently exist
		     ☐ Other:
		    ☐ Information not collected.
		     Select all that apply
		     ☐ Not collected by provider (hospital/health plan)
		     ☐ Other:
		    ☐ Other:
		 ☐ Small sample size (less than 30)
		    Enter specific sample size:
		 ☐ Other. Explain:

Status of Data Reported:
 ☐ Provisional.
    Explanation of Provisional Data:
 	
 ☐ Final.
 ☐ Same data as reported in a previous year's annual report.
 Specify year of annual report in which data previously reported:
	Status of Data Reported:
	 ☐ Provisional.
	    Explanation of Provisional Data:
	
	 ☐ Final.
	 ☐ Same data as reported in a previous year's annual report.
	 Specify year of annual report in which data previously reported:
		Status of Data Reported:
		 ☐ Provisional
		 ☒ Final.
		 ☐ Same data as reported in a previous year's annual report.
		 Specify year of annual report in which data previously reported:

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify HEDIS® Version used*: ☐ Other. *Explain*:	**Measurement Specification:** ☒ HEDIS. *Specify HEDIS® Version used*: 2014 ☐ Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative Data Only From where is the Administrative Data coming? *Must select one or more if Administrative Data is selected:* 　☐ Medicaid Management Information System (MMIS) 　☐ Vital Records 　☐ Other. Specify: ☒ Hybrid (Administrative and Medical Records Data) 　From where is the Administrative Data coming? 　*Must select one or more* 　　☐ Medicaid Management Information System (MMIS) 　　☐ Vital Records 　　☒ Other. Specify: MCO Claims Adjudication Systems 　From where is the Medical Records Data coming? 　*Must select one:* 　　☐ Electronic Health Record (EHR) Data 　　☒ Paper 　　☐ Both (EHR and paper) ☐ Other: Specify:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: N/A **Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?** ☒ Yes 　If yes, indicate whether the state-level rate is weighted: 　☒ The rates are weighted based on the size of the measure-eligible population for each reporting unit 　☐ The rates are weighted based on another weighting factor 　☐ The rates are not weighted ☐ No

FFY 2012	FFY 2013	FFY 2014
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013

Performance Measurement Data:
Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits:
    < 21 percent of expected visits
    21 percent – 40 percent of expected visits
    41 percent – 60 percent of expected visits
    61 percent – 80 percent of expected visits
    ≥ 81 percent of expected visits
	Performance Measurement Data:
	Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits:
	    < 21 percent of expected visits
	    21 percent – 40 percent of expected visits
	    41 percent – 60 percent of expected visits
	    61 percent – 80 percent of expected visits
	    ≥ 81 percent of expected visits
		Performance Measurement Data:
		Percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits:
		    < 21 percent of expected visits
		    21 percent – 40 percent of expected visits
		    41 percent – 60 percent of expected visits
		    61 percent – 80 percent of expected visits
		    ≥ 81 percent of expected visits

< 21 percent of expected visits Numerator: Denominator: Rate: 21 percent – 40 percent of expected visits Numerator: Denominator: Rate: 41 percent – 60 percent of expected visits Numerator: Denominator: Rate: 61 percent – 80 percent of expected visits Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: Denominator: Rate:	< 21 percent of expected visits Numerator: Denominator: Rate: 21 percent – 40 percent of expected visits Numerator: Denominator: Rate: 41 percent – 60 percent of expected visits Numerator: Denominator: Rate: 61 percent – 80 percent of expected visits Numerator: Denominator: Rate: ≥ 81 percent of expected visits Numerator: Denominator: Rate:	< 21 percent of expected visits Numerator: 1 Denominator: 1 Rate: 8.48 21 percent – 40 percent of expected visits Numerator: Denominator: Rate: 4.25 41 percent – 60 percent of expected visits Numerator: Denominator: Rate: 7.04 61 percent – 80 percent of expected visits Numerator: Denominator: Rate: 14.82 ≥ 81 percent of expected visits Numerator: Denominator: Rate: 65.82

FFY 2012	FFY 2013	FFY 2014

Deviations from Measure Specifications:
☐ Year of Data, *Explain*.
 	
☐ Data Source, *Explain*.
 	
☐ Numerator,. *Explain*.
 	
☐Denominator, *Explain*.
 	
☐ Other, *Explain*.
	Deviations from Measure Specifications:
	☐ Year of Data, *Explain*.
	
	☐ Data Source, *Explain*.
	
	☐ Numerator,. *Explain*.
	
	☐Denominator, *Explain*.
	
	☐ Other, *Explain*.
		Deviations from Measure Specifications:
		☐ Year of Data, *Explain*.
		
		☐ Data Source, *Explain*.
		
		☒ Numerator,. *Explain*.
		    5 health plans' data was aggregated for this measure. 2 of the plans used a hybrid methodology and 3 used administrative only. While it was possible to weight the rates to arrive at an aggregate rate. This was not possible for the numerator.
		☒Denominator, *Explain*.
		    5 health plans' data was aggregated for this measure. 2 of the plans used a hybrid methodology and 3 used administrative only. While it was possible to weight the rates to arrive at an aggregate rate. This was not possible for the denominator.
		☐ Other, *Explain*.

Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure: State will run this measure using MMIS encounter beginning with FFY 2015 report.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014

Did you Update any Data for this Measure? ☐ Yes
 	
Did you report on this measure?
☐ Yes
☒ No
 	
If Data Not Reported, Please Explain Why:
☐ Population not covered.
☒ Data not available. *Explain*:
☐ Small sample size (less than 30)
   Specify sample size:
☐ Other. *Explain*:
Louisiana is working to gather the data for this measure for the FFY13 report.
	Did you Update any Data for this Measure? ☐ Yes
	
	Did you report on this measure?
	☐ Yes
	☒ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☒ Data not available. *Explain*:
	☐ Small sample size (less than 30).
	   Specify sample size:
	☐ Other. *Explain*:
	Louisiana is working to gather the data for this measure for the FFY14 report.
		Did you Report on this Measure?
		☒ Yes
		☐ No
		
		If Data Not Reported, Please Explain Why:
		Select all that apply (Must select at least one):
		☐ Service not covered
		☐ Population not covered
		   ☐ Entire population not covered
		   ☐ Partial population not covered
		   Explain the partial population not covered:
		
		☐ Data not available
		   Explain why data not available
		   ☐ Budget constraints
		   ☐ Staff constraints
		   ☐ Data inconsistencies/accuracy
		   Please explain:
		   ☐ Data source not easily accessible
		     Select all that apply
		     ☐ Requires medical record review
		     ☐ Requires data linkage which does not currently exist
		     ☐ Other:
		   ☐ Information not collected.
		     Select all that apply
		     ☐ Not collected by provider (hospital/health plan)
		     ☐ Other:
		   ☐ Other:
		☐ Small sample size (less than 30)
		   Enter specific sample size:
		☐ Other. Explain:

Status of Data Reported:
☐ Provisional.
  Explanation of Provisional Data:
 	
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	  Explanation of Provisional Data:
	
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: ☐ CDC ☐ Other. *Explain*:	**Measurement Specification:** ☐ CDC ☐ Other. *Explain*:	**Measurement Specification:** ☒ CDC ☐ Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative Data Only From where is the Administrative Data coming? *Must select one or more if Administrative Data is selected:* ☒ Vital Records Other. Specify: ☐ Other: Specify:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: **Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?** ☐ Yes If yes, indicate whether the state-level rate is weighted: ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit ☐ The rates are weighted based on another weighting factor ☐ The rates are not weighted No
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013
Performance Measurement Data: Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	**Performance Measurement Data:** Percentage of resident live births that weighed less than 2,500 grams in the State reporting period	**Performance Measurement Data:** Percentage of live births that weighed less than 2,500 grams in the State during the reporting period
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 5529 Denominator: 43818 Rate: 12.62

FFY 2012	FFY 2013	FFY 2014
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure: Medicaid-financed was defined as whether there was evidence of paid claims for mother or child during month of delivery.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

MEASURE PCO2-CH: Cesarean Section for Nulliparous Singleton Vertex

FFY 2012	FFY 2013	FFY 2014

Did you Update any Data for this Measure? ☐ Yes
 	
Did you report on this measure?
☐ Yes
☒ No
 	
If Data Not Reported, Please Explain Why:
☐ Population not covered.
☒ Data not available. *Explain*:
☐ Small sample size (less than 30).
    Specify sample size:
☐ Other. *Explain*:
Louisiana is working to gather the data for this measure for the FFY13 report.
	Did you Update any Data for this Measure? ☐ Yes
	
	Did you report on this measure?
	☐ Yes
	☒ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☒ Data not available. *Explain*:
	☐ Small sample size (less than 30).
	    Specify sample size:
	☐ Other. *Explain*:
	Louisiana is working to gather the data for this measure for the FFY14 report.
		Did you Report on this Measure?
		☒ Yes
		☐ No
		
		If Data Not Reported, Please Explain Why:
		Select all that apply (Must select at least one):
		☐ Service not covered
		☐ Population not covered
		    ☐ Entire population not covered
		    ☐ Partial population not covered
		    Explain the partial population not covered:
		
		☐ Data not available
		    Explain why data not available
		    ☐ Budget constraints
		    ☐ Staff constraints
		    ☐ Data inconsistencies/accuracy
		    Please explain:
		    ☐ Data source not easily accessible
		        Select all that apply
		        ☐ Requires medical record review
		        ☐ Requires data linkage which does not currently exist
		        ☐ Other:
		    ☐ Information not collected.
		        Select all that apply
		        ☐ Not collected by provider (hospital/health plan)
		        ☐ Other:
		    ☐ Other:
		☐ Small sample size (less than 30)
		    Enter specific sample size:
		☐ Other. Explain:

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
 	
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: ☐ CMQCC ☐ Other. *Explain*:	**Measurement Specification:** ☐ CMQCC ☐ Other. *Explain*:	**Measurement Specification:** ☒ The Joint Commission ☐ Other. *Explain*:

Data Source:
☐ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data). *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Data Source:
	☐ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data). *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Data Source:
		☒ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		  ☒ Medicaid Management Information System (MMIS)
		  ☒ Vital Records
		  ☐ Other. Specify:
		☐ Hybrid (Administrative and Medical Records Data)
		  From where is the Administrative Data coming?
		  Must select one or more
		    ☐ Medicaid Management Information System (MMIS)
		    ☐ Vital Records
		    ☐ Other. Specify:
		  From where is the Medical Records Data coming?
		  Must select one:
		    ☐ Electronic Health Record (EHR) Data
		    ☐ Paper
		    ☐ Both (EHR and paper)
		☐ Other: Specify:

Definition of Population Included in the Measure:
Definition of numerator:
Definition of denominator:
☐ Denominator includes CHIP population only.
☐ Denominator includes Medicaid population only.
☐ Denominator includes CHIP and Medicaid (Title XIX).
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
	Definition of Population Included in the Measure:
	Definition of numerator:
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☐ Denominator includes CHIP and Medicaid (Title XIX).
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		Definition of denominator:
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☒ Denominator includes CHIP and Medicaid (Title XIX).
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		  If yes, indicate whether the state-level rate is weighted:
		  ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		  ☐ The rates are weighted based on another weighting factor

FFY 2012	FFY 2013	FFY 2014
		☐ The rates are not weighted ☒ No
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013
Performance Measurement Data: Percentage of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	**Performance Measurement Data:** Percentage of women who had a cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	**Performance Measurement Data:** Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 2650 Denominator: 9135 Rate: 29.01
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

MEASURE CIS-CH: Childhood Immunization Status

FFY 2012	FFY 2013	FFY 2014
Did you Update any Data for this Measure? ☐ Yes	**Did you Update any Data for this Measure?** ☐ Yes	**Did you Report on this Measure?** ☒ Yes ☐ No
Did you report on this measure? ☐ Yes ☒ No	**Did you report on this measure?** ☐ Yes ☒ No	

If Data Not Reported, Please Explain Why:
☐ Population not covered.
☒ Data not available. *Explain*:
☐ Small sample size (less than 30).
    Specify sample size:
☐ Other. *Explain*:
Louisiana is working to gather the data for this measure for the FFY13 report.
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☒ Data not available. *Explain*:
	☐ Small sample size (less than 30).
	    Specify sample size:
	☐ Other. *Explain*:
	Louisiana is working to gather the data for this measure for the FFY14 report.
		If Data Not Reported, Please Explain Why:
		Select all that apply (Must select at least one):
		☐ Service not covered
		☐ Population not covered
		    ☐ Entire population not covered
		    ☐ Partial population not covered
		    Explain the partial population not covered:
		
		☐ Data not available
		    Explain why data not available
		    ☐ Budget constraints
		    ☐ Staff constraints
		    ☐ Data inconsistencies/accuracy
		    Please explain:
		    ☐ Data source not easily accessible
		      Select all that apply
		      ☐ Requires medical record review
		      ☐ Requires data linkage which does not currently exist
		      ☐ Other:
		    ☐ Information not collected.
		      Select all that apply
		      ☐ Not collected by provider (hospital/health plan)
		      ☐ Other:
		    ☐ Other:
		☐ Small sample size (less than 30)
		    Enter specific sample size:
		☐ Other. Explain:

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
 	
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used*: 2014 ☐Other. *Explain*:

Data Source:
☐ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data). *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Data Source:
	☐ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data). *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Data Source:
		☒ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		  ☒ Medicaid Management Information System (MMIS)
		  ☒ Immunization Registry
		  ☐ Other. Specify:
		☐ Hybrid (Administrative and Medical Records Data)
		  From where is the Administrative Data coming?
		  Must select one or more
		    ☐ Medicaid Management Information System (MMIS)
		    ☐ Immunization Registry
		    ☐ Other. Specify:
		  From where is the Medical Records Data coming?
		  Must select one:
		    ☐ Electronic Health Record (EHR) Data
		    ☐ Paper
		    ☐ Both (EHR and paper)
		☐ Other: Specify:

FFY 2012	FFY 2013	FFY 2014
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: **Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?** ☐ Yes If yes, indicate whether the state-level rate is weighted: ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit ☐ The rates are weighted based on another weighting factor ☐ The rates are not weighted ☒ No
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013
Performance Measurement Data: Percentage of children who turned 2 years old during the measurement year who had specific vaccines by their second birthday	**Performance Measurement Data:** Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday	**Performance Measurement Data:** Percentage of children who turned 2 years old during the measurement year and had specific vaccines by their second birthday

FFY 2012		FFY 2013		FFY 2014	
DTap Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:	DTap Numerator: Denominator: Rate:	Combo 2 Numerator: Denominator: Rate:	DTap Numerator: 29702 Denominator: 39281 Rate: 75.61	Combo 2 Numerator: 28436 Denominator: 39281 Rate: 72.39
IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: Denominator: Rate:	Combo 3 Numerator: Denominator: Rate:	IPV Numerator: 35938 Denominator: 39281 Rate: 91.49	Combo 3 Numerator: 26919 Denominator: 39281 Rate: 68.53
MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: Denominator: Rate:	Combo 4 Numerator: Denominator: Rate:	MMR Numerator: 34930 Denominator: 39281 Rate: 88.92	Combo 4 Numerator: 25879 Denominator: 39281 Rate: 65.88
HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: Denominator: Rate:	Combo 5 Numerator: Denominator: Rate:	HiB Numerator: 35847 Denominator: 39281 Rate: 91.26	Combo 5 Numerator: 22185 Denominator: 39281 Rate: 56.48
Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: Denominator: Rate:	Combo 6 Numerator: Denominator: Rate:	Hep B Numerator: 35993 Denominator: 39281 Rate: 91.63	Combo 6 Numerator: 12710 Denominator: 39281 Rate: 32.36
VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: Denominator: Rate:	Combo 7 Numerator: Denominator: Rate:	VZV Numerator: 34985 Denominator: 39281 Rate: 89.06	Combo 7 Numerator: 21561 Denominator: 39281 Rate: 54.89
PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: Denominator: Rate:	Combo 8 Numerator: Denominator: Rate:	PCV Numerator: 30088 Denominator: 39281 Rate: 76.60	Combo 8 Numerator: 12403 Denominator: 39281 Rate: 31.58
Hep A Numerator: Denominator: Rate:		Hep A Numerator: Denominator: Rate:		Hep A Numerator: 33400 Denominator: 39281 Rate: 85.03	

FFY 2012		FFY 2013		FFY 2014	
RV Numerator: Denominator: Rate: Flu Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate: Combo 10 Numerator: Denominator: Rate:	RV Numerator: Denominator: Rate: Flu Numerator: Denominator: Rate:	Combo 9 Numerator: Denominator: Rate: Combo 10 Numerator: Denominator: Rate:	RV Numerator: 26688 Denominator: 39281 Rate: 67.94 Flu Numerator: 14754 Denominator: 39281 Rate: 37.56	Combo 9 Numerator: 10903 Denominator: 39281 Rate: 27.76 Combo 10 Numerator: 10717 Denominator: 39281 Rate: 27.28
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.		Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.		Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	
Additional notes on measure:		Additional notes on measure:		Additional notes/comments on measure:	
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:	
Additional notes on measure:		Additional notes on measure:		Additional notes/comments on measure:	

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

FFY 2012	FFY 2013	FFY 2014
Did you Update any Data for this Measure? ☐ Yes	**Did you Update any Data for this Measure?** ☐ Yes	**Did you Report on this Measure?** ☒ Yes ☐ No
Did you report on this measure? ☐ Yes ☒ No	**Did you report on this measure?** ☐ Yes ☒ No	**If Data Not Reported, Please Explain Why:** *Select all that apply (Must select at least one)*: ☐ Service not covered ☐ Population not covered
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY13 report.	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY14 report.	☐ Entire population not covered ☐ Partial population not covered 　　Explain the partial population not covered: ☐ Data not available 　Explain why data not available 　☐ Budget constraints 　☐ Staff constraints 　☐ Data inconsistencies/accuracy 　　Please explain: 　☐ Data source not easily accessible 　　*Select all that apply* 　　☐ Requires medical record review 　　☐ Requires data linkage which does not currently exist 　　☐ Other: 　☐ Information not collected. 　　*Select all that apply* 　　☐ Not collected by provider (hospital/health plan) 　　☐ Other: 　☐ Other: ☐ Small sample size (less than 30) 　Enter specific sample size: ☐ Other. Explain:
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: ☐HEDIS. Specify version of *HEDIS® used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used*: 2014 ☐Other. *Explain*:

Data Source:
☐ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data). *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Data Source:
	☐ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data). *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Data Source:
		☒ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		  ☒ Medicaid Management Information System (MMIS)
		  ☒ Immunization Registry
		  ☐ Other. Specify:
		☐ Hybrid (Administrative and Medical Records Data)
		  From where is the Administrative Data coming?
		  Must select one or more
		    ☐ Medicaid Management Information System (MMIS)
		    ☐ Immunization Registry
		    ☐ Other. Specify:
		  From where is the Medical Records Data coming?
		  Must select one:
		    ☐ Electronic Health Record (EHR) Data
		    ☐ Paper
		    ☐ Both (EHR and paper)
		☐ Other: Specify:

Definition of Population Included in the Measure:
Definition of numerator:
Definition of denominator:
☐ Denominator includes CHIP population only.
☐ Denominator includes Medicaid population only.
☐ Denominator includes CHIP and Medicaid (Title XIX).
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
	Definition of Population Included in the Measure:
	Definition of numerator:
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☐ Denominator includes CHIP and Medicaid (Title XIX).
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		
		Definition of denominator:
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☒ Denominator includes CHIP and Medicaid (Title XIX).
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		  If yes, indicate whether the state-level rate is weighted:
		  ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		  ☐ The rates are weighted based on another weighting factor

FFY 2012	FFY 2013	FFY 2014
		☐ The rates are not weighted ☒ No
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013
Performance Measurement Data: The percentage of adolescents 13 years of age who had specific vaccines by their 13th birthday.	**Performance Measurement Data:** Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday	**Performance Measurement Data:** Percentage of adolescents who turned 13 years old during the measurement year and had specific vaccines by their 13th birthday
Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate:	Meningococcal Numerator: Denominator: Rate: Tdap/Td Numerator: Denominator: Rate: Combination (Meningococcal, Tdap/Td) Numerator: Denominator: Rate:	Meningococcal Numerator: 31601 Denominator: 35495 Rate: 89.03 Tdap/Td Numerator: 31692 Denominator: 35495 Rate: 89.29 Combination (Meningococcal, Tdap/Td) Numerator: 31296 Denominator: 35495 Rate: 88.17
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

Screening

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

FFY 2012	FFY 2013	FFY 2014
Did you Update any Data for this Measure? ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY13 report.	**Did you Update any Data for this Measure?** ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY14 report.	**Did you Report on this Measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** *Select all that apply (Must select at least one)*: ☐ Service not covered ☐ Population not covered 　　☐ Entire population not covered 　　☐ Partial population not covered 　　　Explain the partial population not covered: ☐ Data not available 　　Explain why data not available 　　☐ Budget constraints 　　☐ Staff constraints 　　☐ Data inconsistencies/accuracy 　　　Please explain: 　　☐ Data source not easily accessible 　　　*Select all that apply* 　　　☐ Requires medical record review 　　　☐ Requires data linkage which does not currently exist 　　　☐ Other: 　　☐ Information not collected. 　　　*Select all that apply* 　　　☐ Not collected by provider (hospital/health plan) 　　　☐ Other: 　　☐ Other: ☐ Small sample size (less than 30) 　　Enter specific sample size: ☐ Other. Explain:
Status of Data Reported: ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report.	**Status of Data Reported:** ☐ Provisional. 　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report.	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*

FFY 2012	FFY 2013	FFY 2014
Specify year of annual report in which data previously reported:	*Specify year of annual report in which data previously reported:*	
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify HEDIS® Version used*: ☐ Other. *Explain*:	**Measurement Specification:** ☒ HEDIS. *Specify HEDIS® Version used*: 2014 ☐ Other. *Explain*:
Data Source: ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative Data Only From where is the Administrative Data coming? *Must select one or more if Administrative Data is selected:* ☐ Medicaid Management Information System (MMIS) ☐ Other. Specify: ☒ Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? *Must select one or more* ☐ Medicaid Management Information System (MMIS) ☒ Other. Specify: MCO Claims Adjudication Systems From where is the Medical Records Data coming? *Must select one:* ☐ Electronic Health Record (EHR) Data ☒ Paper ☐ Both (EHR and paper) ☐ Other: Specify:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: **Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?** ☒ Yes If yes, indicate whether the state-level rate is weighted: ☒ The rates are weighted based on the size of the

FFY 2012	FFY 2013	FFY 2014
		measure-eligible population for each reporting unit ☐ The rates are weighted based on another weighting factor ☐ The rates are not weighted ☐ No
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013
Performance Measurement Data: Percentage of children 3 through 17 years of age whose weight is classified based on BMI percentile for age and gender.	**Performance Measurement Data:** Percentage of children ages 3 to 17 that had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile for age and gender	**Performance Measurement Data:** Percentage of children ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index percentile (BMI) for age and gender

3-11years Numerator: Denominator: Rate: 12-17 years Numerator: Denominator: Rate:	Total Numerator: Denominator: Rate:	3-11 years Numerator: Denominator: Rate: 12-17 years Numerator: Denominator: Rate:	Total Numerator: Denominator: Rate:	3-11 years Numerator: 74 Denominator: 273 Rate: 26.98 12-17 years Numerator: 46 Denominator: 149 Rate: 30.68	Total Numerator: 119 Denominator: 422 Rate: 28.22

FFY 2012	FFY 2013	FFY 2014
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014
Did you Update any Data for this Measure? ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY13 report.	**Did you Update any Data for this Measure?** ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY14 report.	**Did you Report on this Measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** *Select all that apply (Must select at least one)*: ☐ Service not covered ☐ Population not covered ☐ Entire population not covered ☐ Partial population not covered Explain the partial population not covered: ☒ Data not available Explain why data not available ☒ Budget constraints ☐ Staff constraints ☐ Data inconsistencies/accuracy Please explain: ☒ Data source not easily accessible *Select all that apply* ☒ Requires medical record review ☐ Requires data linkage which does not currently exist ☐ Other: ☐ Information not collected. *Select all that apply* ☐ Not collected by provider (hospital/health plan) ☐ Other: ☐ Other: ☐ Small sample size (less than 30) Enter specific sample size: ☐ Other. Explain:
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*

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

FFY 2012	FFY 2013	FFY 2014
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Percentage of children screened for risk development behavioral and social delays using a standardized tool in the 12 months preceding their first, second, or third birthday.	**Performance Measurement Data:** Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.	**Performance Measurement Data:** Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.
Children screened by 12 months of age Numerator: Denominator: Rate: Children screened by 24 months of age Numerator: Denominator: Rate: Children screened by 36 months of age Numerator: Denominator: Rate:	Children screened by 12 months of age Numerator: Denominator: Rate: Children screened by 24 months of age Numerator: Denominator: Rate: Children screened by 36 months of age Numerator: Denominator: Rate:	Children screened by 12 months of age Numerator: Denominator: Rate: Children screened by 24 months of age Numerator: Denominator: Rate: Children screened by 36 months of age Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

MEASURE CHL-CH: Chlamydia Screening in Women

FFY 2012	FFY 2013	FFY 2014

Did you Update any Data for this Measure? ☐ Yes
 	
Did you report on this measure?
☐ Yes
☒ No
 	
If Data Not Reported, Please Explain Why:
☐ Population not covered.
☒ Data not available. *Explain*:
☐ Small sample size (less than 30).
    Specify sample size:
☐ Other. *Explain*:
Louisiana is working to gather the data for this measure for the FFY13 report.
	Did you Update any Data for this Measure? ☐ Yes
	
	Did you report on this measure?
	☐ Yes
	☒ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☒ Data not available. *Explain*:
	☐ Small sample size (less than 30).
	    Specify sample size:
	☐ Other. *Explain*:
	Louisiana is working to gather the data for this measure for the FFY14 report.
		Did you Report on this Measure?
		☒ Yes
		☐ No
		
		If Data Not Reported, Please Explain Why:
		Select all that apply (Must select at least one):
		☐ Service not covered
		☐ Population not covered
		   ☐ Entire population not covered
		   ☐ Partial population not covered
		     Explain the partial population not covered:
		
		☐ Data not available
		   Explain why data not available
		   ☐ Budget constraints
		   ☐ Staff constraints
		   ☐ Data inconsistencies/accuracy
		     Please explain:
		   ☐ Data source not easily accessible
		     Select all that apply
		     ☐ Requires medical record review
		     ☐ Requires data linkage which does not currently exist
		     ☐ Other:
		   ☐ Information not collected.
		     Select all that apply
		     ☐ Not collected by provider (hospital/health plan)
		     ☐ Other:
		   ☐ Other:
		☐ Small sample size (less than 30)
		   Enter specific sample size:
		☐ Other. Explain:

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
 	
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS® used below:* ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify HEDIS® Version used:* ☐ Other. *Explain*:	**Measurement Specification:** ☒ HEDIS. *Specify HEDIS® Version used:* 2014 ☐ Other. *Explain*:

Data Source:
☐ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data). *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Data Source:
	☐ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data). *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Data Source:
		☒ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		  ☒ Medicaid Management Information System (MMIS)
		  ☐ Other. Specify:
		☐ Other: Specify:

Definition of Population Included in the Measure:
Definition of numerator:
Definition of denominator:
☐ Denominator includes CHIP population only.
☐ Denominator includes Medicaid population only.
☐ Denominator includes CHIP and Medicaid (Title XIX).
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
	Definition of Population Included in the Measure:
	Definition of numerator:
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☐ Denominator includes CHIP and Medicaid (Title XIX).
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		Definition of denominator:
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☒ Denominator includes CHIP and Medicaid (Title XIX).
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		  If yes, indicate whether the state-level rate is weighted:
		  ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		  ☐ The rates are weighted based on another weighting factor
		  ☐ The rates are not weighted
		☒ No

Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013
Performance Measurement Data: Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year	**Performance Measurement Data:** Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year	**Performance Measurement Data:** Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for Chlamydia during the measurement year
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 20956 Denominator: 38276 Rate: 54.75

FFY 2012	FFY 2013	FFY 2014
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Well-child Care Visits (WCV)

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

FFY 2012	FFY 2013	FFY 2014

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

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
 	
☒ Final.
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	
	☐ Final.
		Status of Data Reported:
		☐ Provisional.
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously

FFY 2012	FFY 2013	FFY 2014
☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2012	*reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2012 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2012 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2014 ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Medicaid Management Information System (MMIS); HEDIS®-like methodology with measurement year from January 1, 2011 to December 31, 2011.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Medicaid Management Information System (MMIS); HEDIS®-like methodology with measurement year from January 1, 2011 to December 31, 2011.	**Data Source:** ☒ Administrative Data Only From where is the Administrative Data coming? *Must select one or more if Administrative Data is selected:* ☒ Medicaid Management Information System (MMIS) ☐ Other. Specify: Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? *Must select one or more* ☐ Medicaid Management Information System (MMIS) ☐ Other. Specify: From where is the Medical Records Data coming? *Must select one:* ☐ Electronic Health Record (EHR) Data ☐ Paper ☐ Both (EHR and paper) ☐ Other: Specify:
Definition of Population Included in the Measure: Definition of numerator: As of December 31, 2011 the number of unique recipients who were enrolled for at least 14 of the last 15 months who visited primary care practitioners at least once (twice, three times, four times, five times, or six or more times) in their first 15 months of life. Includes CHIP and Medicaid populations as of December 2011. Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: As of December 31, 2011 the number of unique recipients who were enrolled for at least 14 of the last 15 months who visited primary care practitioners at least once (twice, three times, four times, five times, or six or more times) in their first 15 months of life. Includes CHIP and Medicaid populations as of December 2011. Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: **Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?** ☐ Yes If yes, indicate whether the state-level rate is weighted: ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit

FFY 2012	FFY 2013	FFY 2014
		☐ The rates are weighted based on another weighting factor ☐ The rates are not weighted ☒ No
Date Range: **From: (mm/yyyy)** 01/2011 **To: (mm/yyyy)** 12/2011	**Date Range:** **From: (mm/yyyy)** 01/2011 **To: (mm/yyyy)** 12/2011	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013
Performance Measurement Data: Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life	**Performance Measurement Data:** Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life	**Performance Measurement Data:** Percentage of children who turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life

FFY 2012		FFY 2013		FFY 2014	
0 visits Numerator: 1064 Denominator: 40197 Rate: 2.65	4 visits Numerator: 4309 Denominator: 40197 Rate: 10.72	0 visits Numerator: 1064 Denominator: 40197 Rate: 2.65	4 visits Numerator: 4309 Denominator: 40197 Rate: 10.72	0 visits Numerator: 2147 Denominator: 39464 Rate: 5.44	4 visits Numerator: 5322 Denominator: 39464 Rate: 13.49
1 visits Numerator: 1153 Denominator: 40197 Rate: 2.87	5 visits Numerator: 6831 Denominator: 40197 Rate: 16.99	1 visits Numerator: 1153 Denominator: 40197 Rate: 2.87	5 visits Numerator: 6831 Denominator: 40197 Rate: 16.99	1 visits Numerator: 2139 Denominator: 39464 Rate: 5.42	5 visits Numerator: 7360 Denominator: 39464 Rate: 18.65
2 visits Numerator: 1746 Denominator: 40197 Rate: 4.34	6+ visits Numerator: 22469 Denominator: 40197 Rate: 55.90	2 visits Numerator: 1746 Denominator: 40197 Rate: 4.34	6+ visits Numerator: 22469 Denominator: 40197 Rate: 55.90	2 visits Numerator: 2893 Denominator: 39464 Rate: 7.33	6+ visits Numerator: 15533 Denominator: 39464 Rate: 39.36
3 visits Numerator: 2625 Denominator: 40197 Rate: 6.53		3 visits Numerator: 2625 Denominator: 40197 Rate: 6.53		3 visits Numerator: 4070 Denominator: 39464 Rate: 10.31	

FFY 2012	FFY 2013	FFY 2014

Deviations from Measure Specifications:
☒ Year of Data, *Explain*.
    Measurement year from 01/2011 to 12/2011
☐ Data Source, *Explain*.
 	
☐ Numerator,. *Explain*.
 	
☐Denominator, *Explain*.
 	
☐ Other, *Explain*.
	Deviations from Measure Specifications:
	☒ Year of Data, *Explain*.
	    Measurement year from 01/2011 to 12/2011
	☐ Data Source, *Explain*.
	
	☐ Numerator,. *Explain*.
	
	☐Denominator, *Explain*.
	
	☐ Other, *Explain*.
		Deviations from Measure Specifications:
		☐ Year of Data, *Explain*.
		
		☐ Data Source, *Explain*.
		
		☐ Numerator,. *Explain*.
		
		☐Denominator, *Explain*.
		
		☐ Other, *Explain*.

Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014

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

Status of Data Reported:
☐ Provisional.
     Explanation of Provisional Data:
 	
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	     Explanation of Provisional Data:
	
	☐ Final.
	☒ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
	2012
		Status of Data Reported:
		☐ Provisional.
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2012 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2012 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2014 ☐Other. *Explain*:

Data Source:
☒ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data). *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
Medicaid Management Information System (MMIS); HEDIS®-like methodology with measurement year from January 1, 2011 to December 31, 2011.
	Data Source:
	☒ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data). *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
	Medicaid Management Information System (MMIS); HEDIS®-like methodology with measurement year from January 1, 2011 to December 31, 2011.
		Data Source:
		☒ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		  ☒ Medicaid Management Information System (MMIS)
		  ☐ Other. Specify:
		☐ Hybrid (Administrative and Medical Records Data)
		  From where is the Administrative Data coming?
		  Must select one or more
		  ☐ Medicaid Management Information System (MMIS)
		  ☐ Other. Specify:
		  From where is the Medical Records Data coming?
		  Must select one:
		  ☐ Electronic Health Record (EHR) Data
		  ☐ Paper
		  ☐ Both (EHR and paper)
		☐ Other: Specify:

Definition of Population Included in the Measure:
Definition of numerator: As of December 31, 2011, the number of children who had a least one well-child visit during the measurement year. Includes CHIP and Medicaid populations as of December 2011.
Definition of denominator:
☐ Denominator includes CHIP population only.
☐ Denominator includes Medicaid population only.
☒ Denominator includes CHIP and Medicaid (Title XIX).
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
	Definition of Population Included in the Measure:
	Definition of numerator: As of December 31, 2011, the number of children who had a least one well-child visit during the measurement year. Includes CHIP and Medicaid populations as of December 2011.
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☒ Denominator includes CHIP and Medicaid (Title XIX).
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		
		Definition of denominator:
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☒ Denominator includes CHIP and Medicaid (Title XIX).
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		  If yes, indicate whether the state-level rate is weighted:
		  ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		  ☐ The rates are weighted based on another weighting factor
		  ☐ The rates are not weighted

FFY 2012	FFY 2013	FFY 2014
		☒ No
Date Range: **From: (mm/yyyy)** 01/2011 **To: (mm/yyyy)** 12/2011	**Date Range:** **From: (mm/yyyy)** 01/2011 **To: (mm/yyyy)** 12/2011	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013
Performance Measurement Data: Percentage of children age 3 to 6 years old who had one or more well-child visits with a primary care practitioner during the measurement year.	**Performance Measurement Data:** Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.	**Performance Measurement Data:** Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.
1+ visits Numerator: 107269 Denominator: 167881 Rate: 63.90	1+ visits Numerator: 107269 Denominator: 167881 Rate: 63.90	1+ visits Numerator: 93937 Denominator: 165058 Rate: 56.91

Deviations from Measure Specifications:
☒ Year of Data, *Explain*.
   Measurement year from 01/2011 to 12/2011
☐ Data Source, *Explain*.
 	
☐ Numerator,. *Explain*.
 	
☐Denominator, *Explain*.
 	
☐ Other, *Explain*.
	Deviations from Measure Specifications:
	☒ Year of Data, *Explain*.
	   Measurement year from 01/2011 to 12/2011
	☐ Data Source, *Explain*.
	
	☐ Numerator,. *Explain*.
	
	☐Denominator, *Explain*.
	
	☐ Other, *Explain*.
		Deviations from Measure Specifications:
		☐ Year of Data, *Explain*.
		
		☐ Data Source, *Explain*.
		
		☐ Numerator,. *Explain*.
		
		☐Denominator, *Explain*.
		
		☐ Other, *Explain*.

Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

MEASURE AWC-CH: Adolescent Well-Care Visit

FFY 2012	FFY 2013	FFY 2014
Did you Update any Data for this Measure? ☐ Yes	**Did you Update any Data for this Measure?** ☐ Yes	**Did you Report on this Measure?** ☒ Yes ☐ No
Did you report on this measure? ☒ Yes ☐ No	**Did you report on this measure?** ☒ Yes ☐ No	

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

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
 	
☒ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	
	☐ Final.
	☒ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported: 2012
		Status of Data Reported:
		☐ Provisional.
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2012 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2012 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2014 ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Medicaid Management Information System (MMIS); HEDIS®-like methodology with measurement year from January 1, 2011 to December 31, 2011.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Medicaid Management Information System (MMIS); HEDIS®-like methodology with measurement year from January 1, 2011 to December 31, 2011.	**Data Source:** ☒ Administrative Data Only From where is the Administrative Data coming? *Must select one or more if Administrative Data is selected:* 　☒ Medicaid Management Information System (MMIS) 　☐ Other. Specify: ☐ Hybrid (Administrative and Medical Records Data) 　From where is the Administrative Data coming? 　*Must select one or more* 　☐ Medicaid Management Information System (MMIS) 　☐ Other. Specify: 　From where is the Medical Records Data coming? 　*Must select one:* 　☐ Electronic Health Record (EHR) Data 　☐ Paper 　☐ Both (EHR and paper) ☐ Other: Specify:
Definition of Population Included in the Measure: Definition of numerator: The percentage of enrolled members who were 12-21 years of age and who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Includes CHIP and Medicaid populations as of December 2011. Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The percentage of enrolled members who were 12-21 years of age and who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Includes CHIP and Medicaid populations as of December 2011. Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: **Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?** ☐ Yes 　If yes, indicate whether the state-level rate is weighted: 　☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit 　☐ The rates are weighted based on another weighting factor 　☐ The rates are not weighted ☒ No

FFY 2012	FFY 2013	FFY 2014
Date Range: **From: (mm/yyyy)** 01/2011 **To: (mm/yyyy)** 12/2011	**Date Range:** **From: (mm/yyyy)** 01/2011 **To: (mm/yyyy)** 12/2011	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013
Performance Measurement Data: Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.	**Performance Measurement Data:** Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.	**Performance Measurement Data:** Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year.
Numerator: 101366 Denominator: 253819 Rate: 39.94	Numerator: 101366 Denominator: 253819 Rate: 39.94	Numerator: 89092 Denominator: 236387 Rate: 37.69
Deviations from Measure Specifications: ☒ Year of Data, *Explain*. Measurement year from 01/2011 to 12/2011 ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☒ Year of Data, *Explain*. Measurement year from 01/2011 to 12/2011 ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Dental

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

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

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

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

FFY 2012	FFY 2013	FFY 2014

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
 	
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐CMS ☐Other. *Explain*:	**Measurement Specification:** ☐CMS ☐Other. *Explain*:	**Measurement Specification:** ☐CMS ☐Other. *Explain*:

Data Source:
☐ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data). *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Data Source:
	☐ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data). *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Data Source:
		☐ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		    ☐ Medicaid Management Information System (MMIS)
		    ☐ Other. Specify:
		☐ Other: Specify:

Definition of Population Included in the Measure:
Definition of numerator:
Definition of denominator:
☐ Denominator includes CHIP population only.
☐ Denominator includes Medicaid population only.
☐ Denominator includes CHIP and Medicaid (Title XIX).
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
	Definition of Population Included in the Measure:
	Definition of numerator:
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☐ Denominator includes CHIP and Medicaid (Title XIX).
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		Definition of denominator:
		
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☐ Denominator includes CHIP and Medicaid (Title XIX).
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		    If yes, indicate whether the state-level rate is weighted:
		    ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		    ☐ The rates are weighted based on another weighting factor
		    ☐ The rates are not weighted
		☐ No

Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**

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

Access

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

FFY 2012	FFY 2013	FFY 2014

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

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
 	
☒ Final.
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	
	☐ Final.
		Status of Data Reported:
		☐ Provisional.
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously

FFY 2012	FFY 2013	FFY 2014
☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2012	*reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: 2012 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2012 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used:* 2014 ☐Other. *Explain*:
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Medicaid Management Information System (MMIS); HEDIS®-like methodology with measurement year from January 1, 2011 to December 31, 2011.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Medicaid Management Information System (MMIS); HEDIS®-like methodology with measurement year from January 1, 2011 to December 31, 2011.	**Data Source:** ☒ Administrative Data Only From where is the Administrative Data coming? *Must select one or more if Administrative Data is selected:* ☒ Medicaid Management Information System (MMIS) ☐ Other. Specify: ☐ Other: Specify:
Definition of Population Included in the Measure: Definition of numerator: As of December 31, 2011, the number of unique recipients who visited PCPs by HEDIS-defined age groups and who were enrolled for a certain number of prior months per age group as defined by HEDIS. Includes CHIP and Medicaid populations as of December 2011. Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: As of December 31, 2011, the number of unique recipients who visited PCPs by HEDIS-defined age groups and who were enrolled for a certain number of prior months per age group as defined by HEDIS. Includes CHIP and Medicaid populations as of December 2011. Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: **Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?** ☐ Yes If yes, indicate whether the state-level rate is weighted: ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit ☐ The rates are weighted based on another weighting factor ☐ The rates are not weighted ☒ No
Date Range: **From: (mm/yyyy)** 01/2011 **To: (mm/yyyy)** 12/2011	**Date Range:** **From: (mm/yyyy)** 01/2011 **To: (mm/yyyy)** 12/2011	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: 1. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 2. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year	**Performance Measurement Data:** Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages: 3. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 4. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year	**Performance Measurement Data:** Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP), including four separate percentages: 5. Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year 6. Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year

12-24 months Numerator: 43273 Denominator: 44868 Rate: 96.45	7-11 years Numerator: 151018 Denominator: 171974 Rate: 87.81	12-24 months Numerator: 43273 Denominator: 44868 Rate: 96.45	7-11 years Numerator: 151018 Denominator: 171974 Rate: 87.81	12-24 months Numerator: 40324 Denominator: 43655 Rate: 92.37	7-11 years Numerator: 147526 Denominator: 176663 Rate: 83.51
25 months-6 years Numerator: 179619 Denominator: 206609 Rate: 86.94	12-19 years Numerator: 190850 Denominator: 220837 Rate: 86.42	25 months-6 years Numerator: 179619 Denominator: 206609 Rate: 86.94	12-19 years Numerator: 190850 Denominator: 220837 Rate: 86.42	25 months-6 years Numerator: 162171 Denominator: 200588 Rate: 80.85	12-19 years Numerator: 185653 Denominator: 226852 Rate: 81.84

Deviations from Measure Specifications: ☒ Year of Data, *Explain*. Measurement year from 01/2011 to 12/2011 ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☒ Year of Data, *Explain*. Measurement year from 01/2011 to 12/2011 ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

MEASURE TDENT-CH: Percentage of Eligibles that Received Dental Treatment Services

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

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

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

FFY 2012	FFY 2013	FFY 2014

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
 	
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐ CMS ☐ Other. *Explain*:	**Measurement Specification:** ☐ CMS ☐ Other. *Explain*:	**Measurement Specification:** ☐ CMS ☐ Other. *Explain*:

Data Source:
☐ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data). *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Data Source:
	☐ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data). *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Data Source:
		☐ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		    ☐ Medicaid Management Information System (MMIS)
		    ☐ Other. Specify:
		☐ Other: Specify:

Definition of Population Included in the Measure:
Definition of numerator:
Definition of denominator:
☐ Denominator includes CHIP population only.
☐ Denominator includes Medicaid population only.
☐ Denominator includes CHIP and Medicaid (Title XIX).
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
	Definition of Population Included in the Measure:
	Definition of numerator:
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☐ Denominator includes CHIP and Medicaid (Title XIX).
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		Definition of denominator:
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☐ Denominator includes CHIP and Medicaid (Title XIX).
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		    If yes, indicate whether the state-level rate is weighted:
		    ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		    ☐ The rates are weighted based on another weighting factor
		    ☐ The rates are not weighted
		☐ No

Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**

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

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

FFY 2012	FFY 2013	FFY 2014
Did you Update any Data for this Measure? ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY13 report.	**Did you Update any Data for this Measure?** ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY14 report.	**Did you Report on this Measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** *Select all that apply (Must select at least one)*: ☐ Service not covered ☐ Population not covered 　　☐ Entire population not covered 　　☐ Partial population not covered 　　　Explain the partial population not covered: ☐ Data not available 　　Explain why data not available 　　☐ Budget constraints 　　☐ Staff constraints 　　☐ Data inconsistencies/accuracy 　　　Please explain: 　　☐ Data source not easily accessible 　　　*Select all that apply* 　　　☐ Requires medical record review 　　　☐ Requires data linkage which does not currently exist 　　　☐ Other: 　　☐ Information not collected. 　　　*Select all that apply* 　　　☐ Not collected by provider (hospital/health plan) 　　　☐ Other: 　　☐ Other: ☐ Small sample size (less than 30) 　　Enter specific sample size: ☐ Other. Explain:
Status of Data Reported: ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify HEDIS® Version used:* ☐ Other. *Explain*:	**Measurement Specification:** ☒ HEDIS. *Specify HEDIS® Version used:* 2014 ☐ Other. *Explain*:

Data Source:
☐ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data). *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Data Source:
	☐ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data). *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Data Source:
		☒ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		  ☒ Medicaid Management Information System (MMIS)
		  ☐ Other. Specify:
		☐ Other: Specify:

Definition of Population Included in the Measure:
Definition of numerator:
Definition of denominator:
☐ Denominator includes CHIP population only.
☐ Denominator includes Medicaid population only.
☐ Denominator includes CHIP and Medicaid (Title XIX).
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
	Definition of Population Included in the Measure:
	Definition of numerator:
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☐ Denominator includes CHIP and Medicaid (Title XIX).
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		Definition of denominator:
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☒ Denominator includes CHIP and Medicaid (Title XIX).
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		  If yes, indicate whether the state-level rate is weighted:
		  ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		  ☐ The rates are weighted based on another weighting factor
		  ☐ The rates are not weighted
		☒ No

Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013
Performance Measurement Data: Rate of ED visits per 1,000 member months among children up to age 19	**Performance Measurement Data:** Rate of ED visits per 1,000 member months among children up to age 19	**Performance Measurement Data:** Rate of ED visits per 1,000 enrollee months among children up to age 19

FFY 2012		FFY 2013		FFY 2014	
<1 year Numerator: Denominator: Rate:	10 to 19 years Numerator: Denominator: Rate:	<1 year Numerator: Denominator: Rate:	10 to 19 years Numerator: Denominator: Rate:	<1 year Numerator: 62444 Denominator: 573644 Rate: 108.85	10 to 19 years Numerator: 170368 Denominator: 3878145 Rate: 43.93
1 to 9 years Numerator: Denominator: Rate:	Total Numerator: Denominator: Rate:	1 to 9 years Numerator: Denominator: Rate:	Total Numerator: Denominator: Rate:	1 to 9 years Numerator: 244036 Denominator: 4514426 Rate: 54.06	Total Numerator: 476848 Denominator: 8966215 Rate: 53.18
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.		Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.		Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	
Additional notes on measure:		Additional notes on measure:		Additional notes/comments on measure:	
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:		**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	

Inpatient

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

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

FFY 2012	FFY 2013	FFY 2014

Did you report on this measure?
☐ Yes
☐ No
 	
If Data Not Reported, Please Explain Why:
☐ Population not covered.
☐ Data not available. *Explain*:
☐ Small sample size (less than 30).
    Specify sample size:
☐ Other. *Explain*:
	Did you report on this measure?
	☐ Yes
	☐ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☐ Data not available. *Explain*:
	☐ Small sample size (less than 30).
	    Specify sample size:
	☐ Other. *Explain*:
		Did you Report on this Measure?
		☐ Yes
		☐ No
		
		If Data Not Reported, Please Explain Why:
		Select all that apply (Must select at least one):
		☐ Service not covered
		☐ Population not covered
		    ☐ Entire population not covered
		    ☐ Partial population not covered
		        Explain the partial population not covered:
		
		☐ Data not available
		    Explain why data not available
		    ☐ Budget constraints
		    ☐ Staff constraints
		    ☐ Data inconsistencies/accuracy
		        Please explain:
		    ☐ Data source not easily accessible
		        Select all that apply
		        ☐ Requires medical record review
		        ☐ Requires data linkage which does not currently exist
		        ☐ Other:
		    ☐ Information not collected.
		        Select all that apply
		        ☐ Not collected by provider (hospital/health plan)
		        ☐ Other:
		    ☐ Other:
		☐ Small sample size (less than 30)
		    Enter specific sample size:
		☐ Other. Explain:

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
		Status of Data Reported:
		☐ Provisional.
		☐ Final.
		☐ Same data as reported in a previous year's annual report.

FFY 2012	FFY 2013	FFY 2014
☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	*Specify year of annual report in which data previously reported:*
Measurement Specification: ☐CDC ☐Other. *Explain*:	**Measurement Specification:** ☐CDC ☐Other. *Explain*:	**Measurement Specification:** ☐CDC ☐Other. *Explain*:

Data Source:
☐ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data) *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Data Source:
	☐ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data) *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Data Source:
		☐ Hybrid (Administrative and Medical Records Data)
		    From where is the Administrative Data coming?
		    Must select one or more
		        ☐ Medicaid Management Information System (MMIS)
		        ☐ Other. Specify:
		    From where is the Medical Records Data coming?
		    Must select one:
		        ☐ Electronic Health Record (EHR) Data
		        ☐ Paper
		        ☐ Both (EHR and paper)
		☐ Other: Specify:

Definition of Population Included in the Measure:
Definition of numerator:
Definition of denominator:
☐ Denominator includes CHIP population only.
☐ Denominator includes Medicaid population only.
☐ Denominator includes CHIP and Medicaid (Title XIX).
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
	Definition of Population Included in the Measure:
	Definition of numerator:
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☐ Denominator includes CHIP and Medicaid (Title XIX).
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		Definition of numerator:
		
		Definition of denominator:
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☐ Denominator includes CHIP and Medicaid (Title XIX).
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		    If yes, indicate whether the state-level rate is weighted:
		    ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		    ☐ The rates are weighted based on another weighting factor
		    ☐ The rates are not weighted
		☐ No

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

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

FFY 2012	FFY 2013	FFY 2014
Did you Update any Data for this Measure? ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY13 report.	**Did you Update any Data for this Measure?** ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY14 report.	**Did you Report on this Measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** *Select all that apply (Must select at least one)*: ☐ Service not covered ☐ Population not covered ☐ Entire population not covered ☐ Partial population not covered Explain the partial population not covered: ☐ Data not available Explain why data not available ☐ Budget constraints ☐ Staff constraints ☐ Data inconsistencies/accuracy Please explain: ☐ Data source not easily accessible *Select all that apply* ☐ Requires medical record review ☐ Requires data linkage which does not currently exist ☐ Other: ☐ Information not collected. *Select all that apply* ☐ Not collected by provider (hospital/health plan) ☐ Other: ☐ Other: ☐ Small sample size (less than 30) Enter specific sample size: ☐ Other. Explain:
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify HEDIS® Version used:* ☐ Other. *Explain*:	**Measurement Specification:** ☒ HEDIS. *Specify HEDIS® Version used:* 2014 ☐ Other. *Explain*:

Data Source:
☐ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data). *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Data Source:
	☐ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data). *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Data Source:
		Data Source:
		☒ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		  ☒ Medicaid Management Information System (MMIS)
		  ☐ Other. Specify:
		☐ Other: Specify:

Definition of Population Included in the Measure:
Definition of numerator:
Definition of denominator:
☐ Denominator includes CHIP population only.
☐ Denominator includes Medicaid population only.
☐ Denominator includes CHIP and Medicaid (Title XIX).
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
	Definition of Population Included in the Measure:
	Definition of numerator:
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☐ Denominator includes CHIP and Medicaid (Title XIX).
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		Definition of denominator:
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☒ Denominator includes CHIP and Medicaid (Title XIX).
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		  If yes, indicate whether the state-level rate is weighted:
		  ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		  ☐ The rates are weighted based on another weighting factor
		  ☐ The rates are not weighted
		☒ No

Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013
Performance Measurement Data: Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase	**Performance Measurement Data:** Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase	**Performance Measurement Data:** Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase

FFY 2012	FFY 2013	FFY 2014
Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:	Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:	Initiation Phase Numerator: 6456 Denominator: 14800 Rate: 43.62 Continuation and Maintenance (C&M) Phase: Numerator: 2420 Denominator: 4588 Rate: 52.75
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Mental Health

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

FFY 2012	FFY 2013	FFY 2014
Did you Update any Data for this Measure? ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY13 report.	**Did you Update any Data for this Measure?** ☐ Yes **Did you report on this measure?** ☐ Yes ☒ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*: Louisiana is working to gather the data for this measure for the FFY14 report.	**Did you Report on this Measure?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** *Select all that apply (Must select at least one)*: ☐ Service not covered ☐ Population not covered 　　☐ Entire population not covered 　　☐ Partial population not covered 　　　Explain the partial population not covered: ☐ Data not available 　　Explain why data not available 　　☐ Budget constraints 　　☐ Staff constraints 　　☐ Data inconsistencies/accuracy 　　　Please explain: 　　☐ Data source not easily accessible 　　　*Select all that apply* 　　　☐ Requires medical record review 　　　☐ Requires data linkage which does not currently exist 　　　☐ Other: 　　☐ Information not collected. 　　　*Select all that apply* 　　　☐ Not collected by provider (hospital/health plan) 　　　☐ Other: 　　☐ Other: ☐ Small sample size (less than 30) 　　Enter specific sample size: ☐ Other. Explain:
Status of Data Reported: ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final.	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final.	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously*

FFY 2012	FFY 2013	FFY 2014
☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	*reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS *Specify HEDIS® Version used:* ☐ Other. *Explain*:	**Measurement Specification:** ☒ HEDIS *Specify HEDIS® Version used:* 2014 ☐ Other. *Explain*:

Data Source:
☐ Administrative (claims data). *Specify*:
☐ Hybrid (claims and medical record data). *Specify*:
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Data Source:
	☐ Administrative (claims data). *Specify*:
	☐ Hybrid (claims and medical record data). *Specify*:
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Data Source:
		☒ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		  ☒ Medicaid Management Information System (MMIS)
		  ☐ Other. Specify:
		☐ Other: Specify:

Definition of Population Included in the Measure:
Definition of numerator:
Definition of denominator:
☐ Denominator includes CHIP population only.
☐ Denominator includes Medicaid population only.
☐ Denominator includes CHIP and Medicaid (Title XIX).
If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
	Definition of Population Included in the Measure:
	Definition of numerator:
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☐ Denominator includes CHIP and Medicaid (Title XIX).
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		Definition of denominator:
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☒ Denominator includes CHIP and Medicaid (Title XIX).
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		  If yes, indicate whether the state-level rate is weighted:
		  ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		  ☐ The rates are weighted based on another weighting factor
		  ☐ The rates are not weighted
		☒ No

Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)** 01/2013 **To: (mm/yyyy)** 12/2013

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Percentage of discharges for children aged 6 years and older that were hospitalized for treatment of a mental health disorder and who had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	**Performance Measurement Data:** Percentage of discharges for children ages 6 to 20 that were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge	**Performance Measurement Data:** Percentage of discharges for children ages 6 to 20 who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge
7 Day Follow-Up Numerator: Denominator: Rate: 30 Day Follow-Up Numerator: Denominator: Rate:	7 Day Follow-Up (children ages 6 to 20) Numerator: Denominator: Rate: 30 Day Follow-Up (children ages 6 to 20) Numerator: Denominator: Rate:	7 Day Follow-Up (children ages 6 to 20) Numerator: 1622 Denominator: 5458 Rate: 29.72 30 Day Follow-Up (children ages 6 to 20) Numerator: 2815 Denominator: 5458 Rate: 51.58
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

FFY 2012	FFY 2013	FFY 2014

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

FFY 2012	FFY 2013	FFY 2014
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes Medicaid population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: #1.Denominator includes individuals enrolled in Louisiana Medicaid's PCCM which was in place statewide from 12/2003 to 06/2012. #2.Denominator includes only CHIP Phase V enrollees. Phase V has been administered since inception in 06/2008 by the Louisiana Office of Group Benefits.	**Definition of Population Included in the Measure:** Definition of population included in the survey sample: ☒ Survey sample includes CHIP (Title XXI) population only. ☐ Survey sample includes Medicaid (Title XIX) population only. ☐ Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined. ☐ Two sets of survey results submitted; survey samples includes CHIP and Medicaid (Title XIX) populations, separately. If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of population included in the survey sample: ☐ Survey sample includes CHIP (Title XXI) population only. ☐ Survey sample includes Medicaid (Title XIX) population only. ☒ Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined. ☐ Two sets of survey results submitted; survey samples includes CHIP and Medicaid (Title XIX) populations, separately. 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 4.0. ☐ CAHPS 4.0H. ☒ Other. Explain: #1. PCCM Enrollee Satisfaction Survey (attached). #2. CHIP Phase V (LAP) Enrollee Satisfaction Survey (attached).	**Which Version of the CAHPS® Survey was Used?** ☐ CAHPS 5.0. ☒ CAHPS 5.0H. ☐ Other. Explain:	**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 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 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:	**Which Administrative Protocol was Used to Administer the Survey?** ☒ NCQA HEDIS CAHPS 5.0H administrative protocol ☐ AHRQ CAHPS administrative protocol ☐ Other administrative protocol. Explain:

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

	FFY 2013	FFY 2014

	Did you Update any Data for this Measure? ☐ Yes
	
	Did you report on this measure?
	
	☐ Yes
	☒ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☒ Data not available. Explain:
	☐ Small sample size (less than 30).
	   Specify sample size:
	☐ Other. Explain:
	Louisiana is working to gather the data for this measure for the FFY14 report.
		Did you Report on this Measure?
		
		☐ Yes
		☒ No
		
		 If Data Not Reported, Please Explain Why:
		Select all that apply (Must select at least one):
		☐ Service not covered
		☐ Population not covered
		   ☐ Entire population not covered
		   ☐ Partial population not covered
		      Explain the partial population not covered:
		
		☒ Data not available
		   Explain why data not available
		   ☒ Budget constraints
		   ☐ Staff constraints
		   ☐ Data inconsistencies/accuracy
		      Please explain:
		   ☐ Data source not easily accessible
		      Select all that apply
		      ☐ Requires medical record review
		      ☐ Requires data linkage which does not currently exist
		      ☐ Other:
		   ☐ Information not collected.
		      Select all that apply
		      ☐ Not collected by provider (hospital/health plan)
		      ☐ Other:
		   ☐ Other:
		☐ Small sample size (less than 30)
		   Enter specific sample size:
		☐ Other. Explain:

	Status of Data Reported: ☐ Provisional. Explanation of Provisional Data: ☐ Final.	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*

	FFY 2013	FFY 2014
	Measurement Specification: ☐HEDIS. Specify version of HEDIS® below: ☐Other. Explain:	**Measurement Specification:** ☐HEDIS. Specify HEDIS® Version used: ☐Other. Explain:

	Data Source:
	☐ Administrative (claims data). Specify:
	☐ Hybrid (claims and medical record data). Specify:
	☐ Survey data. Specify:
	☐ Other. Specify:
	
	Explanation:
		Data Source:
		☐ Administrative Data Only
		From where is the Administrative Data coming?
		Must select one or more if Administrative Data is selected:
		  ☐ Medicaid Management Information System (MMIS)
		  ☐ Other. Specify:
		☐ Hybrid (Administrative and Medical Records Data)
		  From where is the Administrative Data coming?
		  Must select one or more
		    ☐ Medicaid Management Information System (MMIS)
		    ☐ Other. Specify:
		  From where is the Medical Records Data coming?
		  Must select one:
		    ☐ Electronic Health Record (EHR) Data
		    ☐ Paper
		    ☐ Both (EHR and paper)
		☐ Other: Specify:

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

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

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

	FFY 2013	FFY 2014

	Did you Update any Data for this Measure? ☐ Yes
	
	Did you Report on this Measure?
	
	☐ Yes
	☒ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☒ Data not available. Explain:
	☐ Small sample size (less than 30).
	   Specify sample size:
	☐ Other. Explain:
	Louisiana is working to gather the data for this measure for the FFY14 report.
		Did you Report on this Measure?
		
		☐ Yes
		☒ No
		
		If Data Not Reported, Please Explain Why:
		Select all that apply (Must select at least one):
		☐ Service not covered
		☐ Population not covered
		   ☐ Entire population not covered
		   ☐ Partial population not covered
		     Explain the partial population not covered:
		
		☒ Data not available
		   Explain why data not available
		   ☒ Budget constraints
		   ☐ Staff constraints
		   ☐ Data inconsistencies/accuracy
		     Please explain:
		   ☒ Data source not easily accessible
		     Select all that apply
		     ☒ Requires medical record review
		     ☐ Requires data linkage which does not currently exist
		     ☐ Other:
		   ☐ Information not collected.
		     Select all that apply
		     ☐ Not collected by provider (hospital/health plan)
		     ☐ Other:
		   ☐ Other:
		☐ Small sample size (less than 30)
		   Enter specific sample size:
		☐ Other. Explain:

	Status of Data Reported: ☐ Provisional. Explanation of Provisional Data: ☐ Final.	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*

	FFY 2013	FFY 2014
	Measurement Specification: ☐AMA-PCPI. ☐Other. Explain:	**Measurement Specification:** ☐AMA-PCPI. ☐Other. Explain:
	Data Source: ☐ Electronic Health Records. Specify: ☐ Other. Specify: Explanation:	**Data Source:** ☐ Electronic Health Records. Specify: ☐ Other. Specify:

	Definition of Population Included in the Measure:
	Definition of numerator:
	
	Definition of denominator:
	☐ Denominator includes CHIP population only.
	☐ Denominator includes Medicaid population only.
	☐ Denominator includes CHIP and Medicaid (Title XIX).
	
	If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		Definition of Population Included in the Measure:
		
		Definition of denominator:
		☐ Denominator includes CHIP population only.
		☐ Denominator includes Medicaid population only.
		☐ Denominator includes CHIP and Medicaid (Title XIX).
		
		If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded:
		
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?
		☐ Yes
		  If yes, indicate whether the state-level rate is weighted:
		  ☐ The rates are weighted based on the size of the measure-eligible population for each reporting unit
		  ☐ The rates are weighted based on another weighting factor
		  ☐ The rates are not weighted
		☐ No

	Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**

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

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

MEASURE MMA-CH: Medication Management for People with Asthma

	FFY 2013	FFY 2014

	Did you Update any Data for this Measure? ☐ Yes
	
	Did you Report on this Measure?
	
	☐ Yes
	☒ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☒ Data not available. Explain:
	☐ Small sample size (less than 30).
	  Specify sample size:
	☐ Other. Explain:
	Louisiana is working to gather the data for this measure for the FFY14 report.
		Did you Report on this Measure?
		
		☐ Yes
		☒ No
		
		If Data Not Reported, Please Explain Why:
		Select all that apply (Must select at least one):
		☐ Service not covered
		☐ Population not covered
		    ☐ Entire population not covered
		    ☐ Partial population not covered
		      Explain the partial population not covered:
		
		☒ Data not available
		    Explain why data not available
		    ☒ Budget constraints
		    ☐ Staff constraints
		    ☐ Data inconsistencies/accuracy
		      Please explain:
		    ☐ Data source not easily accessible
		        Select all that apply
		        ☐ Requires medical record review
		        ☐ Requires data linkage which does not currently exist
		        ☐ Other:
		    ☐ Information not collected.
		        Select all that apply
		        ☐ Not collected by provider (hospital/health plan)
		        ☐ Other:
		    ☐ Other:
		☐ Small sample size (less than 30)
		    Enter specific sample size:
		☐ Other. Explain:

	Status of Data Reported: ☐ Provisional. Explanation of Provisional Data: ☐ Final.	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*

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

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

	FFY 2013	**FFY 2014**
	Performance Measurement Data: Percentage of children ages 5 to 20 that were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period Two rates are reported: centage of children that remained on an asthma controller dication for at least 50 percent of their treatment period centage of children that remained on an asthma controller dication for at least 75 percent of their treatment period. This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19 to 20 years; and total	**Performance Measurement Data:** Percentage of children ages 5 to 20 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period Two rates are reported: centage of children who remained on an asthma controller dication for at least 50 percent of their treatment period centage of children who remained on an asthma controller dication for at least 75 percent of their treatment period. This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19 to 20 years; and total

	Remained on Asthma Medication for 50 Percent of Treatment Period	Remained on Asthma Medication for 75 Percent of Treatment Period	Remained on Asthma Medication for 50 Percent of Treatment Period	Remained on Asthma Medication for 75 Percent of Treatment Period
	5-11 Years Numerator: Denominator: Rate: 12-18 Years Numerator: Denominator: Rate: 19-20 Years Numerator: Denominator: Rate: Total Numerator: Denominator: Rate:	5-11 Years Numerator: Denominator: Rate: 12-18 Years Numerator: Denominator: Rate: 19-20 Years Numerator: Denominator: Rate: Total Numerator: Denominator: Rate:	5-11 Years Numerator: Denominator: Rate: 12-18 Years Numerator: Denominator: Rate: 19-20 Years Numerator: Denominator: Rate: Total Numerator: Denominator: Rate:	5-11 Years Numerator: Denominator: Rate: 12-18 Years Numerator: Denominator: Rate: 19-20 Years Numerator: Denominator: Rate: Total Numerator: Denominator: Rate:
	Deviations from Measure Specifications: ☐ Year of Data, Explain ☐ Data Source, Explain ☐ Numerator, Explain ☐ Denominator, Explain ☐ Other, Explain		**Deviations from Measure Specifications:** ☐ Year of Data, Explain ☐ Data Source, Explain ☐ Numerator, Explain ☐ Denominator, Explain ☐ Other, Explain	
	Additional notes/comments on measure:		Additional notes/comments on measure:	

	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:

Reporting of state-specific measures:

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

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

☒ Yes ☐ No

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2013	FFY 2014	Percent change FFY 2013-2014
CHIP Medicaid Expansion Program	140876	125058	-11.23
Separate Child Health Program	9092	9897	8.85

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

   The decrease in CHIP expansion enrollment is due to the MAGI conversion of the FPL limits which has resulted in more children qualifying for Title XIX Medicaid coverage rather than CHIP.

- The table below shows trends in the three-year averages for the number and rate of uninsured children in your state based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2011-2013. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2012 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	175	26.6	14.6	2.2
1998 - 2000	161	25.8	13.7	2.0
2000 - 2002	123	18.6	9.7	1.4
2002 - 2004	106	17.5	8.6	1.4
2003 - 2005	88	15.7	7.3	1.3
2004 - 2006	85	15.0	7.4	1.3

2005 - 2007	91	16.0	8.0	1.4
2006 - 2008	102	17.0	9.0	1.4
2007 - 2009	87	16.0	7.4	1.3
2008 - 2010	76	13.0	6.3	1.0
2009-2011	73	16.0	6.1	1.3
2010-2012	75	17.0	6.3	0
2013	42	5.0	3.6	.4
Percent change 1996-1998 vs. 2011-2013	-58.3%	NA	-58.2%	NA

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

    The State of Louisiana has taken deliberate actions since the inception of LaCHIP to slowly but surely reduce the number of uninsured children. This data illustrates how effective the phased-in approach of the eligibility expansion model has been, as well as the focus on simplification of policies to keep children enrolled. This has resulted in Louisiana being ahead of the curve on this very important healthcare indicator.

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

    We believe that the estimates available through a small sample size are not adequate for tracking the rate of uninsured children in this state due to its being less populous. In order to obtain more reliable state specific data we commissioned a household insurance survey by our state's flagship university.

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

    ☒ Yes (please report your data in the table below)

    ☐ No (skip the rest of the question)

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

Data source(s)	Louisiana Health Insurance Survey conducted by Louisiana State University Public Policy Research Lab
Reporting period (2 or more points in time)	Initial survey conducted during Summer 2003 and adapted in Summer 2005, Summer 2007, Summer 2009, Summer 2011, and Summer 2013
Methodology	The 2013 Louisiana Health Insurance Survey (LHIS), a biennial survey designed to assess Louisiana's uninsured populations,

received responses from over 8,600 households made up of over 23,000 Louisiana residents representing every parish in the state. This large sample size makes it possible to create detailed estimates for each DHH region and certain subpopulations, such as adults and children living under 200% of the poverty level. In addition, the estimates incorporate three different sample groups: landline phones, cell phones, and a sample of residents currently covered by Medicaid. The Medicaid subsample allows estimates of health insurance coverage to be adjusted to account for the Medicaid undercount present in other large health coverage estimations like the American Community Survey (ACS).

The use of a separate cell phone sample captures the differences in insurance coverage for cell phone only households. The adult population living in a cell phone only household has reached 33.5% in Louisiana, and is even higher for children. Certain demographic groups are more likely to reside in cellphone only households. For instance, adults aged 25-29, adults living with unrelated roommates, adults living in poverty, and men are more likely to use cellphones only. As these groups are also likely to have different patterns of health insurance coverage, not properly accounting for these groups (as in a traditional landline-only survey) could lead to biased estimates of coverage.

Census surveys like the ACS consistently report higher rates of uninsurance than state surveys, at least partly as a result of the number of people on Medicaid or health insurance misreporting coverage status. This is known as the Medicaid undercount. Sometimes Medicaid enrollees may forget they have Medicaid coverage or they may answer for a member of the household with whose situation they are not entirely sure. Other reasons a person might misreport their health insurance coverage is question placement and unfamiliar terminology. National surveys are usually long and cover many, many topics, while the Louisiana Health Insurance Survey focuses on questions about health and asks about health insurance coverage early in the survey. Also, the LHIS asks, "Are you or anyone who lives there covered by Medicaid or LaCHIP? Medicaid and LaCHIP are low-cost or no cost health insurance options from the state of Louisiana for low income children, adults with disabilities, and low income seniors. If you are in one of these programs you would have a white medical card that reads either 'Bayou Health' or 'Health Network for Louisiana.'" National surveys usually only ask if covered by Medicaid or CHIP. Further, contacting a specific Medicaid sample allows researchers to ask questions of households they know include Medicaid enrollees and adjust for the likelihood of misreporting Medicaid coverage on an individual level.

The 2013 LHIS is a particularly significant year to measure health insurance coverage and the uninsured population due to the recent and future changes to the health insurance market in light of the Patient Protection and Affordable Care Act (2010). A few measures from the Act have already been implemented, such as providing access to insurance for uninsured Americans with pre-existing conditions and extending coverage for young adults (allowing youths up to age 26 to remain on their parent's plan). The effects of these changes are captured in the 2013 LHIS.

LHIS telephone interviews began July 23, 2013 and continued until the final call was made November 12, 2013. Open enrollment in the health insurance marketplace began October 1, 2013. Since these policies do not take effect until 2014, they should not affect results in the 2013 LHIS estimates. Other provisions are due to start soon, making this survey one of the last measuring the condition of

	Louisiana's covered and uninsured populations before the implementation of the most significant measures of the Affordable Care Act, such as the establishment of the health insurance marketplace, tax credits and subsidies for the middle class to afford insurance, expanding Medicaid coverage to those who earn less than 133% of the federal poverty level in some states (Louisiana has elected not to expand Medicaid) and requiring individuals who can afford health insurance coverage to enroll. Besides these issues related to healthcare reform, the Louisiana economy has seen great changes over the last two years. The unemployment rate in Louisiana in October 2011 was 7.2%; in October 2013, the unemployment had decreased to 6.5%. On the other hand, personal income has increased. In the first quarter of 2011, the average weekly wage of a worker in Louisiana was $797. In the first quarter of 2013, the average weekly wage had increased to $847. This is the equivalent of $815 in 2011 dollars, adjusted for inflation, so the real wage increased about 2.3% over this time period.
Population (Please include ages and income levels)	All Louisiana households, Population estimate by Louisiana State Census Data Center July 1, 2013 – 4,625,470.
Sample sizes	8,628 Louisiana households representing health insurance status for 23,439 individuals including 6,048 children under age 19.
Number and/or rate for two or more points in time	11.1% of all children were uninsured in 2003. This number decreased to 7.6% in 2005, to 5.4% in 2007, to 5.0% in 2009, to 3.5% in 2011, but has slightly increased to 4.4% in 2013.
Statistical significance of results	Estimates for uninsured children are based on 6,048 Louisiana children (under 19).

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

  Prior to this study, estimates of the number of non-elderly uninsured in Louisiana were based on Current Population Survey's "Annual Social and Economic Supplement" (also referred to as the "March Supplement"). While the Current Population Survey (CPS) estimates have been invaluable as the only consistent longitudinal, statewide estimates of the uninsured, they have historically been limited in terms of the overall sample size for any given state and the geographical distribution of respondents. The CPS has since addressed some of these concerns by increasing the number of households included in the sample and diversifying the strata from which these households are drawn. While the increase in sample size makes the CPS a better estimate of statewide uninsured populations than it had been previously, it remains limited in its capacity to generate regional and parish-level estimates.

  This study also addresses what health researchers have long known—that a substantial proportion of Medicaid enrollees misreport their insurance status, often reporting themselves (or their families) as uninsured or as having private insurance. The consequence of this undercount is that survey-based estimates of the uninsured often include respondents who are actually covered through Medicaid or LaCHIP. That is, they overstate uninsured rates. Because Louisiana has a high proportion of respondents who are enrolled in Medicaid, particularly children enrolled in Medicaid or LaCHIP, the consequences of the Medicaid undercount are likely to be more substantial in Louisiana (and in other Southern states) than has been reported in the existing literature.

  The 2013 LHIS has been designed to provide the best possible estimate of uninsured populations statewide, within each of the nine Department of Health and Hospitals regions, and across key demographic characteristics.

- What is your state's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.) **[7500]**

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The general confidence interval estimated from the sample size provides a meaningful estimate of statistical significance. Given the sample sizes, we have more confidence in the regional estimates and scale the parish-level estimates so that the regional totals match those from the full report. Our confidence in survey research resides not in individual point estimates but rather in confidence intervals around which we can be reasonably certain the true population parameter resides. The 2013 Survey was designed in such a way as to assure large samples by regional demographic characteristics such that we could have reasonably high confidence in our estimates. Quarterly updates of this survey also ensure the most recent and relevant data is available.

- What are the limitations of the data or estimation methodology?   **[7500]**
  None that we are aware of at this time.

- How does your state use this alternate data source in CHIP program planning? **[7500]**
  State officials plan to use the data from this survey to target hard-to-reach eligible children for enrollment into LaCHIP, while at the same time make informed decisions about how to focus on policy to build coverage options for those subsets of children who remain uninsured.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

- Reducing the number of uninsured children

- CHIP enrollment

- Medicaid enrollment

- Increasing access to care

- Use of preventative care (immunizations, well child care)

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

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

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

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

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

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

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

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

- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

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

- **Provisional**: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2014.

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

- **Final**: Check this box if the data you are reporting are considered final for FFY 2014.

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

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

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

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

"Other" measurement specification explanation:

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

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

Definition of Population Included in Measure:

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

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

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

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

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

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

The five types (and examples) of deviations are:

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

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

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

Date Range: available for 2014 CARTS reporting period.
Please define the date range for the reporting period based on the "From" time period as the month and year which corresponds to the beginning period in which utilization took place and please report the "To" time period as the month and year which corresponds to the end period in which utilization took place. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

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

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

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

Explanation of Progress:

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children's immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2015, 2016 and 2017. Based on your recent performance on the measure (from FFY 2012 through 2014), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

Other Comments on Measure:

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

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

FFY 2012	FFY 2013	FFY 2014
Goal #1 (Describe) Continue to impact the rate of uninsured children in Louisiana through enrollment of families potentially eligible for LaCHIP. Prevent a reduction in the number of children covered as of the end of FFY12 thus decreasing the number of uninsured eligible children by Oct. 1, 2012.	**Goal #1 (Describe)** Continue to impact the rate of uninsured children in Louisiana through enrollment of families potentially eligible for LaCHIP. Prevent a reduction in the number of children covered as of the end of FFY13 thus decreasing the number of uninsured eligible children by Oct. 1, 2013.	**Goal #1 (Describe)** Continue to impact the rate of uninsured children in Louisiana through enrollment of families potentially eligible for LaCHIP. Prevent a reduction in the number of children covered as of the end of FFY14 thus decreasing the number of uninsured eligible children by Oct. 1, 2015.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Revised to remove reference to outreach since state budget reductions have resulted in limited outreach projects and efforts.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
 ☐ Provisional.
    Explanation of Provisional Data:
 ☒ Final.
 ☐ Same data as reported in a previous year's annual report.
 Specify year of annual report in which data previously reported:
	Status of Data Reported:
	 ☐ Provisional.
	    Explanation of Provisional Data:
	 ☒ Final.
	 ☐ Same data as reported in a previous year's annual report.
	 Specify year of annual report in which data previously reported:
		Status of Data Reported:
		 ☐ Provisional.
		    Explanation of Provisional Data:
		 ☒ Final.
		 ☐ Same data as reported in a previous year's annual report.
		 Specify year of annual report in which data previously reported:

Data Source: ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.	**Definition of Population Included in the Measure:** Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates	**Definition of Population Included in the Measure:** Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.
Date Range: **From: (mm/yyyy)** 10/2011 **To: (mm/yyyy)** 09/2012	**Date Range:** **From: (mm/yyyy)** 10/2012 **To: (mm/yyyy)** 09/2013	**Date Range:** **From: (mm/yyyy)** 10/2013 **To: (mm/yyyy)** 09/2014
Performance Measurement Data: Described what is being measured: Net change of children enrolled in LaCHIP a point in time. Subtract the number of children enrolled in LaCHIP at the end of FFY11 from the number enrolled at the of FFY12. Actual enrollment decreased by 2,507 children. Numerator: 0 Denominator: 0	**Performance Measurement Data:** Described what is being measured: Net change of children enrolled in LaCHIP a point in time. Subtract the number of children enrolled in LaCHIP at the end of FFY12 from the number enrolled at the beginning of FFY13. Net enrollment increased by 1,347 children to a total of 122,356. Numerator: 0	**Performance Measurement Data:** Described what is being measured: Net change of children enrolled in LaCHIP at a point in time. Subtract the number of children enrolled in LaCHIP at the end of FFY13 from the number enrolled at the end of FFY14. Net enrollment increased by 848 children to a total of 124,070. Numerator: 0 Denominator: 0

FFY 2012	**FFY 2013**	**FFY 2014**
Rate:	Denominator: 0 Rate:	Rate:
Additional notes on measure: This measure calculates net change, not a rate; therefore a numerator and denominator are not applicable.	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: **How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?** Louisiana did not increase enrollment in CHIP, but did meet our goal of preventing a greater than 5% decline in enrollment. CHIP enrollment decreased by 2,507 children or 2.0%. **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?** A reduction in staff has negatively impacted Louisiana's ability to increase CHIP enrollment. However, the 2011 LHIS shows only 2.9% of eligible children in Louisiana are uninsured and Louisiana will continue to use MaxEnroll funds and aggressive retention strategies to locate and enroll those remaining children.	**Explanation of Progress:** **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** Louisiana not only met its goal of preventing a greater than 5% decline in enrollment, we increased CHIP enrollment 1,347 children from the end of FFY12 ot the end of FFY13. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Continued simplified application/renewal processes.	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** Louisiana exceeded our objective of preventing greater than a 5% decline by having a net increase of .6% in enrollment. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Continued simplified application/renewal processes and the focus on minimizing the number of closures due to procedural reasons.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2013:** To prevent more than a 5% decline in enrollment by Oct 1, 2013 in Title XXI CHIP. **Annual Performance Objective for FFY 2014:** To prevent more than a 5% decline in enrollment by Oct 1, 2014 in Title XXI CHIP. **Annual Performance Objective for FFY 2015:** To prevent more than a 5% decline in enrollment by Oct 1, 2015 in Title XXI CHIP. *Explain how these objectives were set:* These objectives were set based on current year enrollment data and the proportion of remaining uninsured children in this income group per the 2011 LHIS which we are targeting to add every fiscal year. A 12-month trending model of actual enrollment for this group was also used.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** To prevent more than a 5% decline in enrollment by Oct 1, 2014 in Title XXI CHIP. **Annual Performance Objective for FFY 2015:** To prevent more than a 5% decline in enrollment by Oct 1, 2015 in Title XXI CHIP. **Annual Performance Objective for FFY 2016:** To prevent more than a 5% decline in enrollment by Oct 1, 2016 in Title XXI CHIP. *Explain how these objectives were set:* These objectives were set based on current year enrollment data and the proportion of remaining uninsured children in this income group per the 2013 LHIS which we are targeting to add every fiscal year. A 12-month trending model of actual enrollment for this group was also used.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** To prevent more than a 5% decline in enrollment by Oct 1, 2015 in Title XXI CHIP. **Annual Performance Objective for FFY 2016:** To prevent more than a 5% decline in enrollment by Oct 1, 2016 in Title XXI CHIP. **Annual Performance Objective for FFY 2017:** To prevent more than a 5% decline in enrollment by Oct 1, 2017 in Title XXI CHIP. *Explain how these objectives were set:* These objectives were set based on a 12 month trending model of actual enrollment for this group, but also on the realization of possibly losing children due to the completion of renewals for this group which had been delayed for calendar year 2014.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2012	FFY 2013	FFY 2014
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: No Goal #2 is not being reported; CARTS template does not allow us to "uncheck" the Type of Goal field above.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		    Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

Explanation of Progress:
 	
    How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?
	Explanation of Progress:
	
	    How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?
		Explanation of Progress:
		
		    How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
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?	**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?**	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2012	FFY 2013	FFY 2014
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: **How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?**	**Explanation of Progress:** **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?**	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?**

FFY 2012	FFY 2013	FFY 2014
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** *Explain how these objectives were set:*	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment

FFY 2012	FFY 2013	FFY 2014
Goal #1 *(Describe)* Prevent reduction in the number of children covered in LaCHIP Affordable Plan (Phase V)	**Goal #1** *(Describe)* Prevent reduction in the number of children covered in LaCHIP Affordable Plan (Phase V)	**Goal #1** *(Describe)* Prevent reduction in the number of children covered in LaCHIP Affordable Plan (Phase V)
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Revised to prevent reduction in enrollment since, according to the 2011 LHIS, 97.1% of the eligible population is insured, leaving little room for enrollment increases.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
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Specify year of annual report in which data previously reported:
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	   Explanation of Provisional Data:
	☒ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☒ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.	**Definition of Population Included in the Measure:** Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.	**Definition of Population Included in the Measure:** Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.
Date Range: **From: (mm/yyyy)** 10/2011 **To: (mm/yyyy)** 09/2012	**Date Range:** **From: (mm/yyyy)** 10/2012 **To: (mm/yyyy)** 09/2013	**Date Range:** **From: (mm/yyyy)** 10/2013 **To: (mm/yyyy)** 09/2014
Performance Measurement Data: Described what is being measured: Increase enrollment in separate CHIP/Phase V for children between 201-250% FPL at a point in time. Subtract the number of children enrolled in separate CHIP at the end of FFY11 from the number enrolled at the end of FFY12. Actual enrollment decreased by 646 children. Numerator: 0 Denominator: 0 Rate:	**Performance Measurement Data:** Described what is being measured: Increase enrollment in separate CHIP/Phase V for children between 201-250% FPL at a point in time. Subtract the number of children enrolled in separate CHIP at the end of FFY12 from the number enrolled at the end of FFY13. Actual enrollment increased by 373 children. Numerator: 0 Denominator: 0 Rate:	**Performance Measurement Data:** Described what is being measured: Increase enrollment in separate CHIP/Phase V for children between 201-250% FPL at a point in time. Subtract the number of children enrolled in separate CHIP at the end of FFY13 from the number enrolled at the end of FFY14. Actual enrollment decreased by 380 children. Numerator: 0 Denominator: 0 Rate:

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure: This measure calculates net change, not a rate; therefore a denominator and numerator are not applicable.	Additional notes on measure:	Additional notes/comments on measure:

Explanation of Progress:

How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report? Louisiana fell short of its goal of enrolling an additional 157 children in FY12.	**How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** Louisiana not only met its goal of preventing a reduction in enrollment, we increased CHIP Phase V enrollment by 373 children from the end of FFY12 ot the end of FFY13.	**How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** Louisiana fell short of it's goal to prevent more than a 5% decline in enrollment with an actual decline of 10.6% for the year.
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? A reduction staff has negatively impacted Louisiana's ability to increase CHIP enrollment. However, Medicaid enrollment has increased during this same time period as a result of declining income levels. Further, the 2011 LHIS shows only 2.9% of eligible children in Louisiana are uninsured and Louisiana will continue to use MaxEnroll funds and aggressive retention strategies to locate and enroll those remaining children.	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Continued simplified application/renewal processes.	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Continued simplified application/renewal processes and the focus on minimizing the number of closures due to procedural reasons.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2013:** To prevent more than a 5% decline in enrollment by Oct 1, 2013 in LaCHIP Affordable Plan (Phase V). **Annual Performance Objective for FFY 2014:** To prevent more than a 5% decline in enrollment by Oct 1, 2014 in LaCHIP Affordable Plan (Phase V). **Annual Performance Objective for FFY 2015:** To prevent more than a 5% decline in enrollment by Oct 1, 2015 in LaCHIP Affordable Plan (Phase V). *Explain how these objectives were set:* These objectives were set based on current year enrollment data and the proportion of remaining uninsured children in this income group per the 2011 LHIS which we are targeting to add every fiscal year. A 12-month trending model of actual enrollment for this group was also used.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** To prevent more than a 5% decline in enrollment by Oct 1, 2014 in LaCHIP Affordable Plan (Phase V). **Annual Performance Objective for FFY 2015:** To prevent more than a 5% decline in enrollment by Oct 1, 2015 in LaCHIP Affordable Plan (Phase V). **Annual Performance Objective for FFY 2016:** To prevent more than a 5% decline in enrollment by Oct 1, 2016 in LaCHIP Affordable Plan (Phase V). *Explain how these objectives were set:* These objectives were set based on current year enrollment data and the proportion of remaining uninsured children in this income group per the 2013 LHIS which we are targeting to add every fiscal year. A 12-month trending model of actual enrollment for this group was also used.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** To prevent more than a 10% decline in enrollment by Oct 1, 2015 in Title XXI CHIP. **Annual Performance Objective for FFY 2016:** To prevent more than a 10% decline in enrollment by Oct 1, 2016 in Title XXI CHIP. **Annual Performance Objective for FFY 2017:** To prevent more than a 10% decline in enrollment by Oct 1, 2017 in Title XXI CHIP. *Explain how these objectives were set:* These objectives were set based on a 12 month trending model of actual enrollment for this group, but also on the realization of possibly losing children due to completing renewals for this group which had been delayed for calendar year 2014.

FFY 2012	FFY 2013	FFY 2014
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:** Due to MAGI conversion of the applicable Federal Poverty Levels, the window of eligibility for the CHIP Phase V group shrunk by 12 percentage points which effectively made more children eligible for the CHIP Expansion Phase IV group. The lower limit went 201% to 217% while the upper limit increased from 250% to 255% (These figures include the 5% disregard, with the expectation that the numbers will stabilize once the 2015 renewals are completed.

Objectives Related to CHIP Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		    Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
Explanation of Progress: **How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?** **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?**	Explanation of Progress: **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** **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?**	Explanation of Progress: **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
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Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: **How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?**	**Explanation of Progress:** **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?**	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?**

FFY 2012	FFY 2013	FFY 2014
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?	**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?**	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment

FFY 2012	FFY 2013	FFY 2014
Goal #1 (Describe) Reduce the rate of uninsured children in Louisiana through enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 1,500 uninsured eligible children by October 1, 2012 in Title XIX Medicaid programs.	**Goal #1** (Describe) Reduce the rate of uninsured children in Louisiana through enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 348 uninsured eligible children by October 1, 2013 in Title XIX Medicaid programs.	**Goal #1** (Describe) Reduce the rate of uninsured children in Louisiana through enrollment of families potentially eligible for Medicaid.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Revised to remove reference to outreach since state budget reductions have resulted in limited outreach projects and efforts. Also adjusted the net addition expectation since, according to the 2011 LHIS, 97.1% of the eligible population is insured, leaving little room for enrollment increases. Based on the previous 12 months enrollment data, Louisiana is projecting to enroll a net addition of 1,500 uninsured eligible children in Title XIX Medicaid programs.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.	**Definition of Population Included in the Measure:** Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.	**Definition of Population Included in the Measure:** Definition of denominator: This measure calculates net change, not a rate; therefore a denominator is not applicable. Definition of numerator: This measure calculates net change, not a rate; therefore a numerator is not applicable.
Date Range: **From: (mm/yyyy)** 10/2011 **To: (mm/yyyy)** 09/2012	**Date Range:** **From: (mm/yyyy)** 10/2012 **To: (mm/yyyy)** 09/2013	**Date Range:** **From: (mm/yyyy)** 10/2013 **To: (mm/yyyy)** 09/2014

FFY 2012	FFY 2013	FFY 2014
Performance Measurement Data: Described what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY12 from the number enrolled in Medicaid at the end of FFY11. Actual net enrollment increased by 1,503. Numerator: 0 Denominator: 0 Rate:	**Performance Measurement Data:** Described what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY12 from the number enrolled in Medicaid at the end of FFY13. Actual net enrollment decreased by 1,376. Numerator: 0 Denominator: 0 Rate:	**Performance Measurement Data:** Described what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY13 from the number enrolled in Medicaid at the end of FFY14. Actual net enrollment increased by 14,659. Numerator: 0 Denominator: 0 Rate:
Additional notes on measure: This measure calculates net change, not a rate; therefore a numerator and denominator are not applicable.	Additional notes on measure:	Additional notes/comments on measure: Louisiana exceeded its objective of a net addition of 348 uninsured eligible children with a net increase of 14,659 Medicaid children.
Explanation of Progress: **How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?** Louisiana surpassed its goal of enrolling an additional 348 children in FFY12 by enrolling an additional 1,503. **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?** This goal is related to Medicaid XIX enrollment. Therefore, CHIP program improvement activities are not applicable.	**Explanation of Progress:** **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** Louisiana fell short of its goal of enrolling an additional 348 children into Medicaid during FFY13. **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 decrease in Medicaid enrollment is partially offset by the increase in LaCHIP enrollment. Further, agressive retention procedure and limited number of uninsured but eligible children in the state contributed to the lack of additional enrollees.	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** Louisiana exceeded its objective of a net addition of 348 uninsured eligible children with a net increase of 14,659 Medicaid children. **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 availability of insurance for parents through the Affordable Care Act, coupled with the requirement of enrollment of children into Medicaid/CHIP prior to the MarketPlace, appears to have captured those who may not have previously applied for Medicaid.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2013:** Identify and enroll a net additional of 752 eligible children by Oct. 1. 2013 in Title XIX Medicaid programs by using Express Lane Eligibility and other strategies. **Annual Performance Objective for FFY 2014:**	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** To prevent more than a 5% decline in enrollment by Oct 1, 2014 in Medicaid Title XIX Program. **Annual Performance Objective for FFY 2015:** To prevent more than a 5% decline in enrollment by Oct 1, 2015 in Medicaid Title XIX Program.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** To prevent more than a 3% decline in enrollment by Oct 1, 2015 in Medicaid Title XIX Program. **Annual Performance Objective for FFY 2016:** To have a 1% increase in enrollment by Oct 1, 2016 in Medicaid Title XIX Program.

FFY 2012	FFY 2013	FFY 2014
Identify and enroll a net additional of 376 eligible children by Oct. 1. 2014 in Title XIX Medicaid programs by using Express Lane Eligibility and other strategies. **Annual Performance Objective for FFY 2015:** Identify and enroll a net additional of 188 eligible children by Oct. 1. 2015 in Title XIX Medicaid programs by using Express Lane Eligibility and other strategies. *Explain how these objectives were set:* These objectives were set based on current year enrollment data and the proportion of remaining uninsured children in this income group per the 2011 LHIS which we are targeting to add every fiscal year. A 12-month trending model of actual enrollment for this group was also used.	**Annual Performance Objective for FFY 2016:** To prevent more than a 5% decline in enrollment by Oct 1, 2016 in Medicaid Title XIX Program. *Explain how these objectives were set:* These objectives were set based on current year enrollment data and the proportion of remaining uninsured children in this income group per the 2013 LHIS which we are targeting to add every fiscal year. A 12-month trending model of actual enrollment for this group was also used.	**Annual Performance Objective for FFY 2017:** To have a 1% increase in enrollment by Oct 1, 2017 in Medicaid Title XIX Program. *Explain how these objectives were set:* These objectives were set based on a 12 month trending model of actual enrollment for this group, but also on the realization of possibly losing children due to completing renewals for this group which had been delayed for calendar year 2014
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* **Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* **Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* **Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes/comments on measure:

FFY 2012	FFY 2013	FFY 2014
Explanation of Progress: **How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?** **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?**	**Explanation of Progress:** **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** **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?**	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2012	FFY 2013	FFY 2014
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
Data Source:
☐ Eligibility/Enrollment data.
☐ Survey data. *Specify*:
☐ Other. *Specify*:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
	Data Source:
	☐ Eligibility/Enrollment data.
	☐ Survey data. *Specify*:
	☐ Other. *Specify*:
		Status of Data Reported:
		☐ Provisional.
		    Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:
		Data Source:
		☐ Eligibility/Enrollment data.
		☐ Survey data. *Specify*:
		☐ Other. *Specify*:

Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:

Explanation of Progress:
 	
   How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?
	Explanation of Progress:
	
	   How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?
		Explanation of Progress:
		
		   How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?

FFY 2012	FFY 2013	FFY 2014
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?	**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?**	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2012	FFY 2013	FFY 2014
Goal #1 (Describe)	**Goal #1** (Describe)	**Goal #1** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:

FFY 2012	FFY 2013	FFY 2014
Deviations from Measure Specifications: ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator,. *Explain.* ☐Denominator, *Explain.* ☐ Other, *Explain.*	Deviations from Measure Specifications: ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator,. *Explain.* ☐Denominator, *Explain.* ☐ Other, *Explain.*	Deviations from Measure Specifications: ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator,. *Explain.* ☐Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*
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 2012	FFY 2013	FFY 2014
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)

FFY 2012	FFY 2013	FFY 2014
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
    Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	    Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		    Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*.

FFY 2012	FFY 2013	FFY 2014
☐ Other, *Explain.*	☐ Other, *Explain.*	☐ Other, *Explain.*
Additional notes on measure:	Additional notes on measure:	Additional note/commentss on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: ,
Explanation of Progress: **How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*
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 2012	FFY 2013	FFY 2014
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional.
	   Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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:
From: (mm/yyyy) To: (mm/yyyy)	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*.

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

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

FFY 2012	FFY 2013	FFY 2014
Goal #1 (Describe)	**Goal #1** (Describe)	**Goal #1** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. 　　*Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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:
Date Range: **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy)　To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*.

FFY 2012	FFY 2013	FFY 2014
☐ Numerator,. *Explain.* ☐Denominator, *Explain.* ☐ Other, *Explain.*	☐ Numerator,. *Explain.* ☐Denominator, *Explain.* ☐ Other, *Explain.*	☐ Numerator,. *Explain.* ☐Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2012 compare with the Annual Performance Objective documented in your 2011 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2013:** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2013 compare with the Annual Performance Objective documented in your 2012 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2014:** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2014 compare with the Annual Performance Objective documented in your 2013 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2015:** **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** *Explain how these objectives were set:*
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 2012	FFY 2013	FFY 2014
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

FFY 2012	FFY 2013	FFY 2014

Status of Data Reported:
☐ Provisional.
   Explanation of Provisional Data:
☐ Final.
☐ Same data as reported in a previous year's annual report.
Specify year of annual report in which data previously reported:
	Status of Data Reported:
	☐ Provisional..
	   Explanation of Provisional Data:
	☐ Final.
	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.

FFY 2012	FFY 2013	FFY 2014
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
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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 2012	FFY 2013	FFY 2014
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

Status of Data Reported:
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		   Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

FFY 2012	FFY 2013	FFY 2014
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ 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:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
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Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator:

FFY 2012	FFY 2013	FFY 2014
Rate: Additional notes on measure:	Rate: Additional notes on measure:	Rate: Additional notes on measure:
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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]**

The State of Louisiana uses the Medicaid Quality Management Strategy to continually monitor quality measures and performance improvement processes to ensure a culture of improvement for Medicaid/CHIP's care and services. Examples of implementation of Medicaid quality improvement goals include:

•   Enable population-level health management through state-wide Quality Collaboratives (Perinatal, Readmissions, Diabetes, Obesity) with numerous meetings and webinars. The collaborative concept has become valuable to the stakeholders and changes in Medicaid policy to improve health outcomes.

•   Adoption of the Pediatric EHR format requirements.

•   Analysis of provider communication to increase awareness of policy changes and strategies to improve member health outcomes.

•   Engagement of families in the development of descriptions of quality measures in order to support quality improvement efforts.

•   Obtain feedback from families on the relevance and action ability of the measure results to improve self-efficacy.

•   Increase access to care by analyzing patient-level data.

•   Move from plan-level to practice-level reporting.

•   Improve immunization records by linking institutions to Louisiana's statewide immunization registry.

•   Form multi-agency workgroups to address quality measure sets that will include all Medicaid eligibility criteria

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

The State of Louisiana intends to promote and further its mission by defining measurable results that will improve Medicaid and CHIP enrolled individuals' access and satisfaction, and will maximize program efficiency, effectiveness, responsiveness and reduce operational and service costs. The following strategies are intended to support the achievement of this mission:

•   Provide a patient-centered medical home for Medicaid and CHIP eligibles to promote continuity of care;

•   Emphasize prevention and self-management in order to improve quality of life;

•   Supply providers and members with evidence-based information and resources to support optimal health management; and

•   Utilize data management and feedback to improve Louisiana health outcomes.

The strategic focus is on enhancing and hardwiring quality, member and provider satisfaction, reducing cost, and increasing growth. Primary clinical focus areas for CHIP are the CHIP Core Measures.

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

Recent focused studies conducted include medical record review studies to evaluate prenatal and postpartum care; care for members with Attention Deficit Hyperactivity Disorder (ADHD); depression screening in primary care; care for members with asthma; discharge practices and risk factors for maternal postpartum hospital readmission and newborn hospital readmission; Early Periodic Screening, Diagnostic and Treatment Services (EPSDT); preventive services for Children with Special Healthcare Needs (CSHCN); and early childhood developmental surveillance and screening.

Administrative data was used for the focused studies to evaluate utilization patterns of Medicaid managed care members with co-occurring physical health and behavioral health conditions, diagnoses and other characteristics associated with emergency department (ED) utilization; diagnoses and characteristics associated with prenatal and postpartum hospital and ED utilization; and co-morbid conditions, behavioral risk factors and demographic factors associated with appropriate asthma medication.

Ongoing data collection occurs with monthly reporting. For example, the focused studies on ADHD have led to interesting findings that may lead to changes in the way the State assesses, diagnoses and treats children with ADHD. Louisiana ranks third nationally (13.3%) of children diagnosed with ADHD between 4-17 years of age. The national average is 8%. A recent analysis by the State demonstrated that children aged five years old who are born in the month of September are twice as likely to be medicated as children aged five years old born in the month of October. The kindergarten cut-off date in the State of Louisiana is September 30. These concerning statistics have led to the formation of a special ADHD taskforce within the Department of Health and Hospital and a state-wide symposium to focus on solutions regarding possible over-prescribing of ADHD medications.

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

The biannual Louisiana Health Insurance Survey (LHIS) and associated reports provide the Louisiana Department of Health and Hospitals Bureau of Health Services Financing (Louisiana Medicaid) with valuable information on Medicaid and CHIP coverage in Louisiana. The Louisiana State University Division of Economic Development and Forecasting (LSU) conducts the telephone survey which includes 8,500 Louisiana residents, 2,000 of which are contacted via their mobile phone. LSU analyzes the information they gather and estimates the Medicaid bias in LHIS based on 500 randomly selected Medicaid recipients and constructs a forecasting model to incorporate LHIS, Current Population Survey (CPS), Medicaid enrollment data and economic data. Results are reported for the whole state as well as by civil parish and DHH administrative region. Estimates are updated twice a year. Louisiana Medicaid utilizes this information to monitor enrollment trends and identify potential gaps in coverage of eligible but uninsured adults and children.

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

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

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

They have not changed.

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]**

DHH continued to partner with the school systems to provide over 900,000 children and their families with information about Louisiana Medicaid and LaCHIP, piggy backing with the free/reduced lunch program to send literature home. Effectiveness can be measured through continued increases in enrollment in the program in areas of the state that have traditionally had higher uninsured rates for children and families.

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

Positive word-of-mouth outreach has continued to be an important method of getting information to potential eligibles. DHH continues to conduct in-service trainings to non-profit organizations, faith-based organizations, private employers and other government agencies. These trainings provide a clear, consistent message about Medicaid and LaCHIP and the benefits that the programs have to offer.

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]**

DHH has a bilingual Strategic Enrollment Unit (SEU) that services the Spanish and Vietnamese speaking populations around the state. The SEU continues to reach out to Spanish and Vietnamese communities in the state. DHH also partners with community resource organizations that provide assistance to the immigrant populations in Louisiana. Migrant farming outreach has been conducted to increase awareness of LaCHIP and increase enrollment in LaCHIP and Medicaid for families who have traditionally perceived that they were not eligible for coverage in these programs.

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] 94.6

(Identify the data source used). **[7500]**
This information was made available through the 2013 Louisiana Household Insurance Survey that was conducted by the Louisiana State University Public Policy Research Lab.

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

1. Table 1.

Does your program require a child to be uninsured for a minimum	☐	No
	☒	Yes

amount of time prior to enrollment (waiting period)?	Specify number of months	3
	To which groups (including FPL levels) does the period of uninsurance apply? **[1000]** CHIP Medicaid Expansion from 142% to 212% FPL and Separate CHIP from 213% to 250% FPL	
	List all exemptions to imposing the period of uninsurance **[1000]** The premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income.The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a QHP through the Marketplace because the ESI in which the family was enrolled is determined unaffordable. The cost of family coverage that includes the child exceeded 9.5 percent of the household income. The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan. A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance. The child has special health care needs. The child lost coverage due to the death or divorce of a parent. Lifetime maximum reached.	
	☐	N/A

	☐	No
Does your program match prospective enrollees to a database that details private insurance status?	☒	Yes
	If yes, what database? **[1000]** HMS	
	☐	N/A

1. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5]** 5.58
and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? 1.45
Provide a combined percent if you cannot calculate separate percentages. **[5]**

2. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 1.45

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

3.68

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

☐ Yes
☒ No

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

C. ELIGIBILITY

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

Section IIIC: Subpart A: Eligibility Renewal and Retention

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

If yes

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

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

ii. Select the measures from those below that your state employ to simplify an eligibility renewal and retain eligible children in CHIP?

☒ Conducts follow-up with clients through caseworkers/outreach workers

☐ Sends renewal reminder notices to all families TEST

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

2. At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the state?) **[500]**

☒ Other, *please explain*: **[500]**

Exparte renewals

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

Both are very effective. We monitor our churn rate due to procedural closures and the rate was approximately 1.7% for FFY2013. While the state received a waiver from processing most MAGI renewals in calendar year 2014, of the ones we did process (such as children aging out of the program) the churn rate was .60% for FFY 2014.

Section IIIC: Subpart B: Eligibility Data

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

States are required to report on all questions (1,2,2.a.,2.b., and 2.c) in FFY 2014. Please enter the data requested in the table below and the template will tabulate the requested percentages.

	Number	Percent
1. Total number of title XXI applicants	17846	100
2. Total number of application denials	1830	10.3
1. Total number of procedural denials	146	0.8
2. Total number of eligibility denials	1650	9.2
1. Total number of applicants denied for title XXI and enrolled in title XIX	995	5.6

(Check here if there are no additional categories ☐)
  2. Total number of applicants denied for other reasons Please indicate:
    Withdrawals
	34	0.2

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

Definitions:
1. The "total number of title XXI applicants," including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2014. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI eligibility determination made in FFY 2014 (e.g., an application that was determined eligible in September 2014, but coverage was effective October 1, 2014 is counted in FFY 2014).
2. The "the total number of denials" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2014. This definition only includes denials for title XXI at the time of initial application (not redetermination).
1. The "total number of procedural denials" is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2014 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
2. The "total number of eligibility denials" is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2014 (i.e., income too high, income too low for title XXI referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.)
   - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
3. The "total number of applicants denied for other reasons" is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

Table 2. Redetermination Status of Children Enrolled in Title XXI

For this table, reporting is required for FFY 2014.

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

	Number	Percent			
1. Total number of children who are eligible to be redetermined	134049	100%			
2. Total number of children screened for	132893	99.14	100%		

redetermination					
3. Total number of children retained after the redetermination process	110087	82.12	82.84		
4. Total number of children disenrolled from title XXI after the redetermination process	4846	3.62	3.65	100%	
1. Total number of children disenrolled from title XXI for failure to comply with procedures	770			15.89	
2. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	3773			77.86	100%
1. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here ☐)	772				20.46
2. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here ☐)	331				8.77
3. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid expansion and this data is not relevant check here ☐)	414				10.97
4. Disenrolled from title XXI for other eligibility reason(s) Please indicate: Disenrolled from title XXI for other eligibility reason(s) max age, moved out of home, open/close cert, originally ineligible, moved out of state, incarceration, death of payee, post partum end, miscarried, eligibility period exhausted. (If unable to provide the data check here ☐)	2250				59.63
5. Total number of children disenrolled from title XXI for other reason(s) Please indicate: Disenrolled because of requested closure and other. (Check here if there are no additional categories ☐)	303			6.25	

6. If relevant, please describe any limitations or restrictions on the data entered into this table. Please describe any state policies or procedures that may have impacted the redetermination outcomes data.
N/A

Definitions:
1. The "total number of children who are eligible to be redetermined" is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2014, and did not age out (did not exceed the program's maximum age requirement) of the program by or before redetermination. This total number

may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total number may include children whose eligibility can be renewed through administrative redeterminations, whereby the State sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes. This total may also include ex parte redeterminations, the process when a State uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility.

2. The "total number of children screened for redetermination" is defined as the total number of children that were screened by the State for redetermination in FFY 2014 (i.e., those children whose families have returned redetermination forms to the State, as well as administrative redeterminations and ex parte redeterminations).

3. The "total number of children retained after the redetermination process" is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2014.

4. The "total number of children disenrolled from title XXI after the redetermination process" is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2014. This includes those children that states may define as "transferred" to Medicaid for title XIX eligibility screening.

1. The "total number of children disenrolled for failure to comply with procedures" is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2014 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).

2. The "total number of children disenrolled for failure to meet eligibility criteria" is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state's CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.

3. The "total number of children disenrolled for other reason(s)" is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

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

Table 3. **Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XXI, Second Quarter FFY 2014**

The purpose of this table is to measure title XXI enrollees' duration, or continuity, of public coverage (title XIX and title XXI). This information is required by CHIPRA, Section 402(a). **Reporting is required in 2014, with states identifying newly enrolled children in the second quarter of FFY 2014 (January, February, and March of 2014). If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

NOTE: The first cohort of newly enrolled children was identified in the second quarter of 2012 (January, February, and March of 2012), was followed for 18 months (through FFY2013), and stopped. This new cohort is required for all states in the second quarter of FFY2014 (January, February, and March of 2014) for the purpose of measuring duration of public coverage (title XIX and title XXI), similar to the measurement of the first 2012 cohort.

Instructions: For this prospective duration measure, please identify underline newly enrolled children in title XXI in the second quarter of FFY 2014, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2014 must have birthdates after July 1997 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2014 must have birthdates after August 1997, and children enrolled in March 2014 must have birthdates after September 1997. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span).   Please enter the data requested in the table below and the template will tabulate the percentages. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

Specify how your "newly enrolled" population is defined:

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

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

Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. **Total number of children newly enrolled in title XXI in the second quarter of FFY 2014**	4959	100%	145	100%	1543	100%	2308	100%	963	100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XXI	4846	97.72	141	97.24	1508	97.73	2255	97.7	942	97.82
3. Total number of	0		0		0		0		0	

	children with a break in title XXI coverage but re-enrolled in title XXI									
	3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	0		0		0		0		0
4.	Total number of children disenrolled from title XXI	113	2.28	4	2.76	35	2.27	53	2.3	21	2.18
	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 ☐)	42	0.85	1	0.69	17	1.1	19	0.82	5	0.52
Enrollment Status 12 months later										
5.	Total number of children continuously enrolled in title XXI									
6.	Total number of children with a break in title XXI coverage but re-enrolled in title XXI									
	6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)									
7.	Total number of children disenrolled from title XXI									
	7.a. Total number of children enrolled in									

Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here ☐)										
Enrollment Status 18 months later										
8. Total number of children continuously enrolled in title XXI										
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)										
10. Total number of children disenrolled from title XXI										
10.a Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here ☐)										

Definitions:

1. The "total number of children newly enrolled in title XXI in the second quarter of FFY 2014" is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of "newly enrolled" in the Instructions section.

2. The total number of children that were continuously enrolled in title XXI for <u>6 months</u> is defined as the sum of:

the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who were continuously enrolled through the end of June 2014

+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and who were continuously enrolled through the end of July 2014

+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and who were continuously enrolled through the end of August 2014

3. The total number who had a break in title XXI coverage during <u>6 months</u> of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:

the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2014

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

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

3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.

4. The total number who disenrolled from title XXI, <u>6 months</u> after their enrollment month is defined as the sum of:

the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were disenrolled by the end of June 2014

+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were disenrolled by the end of July 2014

+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were disenrolled by the end of August 2014

4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.

5. The total number of children who were continuously enrolled in title XXI for <u>12 months</u> is defined as the sum of:

the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of December 2014

+ the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of January 2015

+ the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of February 2015

6. The total number of children who had a break in title XXI coverage during <u>12 months</u> of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:

the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and who disenrolled and then re-enrolled in title XXI by the end of December 2014

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

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

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

7. The total number of children who disenrolled from title XXI <u>12 months</u> after their enrollment month is defined as the sum of:

    the number of children with birthdates after July 1997, who were enrolled in January 2014 and were disenrolled by the end of December 2014

    + the number of children with birthdates after August 1997, who were enrolled in February 2014 and were disenrolled by the end of January 2015

    + the number of children with birthdates after September 1997, who were enrolled in March 2014 and were disenrolled by the end of February 2015

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

8. The total number of children who were continuously enrolled in title XXI for <u>18 months</u> is defined as the sum of:

    the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and were continuously enrolled through the end of June 2015

    + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and were continuously enrolled through the end of July 2015

    + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and were continuously enrolled through the end of August 2015

9. The total number of children who had a break in title XXI coverage during <u>18 months</u> of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:

    the number of children with birthdates after July 1997 , who were newly enrolled in January 2014 and who disenrolled and re-enrolled in title XXI by the end of June 2015

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

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

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

10. The total number of children who were disenrolled from title XXI <u>18 months</u> after their enrollment month is defined as the sum of:

    the number of children with birthdates after July 1997, who were newly enrolled in January 2014 and disenrolled by the end of June 2015

    + the number of children with birthdates after August 1997, who were newly enrolled in February 2014 and disenrolled by the end of July 2015

    + the number of children with birthdates after September 1997, who were newly enrolled in March 2014 and disenrolled by the end of August 2015

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

D. COST SHARING

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

    a. Cost sharing is tracked by:

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

    ☐ Health Plan(s)
    ☐ State
    ☐ Third Party Administrator
    ☐ N/A (No cost sharing required)
    ☒ Other, please explain. **[7500]**
    The only cost sharing required is premiums in the separate CHIP program. The premium level of $50 would never aggregate to be more than 5% of family income based on the %FPL limits so no tracking is necessary.

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? **[7500]** ☐ Yes ☐ No

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

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]**
    N/A

5. Has your state undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?
    ☐ Yes
    ☐ No

    If so, what have you found? **[7500]**

6. Has your state undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?
    ☐ Yes
    ☒ No

    If so, what have you found? **[7500]**

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

    N/A

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

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

    ☒ Yes, please answer questions below.

☐ No, skip to Program Integrity subsection.

Children

☒ Yes, Check all that apply and complete each question for each authority.

☐ Purchase of Family Coverage under the CHIP state plan (2105(c)(3))
☐ Additional Premium Assistance Option under CHIP state plan (2105(c)(10))
☐ Section 1115 demonstration (Title XXI)
☒ Premium Assistance Option (applicable to Medicaid expansion) children (1906)
☐ Premium Assistance Option (applicable to Medicaid expansion) children (1906A)

Adults

☒ Yes, Check all that apply and complete each question for each authority.

☐ Purchase of Family Coverage under the CHIP state plan (2105(c)(10))
☐ Section 1115 demonstration (Title XXI)
☒ Premium Assistance option under the Medicaid state plan (1906)
☐ Premium Assistance option under the Medicaid state plan (1906A)

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

☒ Parents and Caretaker Relatives
☒ Pregnant Women

c. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**

LaHIPP is an employer sponsored insurance program. Our program contractor is in contact with the policyholder and employer to verify insurance enrollment, plan benefits and premium amounts. In addition, the contractor performs a quarterly re-verification of insurance for all LaHIPP enrollees.

d. What benefit package does the ESI program use? **[7500]**

N/A

e. Are there any minimum coverage requirements for the benefit package?

☒ Yes
☐ No

f. Does the program provide wrap-around coverage for benefits?

☒ Yes
☐ No

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

☐ Yes
☒ No

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

☐ Yes
☒ No

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

☐ Yes ☒ No

If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum [7500]?

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

23	Number of childless adults ever-enrolled during the reporting period
563	Number of adults ever-enrolled during the reporting period
661	Number of children ever-enrolled during the reporting period

k.   Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2014

Children   2107

Parents   1467

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

HIPP continues to experience challenges in finding newly eligible individuals with access to ESI for at least 6 months.

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

HIPP has automated the annual renewal process and continues to increase automation for program software. HIPP also continues to extend outreach to OB GYN providers to increase enrollment of pregnant women, as well as data mining to try to identify Medicaid recipients with access to ESI.

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

HIPP will continue to expand outreach to more providers within the state, as well as, the caseworker in the local agencies. We will also continue to refine our data mining efforts as well.

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

None at this point.

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

Children   Parent

   State: State:

Employer: Employer:

Employee: Employee:

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

Children   Low   0   High   1777
Parents   Low   0   High   1777

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

N/A

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

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

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

☐ Yes
☐ No

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

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

☐ Yes
☒ No

v. Can you cap enrollment for your program?

☐ Yes
☒ No

w. What strategies has the state found to be effective in reducing administrative barriers to the provision of premium assistance in ESI? **[7500]** The Department in collaboration with the LaHipp contractor utilizes technology such as our online application to streamline the program application process to reduce the administrative barrier for applicants and contracted employees.

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

F. Program Integrity (complete only with regard to separate CHIP programs (i.e. those that are not medicaid expansions)

1. Does your state have a <u>written</u> 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]**

Program Integrity performs fraud, waste and abuse activities (data mining, record reviews, onsites, etc) related to providers. Beneficiary complaints are referred to Eligibility. If the

complaint is received by SURS, we refer the complaint to the Eligibility Section as well as local law enforcement. Beneficiary complaint statistics are not tracked by SURS.

Do managed health care plans with which your program contracts have <u>written</u> plans?

☒ Yes

☐ No

Please Explain: **[500]**

All managed care plans have a special unit dedicated to fighting fraud which works closely with the compliance investigator on leads that each has in common.

2. For the reporting period, please report the

15	Number of fair hearing appeals of eligibility denials
0	Number of cases found in favor of beneficiary

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

a. Provider Credentialing

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

b. Provider Billing

1399	Number of cases investigated
293	Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

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

Are these cases for:

CHIP ☐

Medicaid and CHIP Combined ☒

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

☒ Yes, please answer question below.

☐ No

5. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**
The SURS function is contracted with our Fiscal Intermediary. DHH does have a small unit also that performs reviews of provider billing.

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

⊠ Yes

☐ No

Please explain: **[500]**

The MCO's obligation to report fraud and abuse is in accordance with Federal regulations and includes the following reporting requirements: (1) In accordance with 42 CFR §455.1(a)(1) and §455.17, the MCO shall be responsible for promptly reporting suspected fraud, abuse, waste and neglect information to the state's Office of Inspector General Medicaid Fraud Control Unit (MFCU), and DHH within five (5) business days of discovery.

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

If your state has a Combination program or a Separate CHIP program but you are not reporting data in this section on children in the Separate CHIP part of your program, please explain why.
Explain: [7500]

N/A

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

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

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

State: LA FFY: 2014	Age Group						
	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total individuals enrolled for at least 90 continuous days[1]	4085	14	211	563	1008	1167	1122
Total Enrollees	2107	0	63	290	637	628	489

Receiving Any Dental Services[2] [7]							
Total Enrollees Receiving Preventive Dental Services[3]	1719	0	50	253	600	565	251
Total Enrollees Receiving Dental Treatment Services[4]	772	0	5	83	248	226	210

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

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

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

Report all dental services data in the age category reflecting the child's age at the end of the federal fiscal year even if the child received services while in two age categories. For example, if a child turned 10 on September 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 tooth[5]? [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 (CDT code D1351).

Report all sealant data in the age category reflecting the child's age at the end of the Federal fiscal year even if the child was factually a different age on the date of service. For example, if a child turned 6 on September 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]

H. CHIPRA CAHPS REQUIREMENT

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

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

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

If Yes, How Did you Report this Survey (select all that apply):
☒ Submitted raw data to AHRQ (CAHPS Database)
☒ Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)
☐ Other. Explain:

If No, Explain Why:
Select all that apply (Must select at least one):

☐ Service not covered

☐ Population not covered

    ☐ Entire population not covered
    ☐ Partial population not covered
       Explain the partial population not covered:

☐ Data not available

    Explain why data not available
    ☐ Budget constraints
    ☐ Staff constraints
    ☐ Data inconsistencies/accuracy
      Please explain:
    ☐ Data source not easily accessible
      Select all that apply:
      ☐ Requires medical record review
      ☐ Requires data linkage which does not currently exist
      ☐ Other:
    ☐ Information not collected.
      Select all that apply:
      ☐ Not collected by provider (hospital/health plan)
      ☐ Other:
    ☐ Other:

☐ Small sample size (less than 30).

    Enter specific sample size:

☐ Other. *Explain:*

Definition of Population Included in the Survey Sample:

Definition of Population Included in the Survey Sample:

☒ Denominator includes CHIP (Title XXI) population only.

    ☐ Survey sample includes CHIP Medicaid Expansion population.
    ☐ Survey sample includes Separate CHIP population.
    ☒ Survey sample includes Combination CHIP population.

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

N/A

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:

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period =Federal Fiscal Year 2014. If you have a combination program you need only submit one budget; programs do not need to be reported separately.*)

COST OF APPROVED CHIP PLAN

Benefit Costs	2014	2015	2016
Insurance payments	0	0	0
Managed Care	220504246	229324416	238497393
Fee for Service	0	0	0
Total Benefit Costs	220504246	229324416	238497393
(Offsetting beneficiary cost sharing payments)	-343857	-357612	-371916
Net Benefit Costs	$ 220160389	$ 228966804	$ 238125477

Administration Costs			
Personnel	2388667	2484214	2583582
General Administration	9146993	9512873	9893388
Contractors/Brokers (e.g., enrollment contractors)	2126888	2211964	2300442
Claims Processing	2188580	2276124	2367168
Outreach/Marketing costs	520119	540924	562560
Other (e.g., indirect costs)	0	0	0
Health Services Initiatives	0	0	0
Total Administration Costs	16371247	17026099	17707140
10% Administrative Cap (net benefit costs ÷ 9)	24462265	25440756	26458386

Federal Title XXI Share	171934846	180657188	187883474
State Share	64596790	65335715	67949143

TOTAL COSTS OF APPROVED CHIP PLAN	236531636	245992903	255832617

2. What were the sources of non-federal funding used for state match during the reporting period?

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

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

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

	2014		2015		2016	
	# of eligibles	$ PMPM	# of eligibles	$ PMPM	# of eligibles	$ PMPM
Managed Care	144523	$ 136	146257	$ 136	147574	$ 136
Fee for Service		$		$		$

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

The Managed Care eligibles and PMPMs above include both the state's Managed Care Organizations and Primary Care Case Management plans.

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]**

   The budgetary environment is challenging as it relates to healthcare coverage for low income, uninsured children through CHIP and Medicaid due to the state's projected deficits. Budget constraints continue to result in the deferment of expanding children's coverage to 300% FPL although the legislative authority exists. Louisiana has not opted to implement the new CHIPRA option to cover legal immigrant children.

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

   Major challenges continue to be adequate resources due to staff reductions that have occurred over previous fiscal years and an increased workload. Although the LaCHIP and Medicaid eligibility operation in Louisiana remains nimble as a result of virtual work processes, challenges related to the implementation of changes required by the Affordable Care Act remain. Specifically, Louisiana has made significant revisions to eligibility policy and procedures, conducted multiple training for staff and partners, made major system modifications and continue to do so, and began using the new application as required by CMS.

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

   As mentioned above, Louisiana has successfully implemented changes in accordance with the Affordable Care Act. Eligibility case workers continued to close an extremely low percentage of CHIP children at renewal for procedural reasons (failure to complete renewal process, unable to locate, etc). This impacts not only overall enrollment numbers but stability and continuity of coverage for eligible children. Louisiana enrolled members statewide into managed care which offers five statewide health plans that provide members with a choice in their healthcare delivery system. Managed care helps to improve health outcomes, reduce strains on the state budget, fight fraud and abuse, and offer safe, accessible and sustainable health care for CHIP members.

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]**

   We will continue to make modifications to the application and eligibility system to enable staff to process applications, renewals and case maintenance changes in a timely and efficient manner and minimize delays or disruption to access to health care.

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