

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

Preamble

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

The framework is designed to:

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

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

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

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

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DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: CA

Name of State/Territory

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

Signature: Anastasia Dodson

CHIP Program Name(s): All, California

CHIP Program Type:

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

Reporting Period: 2019 **(Note: Federal Fiscal Year 2019 starts 10/1/2018 and ends 9/30/2019)**

Contact Person/Title: Anastasia Dodson/Associate Director

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Submission Date: 1/29/2020

(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 the narrative section below this table.

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

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

CHIP Medicaid Expansion Program

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

Does your program require premiums or an enrollment fee?

- NO
 YES
 N/A

Enrollment fee amount:

Premium fee amount: 13

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

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

Yearly Maximum Premium Amount per Family: \$468

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

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

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL

If yes, briefly explain fee structure: **[500]**

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

Which delivery system(s) does your program use?

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

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

All CHIP children are enrolled into a Medi-Cal managed care plan. Children enrolled into Presumptive Eligibility receive fee-for-service Medi-Cal until they have finalized their enrollment. Children eligible for CCS receive primary care through their managed care plan, while CCS services are delivered on a fee-for-service basis. In some counties, the plan is responsible for CCS services. CHIP eligible children receive specialty mental health services through a county mental health plan.

Separate Child Health Program

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

Does your program require premiums or an enrollment fee?

- NO
- YES
- N/A

Enrollment fee amount:

Premium fee amount: 21

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

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

Yearly Maximum Premium Amount per Family: \$756

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

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

If yes, briefly explain fee structure: [500]

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

Which delivery system(s) does your program use?

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

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

All CHIP children are enrolled into a Medi-Cal managed care plan. Children enrolled into Presumptive Eligibility receive fee-for-service Medi-Cal until they have finalized their enrollment. Children eligible for CCS receive primary care through their managed care plan, while CCS services are delivered on a fee-for-service basis. In some counties, the plan is responsible for CCS services. CHIP eligible children receive specialty mental health services through a county mental health plan.

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

- a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)

Medicaid Expansion CHIP Program			Separate Child Health Program		
Yes	No Change	N/A	Yes	No Change	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Yes	No Change	N/A	Yes	No Change	N/A
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Expansion to “Lawfully Residing” children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Expansion to “Lawfully Residing” pregnant women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Pregnant Women state plan expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s) Other – please specify						
a) Managed Care Final Rule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Medicaid Expansion CHIP Program

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

Topic	List change and why the change was made
s) Other – please specify	
a) Managed Care Final Rule	
b)	
c)	

Separate Child Health Program

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	<p>On 8/20/2019, CHIP SPA 19-0036 was approved, demonstrating compliance with the Medicaid Managed Care Final Rule.</p> <p>On 10/1/2019, DHCS successfully transitioned Population 1 (CCHIP) into the Medi-Cal Managed Care Delivery System, providing this population all the benefits provided to Medi-Cal subscribers/beneficiaries.</p>
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	<p>On 8/20/2019, CHIP SPA 19-0036 was approved, demonstrating compliance with the Medicaid Managed Care Final Rule.</p> <p>On 10/1/2019, DHCS successfully transitioned Population 1 (CCHIP) into the Medi-Cal Managed Care Delivery System, providing this population all the benefits provided to Medi-Cal subscribers/beneficiaries.</p>
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	

Topic	List change and why the change was made
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to “Lawfully Residing” children	
p) Expansion to “Lawfully Residing” pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a) Managed Care Final Rule	On 8/20/2019, CHIP SPA 19-0036 was approved, demonstrating compliance with the Medicaid Managed Care Final Rule.
b)	
c)	

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

Section II Program's Performance Measurement and Progress

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

Section IIA: Enrollment And Uninsured Data

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

Program	FFY 2018	FFY 2019	Percent change FFY 2018-2019
CHIP Medicaid Expansion Program	1896403	1856027	-2.13
Separate Child Health Program	79881	75578	-5.39

- A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**
2. The tables below show trends in the number and rate of uninsured children in your state. Three year averages in Table 1 are based on the Current Population Survey. The single year estimates in Table 2 are based on the American Community Survey (ACS). CARTS will fill in the single year estimates automatically, and significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3.

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

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

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Margin of Error	Rate	Margin of Error
2013	488	16.0	5.1	.2
2014	341	16.0	3.6	.2
2015	193	12.0	2.0	.1
2016	165	10.0	1.8	.1
2017	147	9.0	1.6	.1
2018	146	10.0	1.6	.1
Percent change 2017 vs. 2018	-7%	N/A	.0%	N/A

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

California continues to focus on outreach and enrollment to lower the number of uninsured children in the state.

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

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

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

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

Topic	Description
Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

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

[7500]

B. What is your state’s assessment of the reliability of the estimate? Please provide standard errors, confidence intervals, and/or p-values if available.

[7500]

C. What are the limitations of the data or estimation methodology?

[7500]

D. How does your state use this alternate data source in CHIP program planning?

[7500]

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

Section IIB: State Strategic Objectives And Performance Goals

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2017 and FFY 2018) 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 2019).

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

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

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

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

A. Goal:

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

B. Type of Goal:

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

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

C. 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 2019.

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 2019.
- **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.

D. 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 2016). This field must be completed only when a user selects the HEDIS® measurement specification.

“Other” measurement specification explanation:

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

E. Data Source:

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

F. Definition of Population Included in Measure:

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

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

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

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

G. Deviations from Measure Specification

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

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

The five types (and examples) of deviations are:

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

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

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

H. Date Range: available for 2019 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.

I. 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.

J. 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 2020, 2021 and 2022. Based on your recent performance on the measure (from FFY 2017 through 2019), 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.

K. Other Comments on Measure:

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

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

FFY 2017	FFY 2018	FFY 2019
<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of uninsured children in 2015</p> <p>Definition of numerator: The number of uninsured children in 2015 minus the number of uninsured children in 2016.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of uninsured children in 2016.</p> <p>Definition of numerator: The number of uninsured children in 2016 minus the number of uninsured children in 2017.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of uninsured children in 2017.</p> <p>Definition of numerator: The number of uninsured children in 2017 minus the number of uninsured children in 2018.</p>
<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 09/2017</p>	<p>Date Range: From: (mm/yyyy) 01/2017 To: (mm/yyyy) 10/2018</p>	<p>Date Range: From: (mm/yyyy) 01/2018 To: (mm/yyyy) 10/2019</p>
<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from previous year</p> <p>Numerator: 34000 Denominator: 302000 Rate: 11.3</p>	<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from previous year</p> <p>Numerator: -1000 Denominator: 300000 Rate:</p>	<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from the previous year.</p> <p>Numerator: 2000 Denominator: 301000 Rate: 0.7</p>

FFY 2017	FFY 2018	FFY 2019
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The rate at which the number of uninsured children were reduced is lower than 2016.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Implement both Medical Access Infant Program and CCHIP eligibility in the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS)</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? The number of uninsured children increased in 2017 from 300,000 to 301,000. This very minor increase is reflective of a nationwide increase in uninsured children. California is still identified as having a significantly lower rate of uninsured children as compared to the national average of uninsured rates among children.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? California is implementing Medi-Cal Access Infant Program (MCAIP) in the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS). This “Infant Initiative” will allow mothers covered under the SCHIP higher income unborn option to enroll their newborns into MCAIP via the online portal, as well as allow CalHEERS to retain enrollment data for this program.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report? The number of uninsured children decreased in 2018 from 301,000 to 299,000. While there is a nationwide trend in an increase of uninsured children, California lowered its numbers. California is still identified as having a significantly lower rate of uninsured children as compared to the national average of uninsured rates among children.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? In 2018, California transitioned its CCHIP population into Medi-Cal managed care. With this change, CCHIP enrollee data can more easily be accessed and reported. California continues to take steps to implement the “Infant Initiative” into CalHEERS. The “Infant Initiative” will allow mothers covered under the CCHIP higher income unborn option to enroll their newborns into MCAIP via the online portal, as well as allow CalHEERS to retain enrollment data for this program.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: California will continue efforts to reduce the number of uninsured children in California. Annual Performance Objective for FFY 2019: California will continue efforts to reduce the number of uninsured children in California. Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: California will continue efforts to reduce the number of uninsured children in California. Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California. Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California. Annual Performance Objective for FFY 2021: California will continue efforts to reduce the number of uninsured children in California. Annual Performance Objective for FFY 2022: California will continue to reduce the number of uninsured children in California.</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2017	FFY 2018	FFY 2019
<p>Goal #2 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</p>	<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021: Annual Performance Objective for FFY 2022:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2017	FFY 2018	FFY 2019
<p>Goal #3 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021: Annual Performance Objective for FFY 2022:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment

FFY 2017	FFY 2018	FFY 2019
<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>
<p>Type of Goal: <input type="checkbox"/> New/revISED. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revISED. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revISED. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Number of uninsured children in 2015 Definition of numerator: The number of uninsured children in 2015 minus the number of uninsured children in 2016</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Number of uninsured children in 2016. Definition of numerator: The number of uninsured children in 2016 minus the number of uninsured children in 2017.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The number of uninsured children in 2017. Definition of numerator: The number of uninsured children in 2017 minus the number of uninsured children in 2018.</p>
<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 09/2017</p>	<p>Date Range: From: (mm/yyyy) 01/2017 To: (mm/yyyy) 10/2018</p>	<p>Date Range: From: (mm/yyyy) 01/2018 To: (mm/yyyy) 10/2019</p>
<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from previous year Numerator: 34000 Denominator: 302000 Rate: 11.3</p>	<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from previous year Numerator: -1000 Denominator: 300000 Rate:</p>	<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from previous year. Numerator: 2000 Denominator: 301000 Rate: 0.7</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The rate at which the number of uninsured children were reduced is lower than 2016.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Implement both Medical Access Infant Program and CCHIP eligibility in the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS).</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? The number of uninsured children increased in 2017 from 300,000 to 301,000. This very minor increase is reflective of a nationwide increase in uninsured children. California is still identified as having a significantly lower rate of uninsured children as compared to the national average of uninsured rates among children.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? California is implementing MCAIP eligibility in CalHEERS – This “Infant Initiative” will allow mothers covered under the SCHIP higher income unborn option to enroll their newborns into MCAIP via the online portal, as well as allow CalHEERS to retain enrollment data for this population.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report? The number of uninsured children decreased in 2018 from 301,000 to 299,000. While there is a nationwide trend in an increase of uninsured children, California lowered its numbers. California is still identified as having a significantly lower rate of uninsured children as compared to the national average of uninsured rates among children.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? In 2018, California transitioned its CCHIP population into Medi-Cal managed care. With this change, CCHIP enrollee data can more easily be accessed and reported.</p> <p>California continues to take steps to implement the “Infant Initiative” into CalHEERS. The “Infant Initiative” will allow mothers covered under the CCHIP higher income unborn option to enroll their newborns into MCAIP via the online portal, as well as allow CALHEERS to retain enrollment data for this program.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2019: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2021: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2022: California will continue efforts to reduce the number of uninsured children in California.</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
<p>Goal #2 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</p>	<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021: Annual Performance Objective for FFY 2022:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
<p>Goal #3 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021: Annual Performance Objective for FFY 2022:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment

FFY 2017	FFY 2018	FFY 2019
<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Georgetown University Health Policy Institute</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Number of uninsured children in 2015 Definition of numerator: The number of uninsured children in 2015 minus the number of uninsured children in 2016.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Number of uninsured children in 2016. Definition of numerator: The number of uninsured children in 2016 minus the number of uninsured children in 2017.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Number of uninsured children in 2017. Definition of numerator: Number of uninsured children in 2017 minus the number of uninsured children in 2018.</p>
<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 09/2017</p>	<p>Date Range: From: (mm/yyyy) 01/2017 To: (mm/yyyy) 10/2018</p>	<p>Date Range: From: (mm/yyyy) 01/2018 To: (mm/yyyy) 10/2019</p>
<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from previous year Numerator: 34000 Denominator: 302000 Rate: 11.3</p>	<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from previous year. Numerator: -1000 Denominator: 300000 Rate:</p>	<p>Performance Measurement Data: Described what is being measured: The decreased number of uninsured children from previous year. Numerator: 2000 Denominator: 301000 Rate: 0.7</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The rate at which the number of uninsured children were reduced is lower than 2016.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Unable to identify which quality improvement activities enhance our abilities to report/improve/ make progress on this measure.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? The number of uninsured children increased in 2017 from 300,000 to 301,000. This increase is reflective of a nationwide increase in uninsured children. California is still identified as having a significantly lower rate of uninsured children, as compared to the national average.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Unable to identify which quality improvement activities enhance our abilities to report/improve/make progress on this measure.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report? The number of uninsured children decreased in 2018 from 301,000 to 299,000. While there is a nationwide trend in an increase of uninsured children, California lowered its numbers. California is still identified as having a significantly lower rate of uninsured children as compared to the national average of uninsured rates among children.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Unable to identify which quality improvement activities enhance our abilities to report/improve/make progress on this measure.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2019: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2021: California will continue efforts to reduce the number of uninsured children in California.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2021: California will continue efforts to reduce the number of uninsured children in California.</p> <p>Annual Performance Objective for FFY 2022: California will continue efforts to reduce the number of uninsured children in California.</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
<p>Goal #2 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</p>	<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021: Annual Performance Objective for FFY 2022:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
<p>Goal #3 (Describe) This goal is not being developed for FFY 2017 due to time constraints. However, California continues to focus on goal #1, reducing the number of uninsured children in the state.</p>	<p>Goal #3 (Describe)</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>	<p>Date Range: From: (mm/yyyy) To: (mm/yyyy)</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021: Annual Performance Objective for FFY 2022:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2017	FFY 2018	FFY 2019
<p>Goal #1 (Describe) Maintain performance at or above National Committee for Quality Assurance (NCQA) National Medicaid 25th percentile for the HEDIS measure Children & Adolescents' Access to Primary Care Practitioners -12 -24 Months.</p>	<p>Goal #1 (Describe) Maintain performance at or above National Committee for Quality Assurance (NCQA) National Medicaid 25th percentile for the HEDIS measure Children & Adolescents' Access to Primary Care Practitioners - 12-24 Months.</p>	<p>Goal #1 (Describe) Maintain performance at or above National Committee for Quality Assurance (NCQA) National Medicaid 25th percentile for the HEDIS measure Children & Adolescents' Access to Primary Care Practitioners - 12-24 Months.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2017</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2018</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2019</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Children 12-24 months: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: 12 – 24 as of December 31 of the measurement year. Include all children who are at least 12 months old but younger than 25 months old during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Definition of numerator: Children 12-24 months: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: 12 – 24 as of December 31 of the measurement year. Include all children who are at least 12 months old but younger than 25 months old during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Children 12-24 months: One or more visits with a PCP (Ambulatory Visits Value Set)during the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: 12-24 as of December 31 of the measurement year. Include all children who are at least 12 months old but younger than 25 months old during the measurement year.</p>
<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>	<p>Date Range: From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</p>	<p>Date Range: From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</p>

FFY 2017	FFY 2018	FFY 2019
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 153556 Denominator: 164873 Rate: 93.14</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 165213 Denominator: 177668 Rate: 92.99</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 168529 Denominator: 180461 Rate: 93.39</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The annual performance measure increased slightly from 2016 to 2017 by less than 1 percentage point.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? The annual performance measure decreased slightly from 2017 to 2018 by less than 1 percent.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report? The annual performance measure increased slightly from 2018 to 2019 by less than one percent.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>

FFY 2017	FFY 2018	FFY 2019
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2021: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® at or above the NCQA 25th National Medicaid percentile. Annual Performance Objective for FFY 2021: The objective is to maintain HEDIS® at or above the NCQA 25th National Medicaid percentile. Annual Performance Objective for FFY 2022: The objective is to maintain HEDIS® at or above the NCQA 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FY 2017	FFY 2018	FFY 2019
<p>Goal #2 (Describe) Maintain performance at or above NCQA’s National Medicaid 25th percentile for the HEDIS measure Children & Adolescents’ Access to Primary Care Practitioners - 25 Months – 6 Years.</p>	<p>Goal #2 (Describe) Maintain performance at or above NCQA’s National Medicaid 25th percentile for the HEDIS measure Children & Adolescents’ Access to Primary Care Practitioners - 25 Months – 6 Years.</p>	<p>Goal #2 (Describe) Maintain performance at or above NCQA’s National Medicaid 25th percentile for the HEDIS measure Children & Adolescents’ Access to Primary Care Practitioners - 25 Months – 6 Years.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2017</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2018</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used: 2019</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Children 25 months-6 years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: 25 months – 6 years as of December 31 of the measurement year. Include all children who are at least 2 years and 31 days old but not older than 6 years during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Children 25 months-6 years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: 25 months – 6 years as of December 31 of the measurement year. Include all children who are at least 2 years and 31 days old but not older than 6 years during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Children 25 months – 6 Years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>	<p>Date Range: From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</p>	<p>Date Range: From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</p>

FY 2017	FFY 2018	FFY 2019
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 855205 Denominator: 1019024 Rate: 83.92</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 860693 Denominator: 1019425 Rate: 84.43</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 845949 Denominator: 996114 Rate: 84.92</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The annual performance measure decreased slightly from 2016 to 2017 by less than 1 percentage point.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? The annual performance measure increased slightly from 2017 to 2018 by less than 1 percentage point.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report? The annual performance measure increased slightly from 2018 to 2019 by less than one percentage point.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>

FY 2017	FFY 2018	FFY 2019
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2021: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2021: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2022: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2017	FFY 2018	FFY 2019
<p>Goal #3 (Describe) Maintain performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS measure Children & Adolescents’ Access to Primary Care Practitioners – 7 – 11 Years.</p>	<p>Goal #3 (Describe) Maintain performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS measure Children & Adolescents’ Access to Primary Care Practitioners – 7 – 11 Years.</p>	<p>Goal #3 (Describe) Maintain performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS® measure Children & Adolescents’ Access to Primary Care Practitioners – 7 – 11 Years.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2017 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2018 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2019 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: Children 7-11 years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year or prior to the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: 7 – 11 years as of December 31 of the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Children 7-11 years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year or prior to the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: 7 – 11 years as of December 31 of the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Children 7-11 years: One or more visits with a PCP (Ambulatory Visits Value Set) during the measurement year or prior to the measurement year. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>	<p>Date Range: From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</p>	<p>Date Range: From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</p>

FFY 2017	FFY 2018	FFY 2019
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 808278 Denominator: 936726 Rate: 86.29</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 822084 Denominator: 946551 Rate: 86.85</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 841486 Denominator: 965244 Rate: 87.18</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The annual performance measure decreased slightly from 2016 to 2017 by less than 1 percentage point.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? The annual performance measure increased slightly from 2017 to 2018 by less than 1 percentage point.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report? The annual performance measure increased slightly from 2018 to 2019 by less than one percentage point.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>

FFY 2017	FFY 2018	FFY 2019
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2021: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2021: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2022: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2017	FFY 2018	FFY 2019
<p>Goal #1 (Describe) Maintain performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS measure Immunizations Status – Combination 3.</p>	<p>Goal #1 (Describe) Maintain performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS measure Immunizations Status – Combination 3.</p>	<p>Goal #1 (Describe) Maintain performance at or above the NCQA’s 25th National Medicaid percentile for the HEDIS® measure immunizations Status – Combination 3.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2017 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2018 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2019 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: For MMR, hepatitis B, VZV, DTaP, Hib, IPV, pneumococcal conjugate, rotavirus and influenza, and combination vaccinations (i.e, DTaP and MMR), count only the evidence of the antigen or combination vaccine. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: Children who turn 2 years of age during the measurement year. Continuous enrollment, twelve months prior to the child’s second birthday.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: For MMR, hepatitis B, VZV, DTaP, Hib, IPV, pneumococcal conjugate, rotavirus and influenza, and combination vaccinations (i.e, DTaP and MMR), count only the evidence of the antigen or combination vaccine. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: Children who turn 2 years of age during the measurement year. Continuous enrollment, twelve months prior to the child’s second birthday.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Children 2 years of age who had 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, and 4 PCV vaccines by their second birthday. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>	<p>Date Range: From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</p>	<p>Date Range: From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</p>

FFY 2017	FFY 2018	FFY 2019
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 133390 Denominator: 188672 Rate: 70.70</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 131698 Denominator: 186876 Rate: 70.47</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 135340 Denominator: 191255 Rate: 70.76</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The annual performance measure increased slightly from 2016 to 2017 by less than 1 percentage point.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? The annual performance measure decreased slightly from 2017 to 2018 by less than 1 percentage point.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report? The annual performance measure increased slightly from 2018 to 2019 by less than one percentage point.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>

FFY 2017	FFY 2018	FFY 2019
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2021: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2021: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile. Annual Performance Objective for FFY 2022: The objective is to maintain HEDIS® performance at or above the NCQA’s 25th National Medicaid percentile.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2017	FFY 2018	FFY 2019
<p>Goal #2 (Describe) Establish baseline performance for the HEDIS measure Immunization for Adolescent –Combo 2.</p>	<p>Goal #2 (Describe) Performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS measure Immunization for Adolescent – Combo 2.</p>	<p>Goal #2 (Describe) Performance at or above NCQA’s 25th National Medicaid percentile for the HEDIS® measure Immunization for Adolescent – Combo 2.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Changed goal to align with NCQA HEDIS measure Immunization for Adolescent – Combo 2.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional.. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2017 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2018 <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2019 <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of numerator: For meningococcal conjugate or polysaccharide and Tdap or Td, count only the evidence of the antigen or combination vaccine. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: Adolescents who turn 13 years if age during the measurement year. Continuous enrollment 12 months prior to the member’s 13th birthday.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: For meningococcal conjugate or polysaccharide and Tdap or Td, count only the evidence of the antigen or combination vaccine. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The eligible population: Adolescents who turn 13 years if age during the measurement year. Continuous enrollment 12 months prior to the member’s 13th birthday.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Adolescents 13 years of age who had 1 meningococcal, 1 Tdap, and completed the HPV vaccine series by their 13th birthday. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p>Date Range: From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</p>	<p>Date Range: From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</p>	<p>Date Range: From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</p>

FFY 2017	FFY 2018	FFY 2019
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 53390 Denominator: 198575 Rate: 26.89</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 78199 Denominator: 206638 Rate: 37.84</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 90247 Denominator: 216683 Rate: 41.65</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The objective goal changed to align with NCQA HEDIS measure Immunization for Adolescent – Combo 2 and a new baseline performance will be established based on this year’s results.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? The annual performance measure increased from the baseline year in 2017 to 2018 with an increase of over 10 percentage points.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report? The annual performance measure increased from the baseline year in 2018 to 2019 with an increase of 3.81 percentage points.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The Department of Health Care Services implemented Rapid Cycle Quality Improvement to assist the Health Plans to improve their HEDIS® rates.</p>

FFY 2017	FFY 2018	FFY 2019
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: The objective is to align with the NCQA HEDIS® performance.</p> <p>Annual Performance Objective for FFY 2019: The objective is to align with the NCQA HEDIS® performance.</p> <p>Annual Performance Objective for FFY 2020: The objective is to align with the NCQA HEDIS® performance.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: The objective is to align with the NCQA HEDIS® performance.</p> <p>Annual Performance Objective for FFY 2020: The objective is to align with the NCQA HEDIS® performance.</p> <p>Annual Performance Objective for FFY 2021: The objective is to align with the NCQA HEDIS® performance.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: The objective is to align with the NCQA HEDIS® performance.</p> <p>Annual Performance Objective for FFY 2021: The objective is to align with the NCQA HEDIS® performance.</p> <p>Annual Performance Objective for FFY 2022: The objective is to align with the NCQA HEDIS® performance.</p> <p><i>Explain how these objectives were set:</i> The objectives were based upon past Health Plan Performance and Quality Improvement Activities.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2017	FFY 2018	FFY 2019
<p>Goal #3 (Describe) Ensure Medi-Cal beneficiaries under the age of 21 with no more than one month gap in eligibility from October 1, 2016, to September 30, 2017, receive an annual dental visit.</p>	<p>Goal #3 (Describe) Ensure Medi-Cal beneficiaries under the age of 21 with 90 days continuous enrollment from October 1, 2017, to September 30, 2018, receive an annual dental visit.</p>	<p>Goal #3 (Describe) Ensure Medi-Cal beneficiaries under the age of 21 with 90 days continuous enrollment from October 1, 2018, to September 30, 2019, receive an annual dental visit.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Enrollment criteria changed from “no more than one month gap of enrollment” to “90 days continuous enrollment.”</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This data was captured for all Medi-Cal beneficiaries under the age of 21 with no more than one month gap in eligibility from October 1, 2016 to September 30, 2017. Data included in this report does not account for full runout of claims submissions. The annual dental visit definition used for this report is based on individuals who received any dental procedure during the reporting period, whereas, the actual HEDIS definition excludes several infrequently used procedures.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This data was captured for all Medi-Cal beneficiaries under the age of 21 with 90 days continuous enrollment from October 1, 2017 to September 30, 2018. Data included in this report does not account for full runout of claims submissions. The annual dental visit definition used for this report is based on individuals who received any dental procedure during the reporting period, whereas, the actual HEDIS definition excludes several infrequently used procedures.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This data was captured for all Medi-Cal beneficiaries under the age of 21 with 90 days continuous enrollment from October 1, 2018 to September 30, 2019. Data included in this report does not account for full runout of claims submissions. The annual dental visit definition used for this report is based on individuals who received any dental procedure during the reporting period, whereas, the actual HEDIS® definition excludes several infrequently used procedures.</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2017	FFY 2018	FFY 2019
<p>Definition of Population Included in the Measure: Definition of numerator: The numerator includes all Medi-Cal eligibles under the age of 21 with no more than one month gap in eligibility from October 1, 2016 to September 30, 2017, and received an annual dental visit (D0120-D0999, D1110-D2999, D3110-D3999, D4210-D4999, D5110-D5899, D6010-D6205, D7111-D7999, D8010-D8999, or D9110-D9999) in FFY 2016. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The denominator includes all Medi-Cal eligibles under the age of 21 with no more than one month gap in eligibility from October 1, 2016 to September 30, 2017.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: The numerator includes all Medi-Cal eligibles under the age of 21 with 90 days continuous enrollment from October 1, 2017 to September 30, 2018, and received an annual dental visit (D0120-D0999, D1110-D2999, D3110-D3999, D4210-D4999, D5110-D5899, D6010-D6205, D7111-D7999, D8010-D8999, D9110-D9999, and SNC encounters) in FFY 2018. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p>Definition of Population Included in the Measure: Definition of numerator: The numerator includes all Medi-Cal eligibles under the age of 21 with 90 days continuous enrollment from October 1, 2018 to September 30, 2019, and received an annual dental visit (D0100-D9999 or SNC encounters) in FFY 2019. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: The denominator includes all Medi-Cal eligibles under the age of 21 with 90 days continuous enrollment from October 1, 2018 to September 30, 2019.</p>
<p>Date Range: From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017</p>	<p>Date Range: From: (mm/yyyy) 10/2017 To: (mm/yyyy) 09/2018</p>	<p>Date Range: From: (mm/yyyy) 10/2018 To: (mm/yyyy) 09/2019</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>
<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications:</p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>

FFY 2017	FFY 2018	FFY 2019
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 2456812 Denominator: 4735952 Rate: 51.9</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 2737733 Denominator: 5815138 Rate: 47.08</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 2718039 Denominator: 5653043 Rate: 48.08</p> <p>Additional notes on measure: Year of Data is preliminary due to incomplete claims runout.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The HEDIS rate for Medi-Cal beneficiaries under the age of 21 who received an annual dental visit increased by 2.78 percentage points.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? To improve dental utilization and make progress toward utilization goals, California has targeted multiple areas within the Medi-Cal dental program, including significantly enhancing the modalities for provider participation outreach and beneficiary utilization through administrative simplifications/efficiencies, and the Dental Transformation Initiative (DTI) Program.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? Due to the change of enrollment criteria from “no more than one month gap of enrollment” to “three months continuous enrollment”, the HEDIS rate for Medi-Cal beneficiaries under the age of 21 who received an annual dental visit is not comparable to the previous year. The next available comparison will be between FFY 2018 to FFY 2019.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? To improve dental utilization and make progress toward utilization goals, California has targeted multiple areas within the Medi-Cal dental program, including significantly enhancing the modalities for provider participation outreach and beneficiary utilization through administrative simplifications/efficiencies, and the Dental Transformation Initiative (DTI) Program.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report? The rate for Medi-Cal beneficiaries under the age of 21 who received an annual dental visit increased one percentage point from FFY 2018 to FFY 2019.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? To improve dental utilization and make progress toward utilization goals, California targeted multiple areas within the Medi-Cal dental program. Activities included targeted outreach to increase provider participation and beneficiary utilization. Proposition 56 supplemental payments were added as an increase to the current dental Schedule of Maximum Allowances (SMA) for specific dental procedures; and the Dental Transformation Initiative incentivized providers who increased preventive services, treated caries or enhanced continuity of care to children.</p>

FFY 2017	FFY 2018	FFY 2019
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Achieve a two percentage point increase over the current annual dental visit (ADV) rate of 51.9%.</p> <p>Annual Performance Objective for FFY 2019: Achieve a two percentage point increase from the prior year ADV rate.</p> <p>Annual Performance Objective for FFY 2020: Achieve a two percentage point increase from the prior year ADV rate.</p> <p><i>Explain how these objectives were set:</i> California's objectives were set through collaboration with CMS for the Dental Transformation Initiative Program. California strives to ensure that Medi-Cal children receive at least an annual dental visit to increase preventive service utilization, build upon continuity of care, and reduce the need for restorative services and occurrence of other dental related conditions.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Achieve a two percentage point increase from the prior year ADV rate.</p> <p>Annual Performance Objective for FFY 2020: Achieve a two percentage point increase from the prior year ADV rate.</p> <p>Annual Performance Objective for FFY 2021: Achieve a two percentage point increase from the prior year ADV rate.</p> <p><i>Explain how these objectives were set:</i> California's objectives were set through collaboration with CMS for the Dental Transformation Initiative Program. California strives to ensure that Medi-Cal children receive at least an annual dental visit to increase preventive service utilization, build upon continuity of care, and reduce the need for restorative services and occurrence of other dental related conditions.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Achieve a two percentage point increase from the prior year ADV rate.</p> <p>Annual Performance Objective for FFY 2021: Achieve a two percentage point increase from the prior year ADV rate.</p> <p>Annual Performance Objective for FFY 2022: Achieve a two percentage point increase from the prior year ADV rate.</p> <p><i>Explain how these objectives were set:</i> California's objectives were set through collaboration with CMS for the Dental Transformation Initiative Program for FFY 2020 and through a multi-year initiative, California Advancing and Innovating Medi-Cal (CalAIM) for FFY 2021 and after. California strives to ensure that Medi-Cal children receive at least an annual dental visit to increase preventive service utilization, build upon continuity of care, and reduce the need for restorative services and occurrence of other dental related conditions.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

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

These reports include the following:

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

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

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

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

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

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

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

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

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

Section III: Assessment of State Plan and Program Operation

Please reference and summarize attachments that are relevant to specific questions

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

Section IIIA: Outreach

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

The Department of Health Care Services (DHCS) began distributing allocated funds to counties and community based organizations for outreach and enrollment efforts in 2014, as authorized pursuant to Assembly Bill (AB) 82, Section 71 (Chapter 23 of Statutes of 2013). Though the authority granted under AB 82 expired on June 30, 2018, DHCS was reauthorized to continue ACA related outreach strategies effective July 1, 2019 through June 30, 2022 as part of the 2019 Budget Act (AB 74, Chapter 23, Statutes of 2019). The new authority granted under AB 74 allows for a continuation of the outreach and enrollment efforts performed under AB 82, which experienced a one-year funding gap (SFY 2018-19) before the work was reauthorized by the Legislature under AB 74.

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]**

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

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]**

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

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

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

Section IIIB: Substitution of Coverage (Crowd-out)

Please answer the following questions as they apply to your state's program (some questions are not applicable to Medicaid expansion programs.) Medicaid expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A. Please include percent calculations in your responses when applicable and requested.

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

- No
 Yes
 N/A

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

2. How many months does your program require a child to be uninsured prior to enrollment?
3. To which groups (including FPL levels) does the period of uninsurance apply? **[1000]**
4. List all exemptions to imposing the period of uninsurance **[1000]**

Please answer questions 5, 7, 8 (and 6 and 9 if applicable) regardless of the response the state provided to question 1.

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

- No
 Yes
 N/A

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

7. What percent of individuals screened for CHIP eligibility cannot be enrolled because they have group health plan coverage? **[5]**

a. Of those found to have had employer sponsored insurance and have been uninsured for only a portion of the state's waiting period, what percent meet the state's exemptions and federally required exemptions to the waiting period [(# individuals subject to the waiting period that meet an exemption/total # of individuals subject to the waiting period)*100]? **[5]**

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

- Yes
 No

9. If yes to question 8, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last federal fiscal year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]? **[5]**

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

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

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

RE: Question 2 - California has a Single Streamlined Application (SSApp) which screens for both Medicaid and CHIP. Applicants do not specify whether they are applying for Medicaid or CHIP. Although California does not track private health insurance information at application, the SSApp asks about other health coverage and the State performs data matches with private health insurance carriers after enrollment. Additionally, the State conducts weekly and/or monthly data match exchanges with most insurance carriers to identify other health coverage and update members’ eligibility records.

Section IIIC: Eligibility

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

Section IIIC: Subpart A: Eligibility Renewal and Retention

1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this?

- Yes
- No

If yes,

- a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? **[5]**
 - b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination? **[5]**
2. Select the measures from those below that your state employs to simplify an eligibility renewal and retain eligible children in CHIP.

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families
 - How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
If eligibility cannot be redetermined via an ex parte review, California sends a pre-populated renewal form to the beneficiary providing at least 60 days for response prior to disenrollment
 - At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the state?) **[500]**
At least 30 days prior to the renewal due date there is county contact regarding the renewal form or missing information requirements. This contact is made by the

beneficiary’s preferred method (phone, mail, etc.) If information is not received, a notice of action (NOA) to discontinuance must be sent ten days prior to the end of renewal due month. If it not possible to issue a NOA that allows the ten day notice at the end of the renewal month, the beneficiary will be eligible the following month

Other, please explain: [500]

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

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

Section IIIC: Subpart B: Eligibility Data

Table 1. Data on Denials of Title XXI Coverage in FFY 2019

States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2019. Please enter the data requested in the table below and the template will tabulate the requested percentages. If you are unable to provide data in this section due to the single streamlined application, please note this in the response to question 2.

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

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

In California, Title XXI applicants are not segregated from other applicants due to the ACA’s requirement for a SSApp in the state. Because of this, and the level of granularity for this data set, the template is left blank.

Definitions:

1. The “the total number of denials of title XXI coverage” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2019. This definition only includes denials for title XXI at the time of initial application (not redetermination).

- a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2019 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
- b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2019 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.)
 - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX.
- c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

Table 2. Redetermination Status of Children

For tables 2a and 2b, reporting is required for FFY 2019.

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

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

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

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

California’s renewal reporting data does not differentiate between Title XIX and Title XXI renewal processing, and such, has left the table blank.

Definitions:

- The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2019, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.

2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2019 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2019.
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 2019. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.
 - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2019 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.
 - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.

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

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

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

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

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

California’s redetermination reporting data does not differentiate between Title XIX and Title XXI renewal processing, and as such, has left the table blank.

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) 2019, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.
2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2019 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).
3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2019.
4. The “total number of children disenrolled from title XIX after the redetermination process” is defined as the total number of children who are disenrolled from title XIX following the redetermination process in FFY 2019. This includes those children that states may define as “transferred” to CHIP for title XXI eligibility screening.
 - a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XIX for failure to successfully complete the redetermination process in FFY 2019 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
 - b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state’s Medicaid eligibility criteria (i.e., income too high, etc.).
 - c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).

Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2018

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

The measure is designed to capture continuity of coverage for a cohort of children in title XIX and title XXI for 18 months of enrollment. This means that reporting spans two CARTS reports over two years, with enrollment status at 6 months being reported in the first reporting year, and 12 and 18 month enrollment status reported in the second reporting year. **States identify a new cohort of children every two years. States identify newly enrolled children in the second quarter of FFY 2018 (January, February, and March of 2018) for the FFY 2018 CARTS report. This same cohort of children will be reported on in the FFY 2019 CARTS report for the 12 and 18 month status of children newly identified in quarter 2 of FFY 2018. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

The FFY 2019 CARTS report is the second year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2018. For the FFY 2018 report, States only reported on lines 1-4a of the tables. **In the FFY 2019 report, no updates will be made to lines 1-4a. For the FFY 2019 report, data will be added to lines 5-10a.** The next cohort of children will be identified in the second quarter of the FFY 2020 (January, February and March of 2020).

Instructions: For this measure, please identify newly enrolled children in both title XIX (for Table 3a) and title XXI (for Table 3b) in the second quarter of FFY 2018, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2018 must have birthdates after July 2001 (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 2018 must have birthdates after August 2001, and children enrolled in March 2018 must have birthdates after September 2001. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span)

Please enter the data requested in the tables below, and the template will tabulate the percentages. In the FFY 2019 report you will enter data on lines 5-7a related to the 12-month enrollment status of children identified on line 1. You will also enter data on lines 8-10a related to the 18-month enrollment status of children identified on line 1. **Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.**

Note that all data must sum correctly in order to save and move to the next page. The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to row 1; and rows 8, 9 and 10 must sum to row 1. These tables track a child's enrollment status over time, so when data are added or modified at each milestone (6, 12, and 18 months), there should always be the same total number of children accounted for in line 1 "All Children Ages 0-16" over the entire 18 month period. **Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the totals because they are subsets of their respective rows. The system will not move to the next section of the report until all applicable sections of the table for the reporting year are complete and sum correctly to line 1.**

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

Not Previously Enrolled in CHIP or Medicaid—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, etc.)

Not Previously Enrolled in Medicaid—“Newly enrolled” is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in title XIX in December 2017, etc.)

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2018	136974	100%	64682	100%	26763	100%	29151	100%	16378	100%
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XIX	90541	66.1	48852	75.53	15892	59.38	17501	60.04	8296	50.65
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	2753	2.01	1266	1.96	676	2.53	574	1.97	237	1.45
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)	370	0.27	57	0.09	91	0.34	161	0.55	61	0.37
4. Total number of children disenrolled from title XIX	43680	31.89	14564	22.52	10195	38.09	11076	38	7845	47.9
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)	6085	4.44	615	0.95	1665	6.22	2526	8.67	1279	7.81
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XIX	77265	56.41	43875	67.83	12631	47.2	13998	48.02	6761	41.28
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	8031	5.86	3456	5.34	1939	7.25	1854	6.36	782	4.77
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)	2189	1.6	596	0.92	533	1.99	740	2.54	320	1.95
7. Total number of children disenrolled from title XIX	51678	37.73	17351	26.83	12193	45.56	13299	45.62	8835	53.94
7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)	9553	6.97	1303	2.01	2489	9.3	3853	13.22	1908	11.65
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XIX	58366	42.61	33061	51.11	9622	35.95	10584	36.31	5099	31.13

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	12114	8.84	5490	8.49	2790	10.42	2746	9.42	1088	6.64
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input type="checkbox"/>)	3543	2.59	1161	1.79	784	2.93	1125	3.86	473	2.89
10. Total number of children disenrolled from title XIX	66494	48.54	26131	40.4	14351	53.62	15821	54.27	10191	62.22
10.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input type="checkbox"/>)	22234	16.23	7750	11.98	4514	16.87	6676	22.9	3294	20.11

Definitions:

1. The “total number of children newly enrolled in title XIX in the second quarter of FFY 2018” is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XIX for 6 months is defined as the sum of:
 - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018
3. The total number who had a break in title XIX coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
 - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2018
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XIX by the end of July 2018
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XIX by the end of August 2018
 - 3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage.
4. The total number who disenrolled from title XIX, 6 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
 - 4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.
5. The total number of children who were continuously enrolled in title XIX for 12 months is defined as the sum of:
 - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019

6. The total number of children who had a break in title XIX coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:
- the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XIX by the end of December 2018
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XIX by the end of January 2019
 - + the number of children with birthdates after September 2001 who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XIX by the end of February 2019
- 6.a. From the population in #6, provide the total number of children who were enrolled in title XXI during their break in coverage.
7. The total number of children who disenrolled from title XIX 12 months after their enrollment month is defined as the sum of:
- the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018
 - + the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019
 - + the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019
- 7.a. From the population in #7, provide the total number of children, who were enrolled in title XXI in the month after their disenrollment from title XIX.
8. The total number of children who were continuously enrolled in title XIX for 18 months is defined as the sum of:
- the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019
9. The total number of children who had a break in title XIX coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 18 months, is defined as the sum of:
- the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XIX by the end of June 2019
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XIX by the end of July 2019
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XIX by the end of August 2019
- 9.a. From the population in #9, provide the total number of children who were enrolled in title XXI during their break in coverage.
10. The total number of children who were disenrolled from title XIX 18 months after their enrollment month is defined as the sum of:
- the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019
- 10.a. From the population in #10, provide the total number of children who were enrolled in title XXI (CHIP) in the month after their disenrollment from XIX.

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

Specify how your “newly enrolled” population is defined:

Not Previously Enrolled in CHIP or Medicaid—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2018, he/she would not be enrolled in either title XXI or title XIX in December 2017, 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 2018, he/she would not be enrolled in title XXI in December 2017, etc.)

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2018	75928	100%	2819	100%	28397	100%	32646	100%	12066	100%

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XXI	56893	74.93	1886	66.9	20468	72.08	25218	77.25	9321	77.25
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	952	1.25	39	1.38	417	1.47	375	1.15	121	1
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>)	764	1.01	33	1.17	337	1.19	301	0.92	93	0.77
4. Total number of children disenrolled from title XXI	18083	23.82	894	31.71	7512	26.45	7053	21.6	2624	21.75
4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/>)	12351	16.27	543	19.26	5431	19.13	4791	14.68	1586	13.14
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XXI	41749	54.98	1361	48.28	14056	49.5	19095	58.49	7237	59.98
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	4761	6.27	213	7.56	1933	6.81	1946	5.96	669	5.54
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>)	3859	5.08	178	6.31	1564	5.51	1590	4.87	527	4.37
7. Total number of children disenrolled from title XXI	29418	38.74	1245	44.16	12408	43.69	11605	35.55	4160	34.48
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/>)	21373	28.15	762	27.03	9421	33.18	8407	25.75	2783	23.06
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XXI	29630	39.02	904	32.07	9802	34.52	13801	42.27	5123	42.46
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	7974	10.5	352	12.49	3200	11.27	3353	10.27	1069	8.86
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/>)	6459	8.51	299	10.61	2619	9.22	2702	8.28	839	6.95
10. Total number of children disenrolled from title XXI	38324	50.47	1563	55.45	15395	54.21	15492	47.45	5874	48.68
10.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/>)	32721	43.09	1266	44.91	14327	50.45	12984	39.77	4144	34.34

Definitions:

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2018” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.

2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
 - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018

3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
 - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2018
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2018
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2018
 - 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.

4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
 - 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.

5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
 - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019

6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
 - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XXI by the end of December 2018
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XXI by the end of January 2019
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XXI by the end of February 2019
 - 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.

7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
 - the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018
 - + the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019
 - + the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019
 - 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.

8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
 - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019

9. The total number of children who had a break in title XXI coverage during 18 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 18 months, is defined as the sum of:
 - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2019
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2019
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2019
 - 9.a. From the population in #9, provide the total number of children who were enrolled in title XIX during their break in coverage.

10. The total number of children who were disenrolled from title XXI 18 months after their enrollment month is defined as the sum of:
- the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and disenrolled by the end of June 2019
 - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and disenrolled by the end of July 2019
 - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and disenrolled by the end of August 2019
- 10.a. From the population in #10, provide the total number of children who were enrolled in title XIX (Medicaid) in the month after their disenrollment from XXI.

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

Section IIID: Cost Sharing

1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year? If the state checks N/A for this question because no cost sharing is required, please skip to Section IIIE.

a. Cost sharing is tracked by:

Enrollees (shoebox method)

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

Health Plan(s)

State

Third Party Administrator

N/A (No cost sharing required)

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

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

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

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

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

4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the state's CHIP program during the federal fiscal year. **[500]**

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

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

Yes

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

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

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

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

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

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

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

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

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

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

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

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)

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

- Parents and Caretaker Relatives
 Pregnant Women

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

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

Number of childless adults ever-enrolled during the reporting period

Number of adults ever-enrolled during the reporting period

Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2019.

Children

Parents

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

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

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

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

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

Population	State	Employer	Employee
Child			
Parent			

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

	Low	High
Children		
Parent		

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

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

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

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

- Yes
 No

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

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

- Yes
 No

22. Can you cap enrollment for your program?

- Yes
- No

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

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

Section III F: Program Integrity

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

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

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

Please explain: **[7500]**

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

- Yes
- No

Please Explain: **[500]**

2. For the reporting period, please report the

Number of fair hearing appeals of eligibility denials

Number of cases found in favor of beneficiary

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

Provider Credentialing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

Provider Billing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

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

Yes

No

Please Explain: **[500]**

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

California does not currently collect fair hearing appeals data regarding separate CHIP programs. California plans to work towards the ability to capture separate CHIP appeals data, in hopes to have information for this table in the 2020 CARTS Report.

Section III G: Dental Benefits:

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

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

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

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

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Total Individuals Enrolled for at Least 90 Continuous Days¹	5427892	212222	527062	833500	1107460	1437759	1054973
Total Enrollees Receiving Any Dental Services² [7]	2656393	5970	147403	449187	678576	803965	490242
Total Enrollees Receiving Preventive Dental Services³ [7]	2470297	3086	131523	425983	647417	759861	436522

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

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

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

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Total Enrollees Receiving Dental Treatment Services⁴ [7]	1338952	1063	49881	238156	387032	375985	245449

b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth⁵? [7]
190125

2. Does the state provide supplemental dental coverage?

- Yes
 No

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

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

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

Regarding 1 above: Age 19 annual dental participation is listed below to account for the age of CHIP members.

FFY 2019 - 19 YEARS

Total Individuals Enrolled for at Least 90 Continuous Days: 254,916

Total Enrollees Receiving Any Dental Services: 81,050

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

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

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

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

Total Enrollees Receiving Preventive Dental Services: 65,905

Total Enrollees Receiving Dental Treatment Services: 41,386

Regarding 1.b above: There were 190,125 children ages six to nine who received a sealant on at least one permanent molar tooth.

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

Section IIIH: CHIPRA CAHPS Requirement:

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

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

Did you Collect this Survey in Order to Meet the CHIPRA CAHPS Requirement?

- Yes
- No

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

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

If No, Explain Why:

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

- Service not covered
- Population not covered
 - Entire population not covered
 - Partial population not covered
 - Explain the partial population not covered:
- Data not available
 - Explain why data not available
 - Budget constraints
 - Staff constraints
 - Data inconsistencies/accuracy
 - Please explain:
 - Data source not easily accessible
 - Select all that apply:
 - Requires medical record review
 - Requires data linkage which does not currently exist
 - Other:

Information not collected.

Select all that apply:

Not collected by provider (hospital/health plan)

Other:

Other:

Small sample size (less than 30)

Enter specific sample size:

Other. Explain:

Definition of Population Included in the Survey Sample:

Definition of population included in the survey sample:

Denominator includes CHIP (Title XXI) population only.

Survey sample includes CHIP Medicaid Expansion population.

Survey sample includes Separate CHIP population.

Survey sample includes Combination CHIP population.

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

Which Version of the CAHPS® Survey was Used?

CAHPS® 5.0.

CAHPS® 5.0H.

Other. Explain:

Which Supplemental Item Sets were Included in the Survey?

No supplemental item sets were included

CAHPS Item Set for Children with Chronic Conditions

Other CAHPS Item Set. Explain:

Which Administrative Protocol was Used to Administer the Survey?

NCQA HEDIS CAHPS 5.0H administrative protocol

HRQ CAHPS administrative protocol

Other administrative protocol. Explain:

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

CHIP CAHPS SURVEY MEASURES

MEASURE	CHIP POPULATION
---------	-----------------

Rating of Health Plan	88.4%
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Rating of All Health Care	88.3%
---------------------------	-------

Rating of Personal Doctor	91.0%
---------------------------	-------

Rating of Specialist Seen Most Often N/A (Denominator <100)

Getting Needed Care 84.7%

Getting Care Quickly 84.1%

How Well Doctors Communicate 92.5%

Customer Service 88.8%

Shared Decision Making 73.3%

CAHPS SURVEY MEASURES FOR CHILDREN WITH CHRONIC CONDITIONS(CCC)

MEASURE CCC POPULATION

Rating of Health Plan 84.0%

Rating of All Health Care 88.0%

Rating of Personal Doctor 90.8%

Rating of Specialist Seen Most Often 92.6%

Getting Needed Care 87.1%

Getting Care Quickly 88.9%

How Well Doctors Communicate 92.0%

Customer Service 87.3%

Shared Decision Making 85.2%

Access to Specialized Services N/A (Denominator
<100)

FCC: Personal Doctor Who Knows Child 89.7%

Coordination of Care for N/A (Denominator
Children With Chronic Conditions <100)

FCC: Getting Needed Information 90.6%

Access to Prescriptions Medicines 90.2%

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

Section IV. Program financing for State Plan

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

(Note: This reporting period equals federal fiscal year 2019. 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	2019	2020	2021
Insurance payments			
Managed Care	2345526228	2119055848	1972105329
Fee for Service	1301024137	2099714635	2231586876
Total Benefit Costs	3646550365	4218770483	4203692205
(Offsetting beneficiary cost sharing payments)	-47127846	-61174908	-65382377
Net Benefit Costs	\$ 3599422519	\$ 4157595575	\$ 4138309828

Administration Costs	2019	2020	2021
Personnel	10169030	13957999	14058964
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing	39992162	54893196	55290265
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	50161192	68851195	69349229
10% Administrative Cap (net benefit costs ÷ 9)	399935835	461955064	459812203

	2019	2020	2021
Federal Title XXI Share	3211633666	3233231779	2734978387
State Share	437950045	993214991	1472680670
TOTAL COSTS OF APPROVED CHIP PLAN	3649583711	4226446770	4207659057

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

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations
- Tobacco settlement
- Other (specify) **[500]** Healthcare Treatment Fund Prop 56

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

Yes, California's CHIP expenditures have been higher than our allotment for several years and we have gone through any remaining rollover funds.

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

A. Managed Care

Year	Number of Eligibles	PMPM (\$)
2019	1751299	\$156
2020	1730809	\$143
2021	1725789	\$133

A. Fee For Service

Year	Number of Eligibles	PMPM (\$)
2019	158341	\$1372
2020	156488	\$2241
2021	156034	\$2388

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

California's Section IV: 2019 Program Financing for State Plan includes actual expenditures from the CMS 21 & CMS 64 reports for FFY 2019.

PMPM Calculation:

The PMPM is determined by calculating the total dollars/member months. The FFY 2019 member months have been obtained from the quarterly SEDS report (counts for the unborn child option are estimated, updates are being researched). FFY 2019 expenditures have been obtained from the CMS-21 and CMS-64 Reports.

of eligibles:

of eligibles enrolled in the year (unduplicated) using the SEDS CMS-64.21E FFY Q4 report and is estimated to be 8.42 member months per unduplicated eligible enrolled in the year.

Expenditure Information:

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

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

Estimated expenditures are based on California's November 2019 Draft Medi-Cal Local Assistance Estimate and may include items which are pending CMS approval. Estimated Eligible growth is projected using the applicable estimated eligible growth also from the November 2019 Draft Medi-Cal Local Assistance Estimate.

•Managed Care:

- o Managed Care T21 eligible enrollment has been decreasing as the economy recovers from the Great Recession.

- o The continued decrease from 2020 to 2021 is due to the shifting of Medi-Cal pharmacy benefit to the Fee-for-Service delivery system from the Managed Care delivery system.

•Fee-For-Service:

- o 2020 includes additional quarters of CS3 Proxy adjustment for the FFS delivery systems to bring the quarterly adjustments to a 1 to 2 quarter lag time.

- o Estimated increase in Mental Health utilization

- o The continued increase from 2020 to 2021 is due to the shifting of the Medi-Cal pharmacy benefit to the Fee-for-Service delivery system from the Managed Care delivery system.

- o 2019 included T21 deferrals. These deferrals reduce expenditures.

Section V: Program Challenges and Accomplishments

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

For the reporting period of October 2018 through September 2019, California's political environment has been supportive of efforts to maintain health care coverage for low-income, uninsured children under the Affordable Care Act (ACA).

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

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

For the reporting period of October 2018 through September 2019, California had efforts underway to address key challenges for the state's CHIP program, including increasing utilization for children's dental preventive care, eligibility and improving enrollment processing for transitions between CHIP, Medicaid, and the state's health exchange, and increasing immunization rates.

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

For the reporting period of October 2018 through September 2019, California has several achievements:

In 2016 California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (also known as "Proposition 56"). This Act authorized supplemental payments to providers, including those that serve children. During the reporting period, DHCS received CMS approval for eleven SPAs related to Proposition 56 supplemental payments. Highlights of the funding include:

- Supplemental payments for physicians, dentists, women's health services, intermediate care facilities for the developmentally disabled (ICF/DD) providers, freestanding pediatric subacute (FS/PSA) facilities, and select 1915(c) Home and Community-Based Services (HCBS) Waiver services, including many providers that serve children. In addition, there are Proposition 56-funded ongoing rate increases for home health agencies and pediatric day health care programs.
- A Value-Based Payment Program (VBP) was established through Medi-Cal managed care plans that provides incentive payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive programs are targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration, prenatal/post-partum care and chronic disease management.

Additionally, through the unfortunate wildfires from 2017 through 2019 that displaced so many families, California has maintained SPA authority to waive premiums and certain eligibility verification requirements on a temporary basis to assist families that were affected by the natural disasters. California has maintained this SPA authority to provide this assistance in 2019 and any future natural disasters.

California also continued the efforts begun in 2015 to expand the state's online application portal to improve the application process and eligibility outcomes for consumers, by simplifying language and improving applicant understanding. Resource links have been built into the online application to provide opportunities for consumers to learn more about specific programs available to them and to obtain help in making the right choices based on their individual situation.

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

California continued the Dental Transformation Initiative (DTI), to improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform. More specifically, this strategy aims to increase the use of preventive dental services for children, prevent and treat more early childhood caries, and increase continuity of care for children. Further, DHCS and its partners launched the Smile, California Campaign in October 2018 to build positive momentum and drive increased utilization of dental services for Medi-Cal beneficiaries, including the First Tooth, First Birthday campaign. During this reporting period, the Smile, California Campaign created new materials and videos, available to download, focused on the available dental benefits and the importance of establishing an oral health routine; issued surveys to seniors via email and postcards and conducted informal research on pregnant women and caregivers of individuals with disabilities. Smile, California also launched a texting campaign – Healthy Smile Tips. Subscribers can opt in to receive two to three text messages each month that include helpful information about maintaining healthy teeth and gums. Given the importance of oral health to the overall health of an individual, California views improvements in dental care as critical to achieving overall better health outcomes for Medi-Cal beneficiaries, particularly children.

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

In this reporting period California has demonstrated compliance with the Medicaid and CHIP Managed Care Final Rule (2016 Final Rule) in the delivery of CHIP services and benefits covered under the state's separate child health plan.

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

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]**

Effective January 1, 2020, Proposition 56 funding will support developmental and trauma screenings for children ages 0-21. These screenings will be billed and reimbursed in both the managed care and fee-for-service delivery systems. These payments will be in addition to the amounts paid generally for the office visit in fee-for-service scenarios or capitation paid by managed care plans. California will also continue to use funding from Proposition 56 to provide supplemental payments to providers, including those that serve children.

In a continuing effort to improve on the quality of services delivered to children in Medi-Cal, as well as the access to care for children in Medi-Cal, DHCS has adopted the CMS Child Core Set as the basis for the performance measures that all Medi-Cal managed care health plans (MCPs) are required to report on, starting in reporting year 2020. While DHCS' prior set of required managed care performance metrics had numerous measures devoted to access and quality of care for children, DHCS believes that adopting the CMS Child Core Set will provide a more robust measurement of access and quality of care for children and provide a better lever for driving improvement.

In October 2019, DHCS successfully transitioned Population 1 (CCHIP) into the Medi-Cal Managed Care Delivery System, providing this population all the benefits provided to Medi-Cal subscribers/beneficiaries. This policy will help improve operational and administrative efficiencies for program administration and service delivery for Population 1.

California continues working with CMS, seeking SPA approval to demonstrate parity between mental health services and medical services as it relates to CHIP.

Finally, California is focusing on the expansion of full-scope Medi-Cal coverage for the young adult population. SB 104 expands full-scope Medi-Cal to the young adult population, ages 19 through 25, who do not have satisfactory immigration status, are unable to establish satisfactory immigration status, or are unable to verify United States citizenship. The young adult expansion is modeled after the Medi-Cal coverage provided by SB 75 (Chapter 18, Statutes of 2015), which provided full-scope Medi-Cal to eligible children under age 19. DHCS expects to have system readiness to implement the young adult expansion by January 1, 2020. DHCS is working collaboratively with counties, Medi-Cal managed care health plans, advocates, community-based organizations, the Legislature, and others to implement the young adult expansion.

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