

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.

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: IL

Name of State/Territory

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

Signature: George Jacaway

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

CHIP Program Type:

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

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

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Submission Date: 1/31/2020

(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:

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

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

Yearly Maximum Premium Amount per Family: \$

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

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

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

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

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]**

Initially, all children are FFS. They are given a period of 60 days to choose an MCO. They are auto assigned to an MCO if one is not chosen.

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: 40

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

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL
15	40	158	209
40	80	210	318

Yearly Maximum Premium Amount per Family: \$

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

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL
180	480	158	209
480	960	210	318

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

Families with income from 158% to 209% pay a premium of \$15/month for 1 child, \$25 for 2, \$30 for 3, \$35 for 4 and \$40 for 5 or more children. Families with income from 210 to 318% FPL pay a monthly premium of \$40 for 1 child or \$80 for 2 or more.

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]**

Initially, all children are FFS. They are given a period of 60 days to choose an MCO. They are auto assigned to an MCO if one is not chosen. Children in our Premium Level 2 program (income from 210-318% FPL) are currently all Fee for Service.

- 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.

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

	Yes	No Change	N/A	Yes	No Change	N/A
e) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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

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	
s) Other – please specify	
a)	

Topic	List change and why the change was made
b)	
c)	

Separate Child Health Program

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
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	

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

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	99157	106083	6.98
Separate Child Health Program	197029	222898	13.13

- A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**
Enrollment is increasing again after the initial impact of the first year of automatic cancelations of cases for clients who did not submit renewal forms. Overall, the number of applications for children who qualify for the separate CHIP program continues to increase due to families applying through the FFM.
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	277	34.4	7.7	1.0
1998 - 2000	269	33.5	7.4	.9
2000 - 2002	228	26.5	6.9	.8
2002 - 2004	243	27.2	7.1	.8
2003 - 2005	230	26.8	6.7	.8
2004 - 2006	217	26.0	6.4	.7
2005 - 2007	180	24.0	5.3	.7
2006 - 2008	146	22.0	5.0	.7
2007 - 2009	175	23.0	5.2	.7
2008 - 2010	181	16.0	5.4	.5
2009 - 2011	171	16.0	5.2	.5
2010 - 2012	142	14.0	4.4	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	79	7.0	2.5	.2
2014	61	6.0	2.0	.2
2015	44	4.0	1.4	.1
2016	36	4.0	1.2	.1
2017	46	5.0	1.5	.2
2018	48	6.0	1.6	.2
Percent change 2017 vs. 2018	4.4%	N/A	6.7%	N/A

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

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

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

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

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

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

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

[7500]

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

[7500]

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

[7500]

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

[7500]

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

Section IIB: State Strategic Objectives And Performance Goals

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 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 in Illinois</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children in Illinois</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children in Illinois</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> American Community Survey</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> American Community Survey</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> American Community Survey</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Children under age 19 in the survey. Definition of numerator: Children under age 19 in the survey with no health insurance.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children under age 19 in the survey. Definition of numerator: Children under age 19 in the survey with no health insurance.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children under age 19 in the survey. Definition of numerator: Children under age 19 in the survey with no health insurance.</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>
<p>Performance Measurement Data: Described what is being measured: ACS state-level uninsured estimates Numerator: 71319 Denominator: 2919863 Rate: 2.4</p>	<p>Performance Measurement Data: Described what is being measured: ACS state-level uninsured estimates. Numerator: 89349 Denominator: 3069418 Rate: 2.9</p>	<p>Performance Measurement Data: Described what is being measured: ACS state-level uninsured estimates Numerator: 102466 Denominator: 3027744 Rate: 3.4</p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure: Our goal was 2.3, but we only achieved 2.9.</p>	<p>Additional notes on measure: Our goal was 2.8, but we only achieved 3.4.</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? We met our goal.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? Our goal was 2.3, but we only achieved 2.9.</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? our goal was 2.8, but we only achieved 3.4.</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: 2.3 Annual Performance Objective for FFY 2019: 2.2 Annual Performance Objective for FFY 2020: 2.1</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: 2.8 Annual Performance Objective for FFY 2020: 2.7 Annual Performance Objective for FFY 2021: 2.6</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: 2.8 Annual Performance Objective for FFY 2021: 2.7 Annual Performance Objective for FFY 2022: 2.6</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
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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>	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>	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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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>	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>	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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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) Increase enrollment of children with income above 147% and at or below 318% by 3%.</p>	<p>Goal #1 (Describe) Maintain enrollment of children with income above 147% and at or below 318% at the current level.</p>	<p>Goal #1 (Describe) Maintain enrollment of children with income above 147% and at or below 318% at the current level.</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>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Number of children enrolled as of 7/31/16 compared to the number of children enrolled as of 7/31/17 in families with income above 147% and at or below 318%.</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Number of children enrolled as of 7/31/17 compared to the number of children enrolled as of 7/31/18 in families with income above 147% and at or below 318%.</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Number of children enrolled as of 7/31/18 compared to the number of children enrolled as of 7/31/19 in families with income above 147% and at or below 318%.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Number of children enrolled as of 7/31/17 Definition of numerator: Number of children enrolled as of 7/31/16</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of denominator: Number of children enrolled as of 7/31/18 Definition of numerator: Definition of numerator: Number of children enrolled as of 7/31/17</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of denominator: Number of children enrolled as of 7/31/19 Definition of numerator: Definition of numerator: Number of children enrolled as of 7/31/18</p>
<p>Date Range: From: (mm/yyyy) 07/2016 To: (mm/yyyy) 07/2017</p>	<p>Date Range: From: (mm/yyyy) 07/2017 To: (mm/yyyy) 07/2018</p>	<p>Date Range: From: (mm/yyyy) 07/2018 To: (mm/yyyy) 07/2019</p>
<p>Performance Measurement Data: Described what is being measured: Enrollment of children as of 7/31/16 compared to 7/31/17. Numerator: 134703 Denominator: 132602 Rate: 101.6</p>	<p>Performance Measurement Data: Described what is being measured: Enrollment of children as of 7/31/17 compared to 7/31/18. Numerator: 132602 Denominator: 131437 Rate: 100.9</p>	<p>Performance Measurement Data: Described what is being measured: Enrollment of children as of 7/31/18 compared to 7/31/19. Numerator: 131437 Denominator: 161003 Rate: 81.6</p>

FFY 2017	FFY 2018	FFY 2019
<p>Additional notes on measure: Enrollment declined by 1.6%.</p>	<p>Additional notes on measure: Enrollment declined by .9%</p>	<p>Additional notes on measure: Enrollment increased by 18.4%</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? Illinois saw a decrease of 1.6% rather than an increase of 3% as was anticipated.</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? The goal was to maintain enrollment at the current level but Illinois saw a decrease of .9%.</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? Enrollment increased by 18.4%</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: Maintain enrollment at the current level. Annual Performance Objective for FFY 2019: Increase enrollment by .5% Annual Performance Objective for FFY 2020: Increase enrollment by .5%</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: Maintain enrollment at the current level. Annual Performance Objective for FFY 2020: Increase enrollment by .5%. Annual Performance Objective for FFY 2021: Increase enrollment by .5%</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: Increase enrollment by 5% Annual Performance Objective for FFY 2021: Increase enrollment by 3% Annual Performance Objective for FFY 2022: Increase enrollment by 2%</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure: The goal was corrected to read: Increase enrollment of children with income above 147% and at or below 318% by 3% The definition of denominator was changed to show the number of children enrolled as of 7/31/17. The definition of the numerator was changed to show the number of children enrolled as of 7/31/16.</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
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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>	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>	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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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>	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>	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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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) Increase enrollment of children in families with income at or below 147% by 1%.</p>	<p>Goal #1 (Describe) Increase enrollment of children in families with income at or below 147% by .5%.</p>	<p>Goal #1 (Describe) Increase enrollment of children in families with income at or below 147% by .5%.</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 checked="" 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 checked="" 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 checked="" 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: Enrollment as of July 2017 Definition of numerator: Enrollment as of July 2016</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Enrollment as of July 2018 Definition of numerator: Enrollment as of July 2017</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Enrollment as of July 2019 Definition of numerator: Enrollment as of July 2018</p>
<p>Date Range: From: (mm/yyyy) 07/2016 To: (mm/yyyy) 07/2017</p>	<p>Date Range: From: (mm/yyyy) 07/2017 To: (mm/yyyy) 07/2018</p>	<p>Date Range: From: (mm/yyyy) 07/2018 To: (mm/yyyy) 07/2019</p>
<p>Performance Measurement Data: Described what is being measured: Increase in enrollment of children in families with income at or below 147% from July 2016 to July 2017. Numerator: 1062547 Denominator: 1062927 Rate: 100</p>	<p>Performance Measurement Data: Described what is being measured: Increase in enrollment of children in families with income at or below 147% from July 2017 to July 2018. Numerator: 1062927 Denominator: 1025046 Rate: 103.7</p>	<p>Performance Measurement Data: Described what is being measured: Increase in enrollment of children in families with income at or below 147% from July 2018 to July 2019. Numerator: 1025046 Denominator: 986572 Rate: 103.9</p>
<p>Additional notes on measure: Enrollment remained the same.</p>	<p>Additional notes on measure: Enrollment decreased by 3.7%.</p>	<p>Additional notes on measure: Enrollment decreased by 3.9%.</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? Enrollment did not increase.</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? We saw a decrease rather than an increase in enrollment</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? We saw a decrease rather than an increase in enrollment.</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: Increase enrollment by .5%</p> <p>Annual Performance Objective for FFY 2019: Increase enrollment by 1%</p> <p>Annual Performance Objective for FFY 2020: Increase enrollment by 1%</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: .5%</p> <p>Annual Performance Objective for FFY 2020: 1%</p> <p>Annual Performance Objective for FFY 2021: 1%</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: Increase enrollment by .5%</p> <p>Annual Performance Objective for FFY 2021: Increase enrollment by 1%</p> <p>Annual Performance Objective for FFY 2022: Increase enrollment by 1%</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure: The definition of denominator was changed to show the number of children enrolled as of 7/31/17. The definition of the numerator was changed to show the number of children enrolled as of 7/31/16.</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
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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>	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>	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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revise <i>d</i> . <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
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>	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>	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>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)	Date Range: From: (mm/yyyy) To: (mm/yyyy)
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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) Reduce the state's infant mortality rate.</p>	<p>Goal #1 (Describe) Reduce the state's infant mortality rate.</p>	<p>Goal #1 (Describe) Reduce the state's infant mortality rate.</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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Infant mortality rate is defined as the rate at which Illinois newborns die during the first year of life, per 1,000 live births.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Infant mortality rate is defined as the rate at which Illinois newborns die during the first year of life, per 1,000 live births.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Infant mortality rate is defined as the rate at which Illinois newborns die during the first year of life, per 1,000 live births.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Illinois Department of Public Health - Vital Records</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Illinois Department of Public Health - Vital Records</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Illinois Department of Public Health - Vital Records.</p>
<p>Definition of Population Included in the Measure: Definition of numerator: Numerator = Infant deaths (statewide) Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Denominator = Live births (statewide)</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Numerator = Infant deaths (statewide) Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Denominator = Live births (statewide)</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Numerator = Infant deaths (statewide) Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Denominator = Live births (statewide)</p>
<p>Date Range: From: (mm/yyyy) 01/2014 To: (mm/yyyy) 12/2014</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>

FFY 2017	FFY 2018	FFY 2019
<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>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 1044 Denominator: 158522 Rate: 6.6</p> <p>Additional notes on measure: The measure is a rate per 1,000 live births. The FFY2017 CARTS entries reflect the most recent data available which is CY2014. CY2014 was also the most recent data available for FFY2016.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 985 Denominator: 154467 Rate: 6.4</p> <p>Additional notes on measure: The measure is a rate per 1,000 live births. Since the FFY2017 CHIP annual report, there are two additional years of certified Vital Records data available. The FFY2017 CARTS entries reflect CY2014 data. The FFY2018 CARTS entries reflect the most recent data available which is CY2016. The CY2015 infant mortality rate per 1,000 live births was 6.0 (952/158,101)</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 912 Denominator: 149390 Rate: 6.1</p> <p>Additional notes on measure: The measure is a rate per 1,000 live births. The FFY2018 CARTS entries reflect CY2016 data and the FFY2019 CARTS entries reflect the most recent data available which is CY2017. The CY2015 infant mortality rate per 1,000 live births was 6.0 (952/158,101) and was released with the CY2016 data.</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 FFY2015 report included CY2012 data and projected the CY2014 infant mortality rate per 1,000 live births (reported in FFY2017) would be 6.24. The CY2014 projection was not achieved since the actual CY2014 rate is 6.6/1,000 live births. This is an increase from both CY2012 and CY2013.</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? Using predictive analytics to identify women with a previous high cost birth who are currently pregnant weekly an electronic data exchange transfers data to DHS to outreach to these women and engage them in early, intensive prenatal care.</p> <p>We continue using the expanded algorithm identifying high-risk pregnant women that includes additional indicators beyond having a previous high cost birth. These indicators include conditions that are associated with a poor birth outcome (LBW, VLBW, infant demise). The use of these indicators means identification of high-risk pregnant women is not based exclusively on having a previous high cost birth. This means women experiencing a first birth and who have an identified condition(s) are included in the case finding sent to DHS.</p> <p>HFS also shares the case finding list with managed care entities to outreach to the identified women and provide needed intensive prenatal care.</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 FFY2017 report included CY2014 data and projected the CY2015 infant mortality rate per 1,000 live births would be 6.34 and CY2016 would be 6.21. The CY2015 projection was achieved with the actual CY2015 rate being 6.0/1,000 live births. The CY2016 projection was not achieved with the actual CY2016 rate being 6.4/1,000 live births. The CY2016 rate is an increase from CY2015 but is lower than the CY2014 rate.</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? Using predictive analytics to identify women with a previous high cost birth who are currently pregnant weekly an electronic data exchange transfers data to DHS to outreach to these women and engage them in early, intensive prenatal care.</p> <p>We continue using the expanded algorithm identifying high-risk pregnant women that includes additional indicators beyond having a previous high cost birth. These indicators include conditions that are associated with a poor birth outcome (LBW, VLBW, infant demise). The use of these indicators means identification of high-risk pregnant women is not based exclusively on having a previous high cost birth. This means women experiencing a first birth and who have an identified condition(s) are included in the case finding sent to DHS.</p> <p>HFS also shares the case finding list with managed care entities to outreach to the identified women and provide needed intensive prenatal care.</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 FFY2018 report included both CY2015 and CY2016 actual data and projected the CY2017 infant mortality rate per 1,000 live births would be 6.27. The CY2017 projected rate was achieved with the actual rate being 6.10/1,000 live births.</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? Using predictive analytics to identify women with a previous high cost birth who are currently pregnant weekly an electronic data exchange transfers data to DHS to outreach to these women and engage them in early, intensive prenatal care.</p> <p>We continue using the expanded algorithm identifying high-risk pregnant women that includes additional indicators beyond having a previous high cost birth. These indicators include conditions that are associated with a poor birth outcome (LBW, VLBW, infant demise). The use of these indicators means identification of high-risk pregnant women is not based exclusively on having a previous high cost birth. This means women experiencing a first birth and who have an identified condition(s) are included in the case finding sent to DHS.</p> <p>HFS also shares the case finding list with managed care entities to outreach to the identified women and provide needed intensive prenatal care.</p>

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<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: 6.47 per 1,000 live births statewide (CY2015 data) Annual Performance Objective for FFY 2019: 6.34 per 1,000 live births statewide (CY2016 data) Annual Performance Objective for FFY 2020: 6.21 per 1,000 live births statewide (CY2017 data)</p> <p><i>Explain how these objectives were set:</i> Reduce the state's infant mortality rate.</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>100th Percentile</th> <th>Annual Improvement</th> <th>Annual Improvement</th> <th>Projection</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>2014</td> <td>6.6</td> <td>0</td> <td>-6.60</td> <td>2%</td> <td>-</td> </tr> <tr> <td>2018</td> <td>2015</td> <td>6.47</td> <td>0</td> <td>-6.47</td> <td>2%</td> <td>-</td> </tr> <tr> <td>2019</td> <td>2016</td> <td>6.34</td> <td>0</td> 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Objective for FFY 2021: 5.86 per 1,000 live births statewide (CY2019 data) Annual Performance Objective for FFY 2022: 5.74 per 1,000 live births statewide (CY2020 data)</p> <p><i>Explain how these objectives were set:</i> Reduce the state's infant mortality rate</p> <table border="1"> <thead> <tr> <th>FFY</th> <th>CY</th> <th>Base</th> <th>100th</th> <th>Dif</th> <th>% Impr</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>2014</td> <td>6.60</td> <td>0</td> <td>-6.60</td> <td>2%</td> </tr> <tr> <td>2018</td> <td>2015</td> <td>6.00</td> <td>0</td> <td>-6.00</td> <td>2%</td> </tr> <tr> <td>2018</td> <td>2016</td> <td>6.40</td> <td>0</td> <td>-6.40</td> <td>2%</td> </tr> <tr> <td>2019</td> <td>2017</td> <td>6.10</td> <td>0</td> <td>-6.10</td> <td>2%</td> </tr> <tr> <td>2020</td> <td>2018</td> <td>5.98</td> <td>0</td> <td>-5.98</td> <td>2%</td> </tr> <tr> <td>2021</td> <td>2019</td> <td>5.86</td> <td>0</td> <td>-5.86</td> <td>2%</td> </tr> <tr> <td>2022</td> <td>2020</td> <td>5.74</td> 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Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FY 2017	FFY 2018	FFY 2019
<p>Goal #2 (Describe) Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL</p>	<p>Goal #2 (Describe) Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL</p>	<p>Goal #2 (Describe) Reduce the number/percent of children with elevated blood levels exceeding 10 mcg/dL</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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The measure is of Medicaid children, ages 6 and younger with elevated blood lead levels exceeding 10 mcg/dL reported by the Illinois Department of Public Health (IDPH), Illinois Lead Program Surveillance report (obtained through personal communication).</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The measure is of Medicaid children, ages 6 and younger with elevated blood lead levels exceeding 10 mcg/dL reported by the Illinois Department of Public Health (IDPH), Illinois Lead Program Surveillance report (obtained through personal communication).</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The measure is of Medicaid children, ages 6 and younger with elevated blood lead levels exceeding 10 mcg/dL reported by the Illinois Department of Public Health (IDPH), Illinois Lead Program Surveillance report (obtained through personal communication).</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> IDPH Childhood Lead Poisoning Prevention Program Surveillance Report. Data obtained from IDPH laboratory blood lead testing results.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> IDPH Childhood Lead Poisoning Prevention Program Surveillance Report. Data obtained from IDPH laboratory blood lead testing results.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> IDPH Childhood Lead Poisoning Prevention Program Surveillance Report. Data obtained from IDPH laboratory blood lead testing results.</p>

FY 2017	FFY 2018	FFY 2019
<p>Definition of Population Included in the Measure: Definition of numerator: Medicaid/CHIP enrolled children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL. The Illinois data includes capillary and venous tests. It also accounts for test results obtained with handheld analyzers Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Medicaid/CHIP enrolled children (ages 6 and younger) screened for childhood lead poisoning.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Medicaid/CHIP enrolled children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL. The Illinois data includes capillary and venous tests. It also accounts for test results obtained with handheld analyzers. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Medicaid/CHIP enrolled children (ages 6 and younger) screened for childhood lead poisoning.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Medicaid/CHIP enrolled children, ages 6 and younger, with elevated blood lead levels exceeding 10 mcg/dL. The Illinois data includes capillary and venous tests. It also accounts for test results obtained with handheld analyzers. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Medicaid/CHIP enrolled children (ages 6 and younger) screened for childhood lead poisoning.</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>
<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: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p>Deviations from Measure Specifications: <input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 1467 Denominator: 179512 Rate: .8</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 1195 Denominator: 159010 Rate: 0.8</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 1658 Denominator: 213285 Rate: 0.8</p> <p>Additional notes on measure:</p>

FY 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? In FFY2016 (CY2015 data) the projected FFY2017 performance objective was 0.8. That objective was met since the CY2016 rate is 0.8.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council. IDPH sends test results to HFS' Enterprise Data Warehouse (EDW). Lead screening info is available to PCPs via the patient profile (PCCM) that identifies children due for screening. Care Coordination Claims Data (CCCD) are available monthly to MCOs and include seven years of lead screening information.</p> <p>DPH is the lead agency for a Governor's Children's Cabinet initiative to increase identification and service delivery to children with EBLL. The Children's Cabinet Lead Team Project Plan is in review by convened agencies, including HFS, and other collaborative partners.</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? In FFY2017 (CY2016 data) the projected FFY2018 performance objective was 0.6. That objective was not met since the FFY2018 (CY2017) rate is 0.8. This rate has remained consistent for 3 years.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council. IDPH sends test results to HFS' Enterprise Data Warehouse (EDW). Lead screening info is available to PCPs via the patient profile (PCCM) that identifies children due for screening. Care Coordination Claims Data (CCCD) are available monthly to MCOs and include seven years of lead screening information.</p> <p>DPH is the lead agency for a Governor's Children's Cabinet initiative to increase identification and service delivery to children with EBLL. The Children's Cabinet Lead Team Project Plan is in review by convened agencies, including HFS, and other collaborative partners.</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? In FFY2018 (CY2017 data) the projected FFY2019 performance objective was 0.6. That objective was not met since the FFY2019 (CY2018) rate is 0.8. This rate has remained consistent for 4 years.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council. IDPH sends test results to HFS' Enterprise Data Warehouse (EDW). Care Coordination Claims Data (CCCD) are available monthly to MCOs and include seven years of lead screening information.</p> <p>DPH is the lead agency for a Governor's Children's Cabinet initiative to increase identification and service delivery to children with EBLL. The Children's Cabinet Lead Team Project Plan is in review by convened agencies, including HFS, and other collaborative partners.</p>

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<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: 0.6 (CY2017 data) Annual Performance Objective for FFY 2019: 0.4 (CY2018 data) Annual Performance Objective for FFY 2020: 0.2 (CY2019 data)</p> <p><i>Explain how these objectives were set:</i> Percentage with elevated blood levels exceeding 10 mcg/dL: Medicaid/CHIP Enrolled Children 6 Years and Younger</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>Annual % Reduction</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr><td>2017</td><td>2016</td><td>0.8</td><td>0.2</td><td>0.60</td></tr> <tr><td>2018</td><td>2017</td><td>0.60</td><td>0.2</td><td>0.40</td></tr> <tr><td>2019</td><td>2018</td><td>0.40</td><td>0.2</td><td>0.20</td></tr> <tr><td>2020</td><td>2019</td><td>0.20</td><td>0.1</td><td>0.10</td></tr> <tr><td>2021</td><td>2020</td><td>0.10</td><td></td><td></td></tr> </tbody> </table> <p>Data source: Illinois Department of Public Health-Illinois Lead Program Surveillance Database; unpublished report</p>	FFY for CARTS	DATA Year	Baseline	Annual % Reduction	Projection for Following Year	2017	2016	0.8	0.2	0.60	2018	2017	0.60	0.2	0.40	2019	2018	0.40	0.2	0.20	2020	2019	0.20	0.1	0.10	2021	2020	0.10			<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: 0.6 (CY2018 data) Annual Performance Objective for FFY 2020: 0.4 (CY2019 data) Annual Performance Objective for FFY 2021: 0.3 (CY2020 data)</p> <p><i>Explain how these objectives were set:</i> Percentage with elevated blood levels exceeding 10 mcg/dL: Medicaid/CHIP Enrolled Children 6 Years and Younger</p> <table border="1"> <thead> <tr> <th>FFY for CARTS</th> <th>DATA Year</th> <th>Baseline</th> <th>Annual % Reduction</th> <th>Projection for Following Year</th> </tr> </thead> <tbody> <tr><td>2017</td><td>2016</td><td>0.80</td><td>0.2</td><td>0.60</td></tr> <tr><td>2018</td><td>2017</td><td>0.80</td><td>0.2</td><td>0.60</td></tr> <tr><td>2019</td><td>2018</td><td>0.60</td><td>0.2</td><td>0.40</td></tr> <tr><td>2020</td><td>2019</td><td>0.40</td><td>0.1</td><td>0.30</td></tr> <tr><td>2021</td><td>2020</td><td>0.30</td><td>0.1</td><td>0.20</td></tr> <tr><td>2022</td><td>2021</td><td>0.20</td><td>0.1</td><td>0.10</td></tr> <tr><td>2023</td><td>2022</td><td>0.10</td><td>0.1</td><td>0.00</td></tr> </tbody> </table> <p>Data source: Illinois Department of Public Health-Illinois Lead Program Surveillance Database; unpublished report</p>	FFY for CARTS	DATA Year	Baseline	Annual % Reduction	Projection for Following Year	2017	2016	0.80	0.2	0.60	2018	2017	0.80	0.2	0.60	2019	2018	0.60	0.2	0.40	2020	2019	0.40	0.1	0.30	2021	2020	0.30	0.1	0.20	2022	2021	0.20	0.1	0.10	2023	2022	0.10	0.1	0.00	<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: 0.6 (CY2019 data) Annual Performance Objective for FFY 2021: 0.5 (CY2020 data) Annual Performance Objective for FFY 2022: 0.4 (CY2021 data)</p> <p><i>Explain how these objectives were set:</i> Percentage with elevated blood levels exceeding 10 mcg/dL: Medicaid/CHIP Enrolled Children 6 Years and Younger</p> <table border="1"> <thead> <tr> <th>FFY</th> <th>CY</th> <th>Base</th> <th>% Reduc</th> <th>Projection</th> </tr> </thead> <tbody> <tr><td>2017</td><td>2016</td><td>0.80</td><td>0.2</td><td>0.60</td></tr> <tr><td>2018</td><td>2017</td><td>0.80</td><td>0.2</td><td>0.60</td></tr> <tr><td>2019</td><td>2018</td><td>0.80</td><td>0.2</td><td>0.60</td></tr> <tr><td>2020</td><td>2019</td><td>0.60</td><td>0.1</td><td>0.50</td></tr> <tr><td>2021</td><td>2020</td><td>0.50</td><td>0.1</td><td>0.40</td></tr> <tr><td>2022</td><td>2021</td><td>0.40</td><td>0.1</td><td>0.30</td></tr> <tr><td>2023</td><td>2022</td><td>0.30</td><td>0.1</td><td>0.20</td></tr> </tbody> </table> <p>Data source: Illinois Department of Public Health-Illinois Lead Program Surveillance Database; unpublished report</p>	FFY	CY	Base	% Reduc	Projection	2017	2016	0.80	0.2	0.60	2018	2017	0.80	0.2	0.60	2019	2018	0.80	0.2	0.60	2020	2019	0.60	0.1	0.50	2021	2020	0.50	0.1	0.40	2022	2021	0.40	0.1	0.30	2023	2022	0.30	0.1	0.20
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Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2017	FFY 2018	FFY 2019
<p>Goal #3 (Describe) To increase the percentage of HFS continuously enrolled children who receive at least one capillary or venous blood lead screening test on or before their second birthday.</p>	<p>Goal #3 (Describe) To increase the percentage of HFS continuously enrolled children who receive at least one capillary or venous blood lead screening test on or before their second birthday.</p>	<p>Goal #3 (Describe) To increase the percentage of HFS continuously enrolled children who receive at least one capillary or venous blood lead screening test on or before their second birthday.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:</p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:</p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. Explain: <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. Explain:</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. Explain:</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2018 <input type="checkbox"/> Other. Explain:</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2019 <input type="checkbox"/> Other. Explain:</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 checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative claims data, including CPTs 36415 or 36416 with U1 modifier or CPT 83655 with QW modifier. Also accept Illinois Department of Public Health blood lead program testing data.</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 checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative claims data, including CPTs 36415 or 36416 with U1 modifier or CPT 83655 with QW modifier. Also accept Illinois Department of Public Health blood lead program testing data.</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 checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative claims data, including CPTs 36415 or 36416 with U1 modifier or CPT 83655 with QW modifier. Also accept Illinois Department of Public Health blood lead program testing data.</p>
<p>Definition of Population Included in the Measure: Definition of numerator: Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age and received at least one capillary or venous blood test on or before their second birthday. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age and received at least one capillary or venous blood test on or before their second birthday. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who are 24 months of age and received at least one capillary or venous blood test on or before their second birthday. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI Only) who are 24 months of age.</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: 55873 Denominator: 72707 Rate: 76.8</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 53710 Denominator: 71146 Rate: 75.5</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS)</i></p> <p>Numerator: 50896 Denominator: 68535 Rate: 74.26</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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> Counts include CPTs 36415 or 36416 with U1 modifier or CPT 83655 with QW modifier. In addition to claims data, also accept Illinois Department of Public Health blood lead testing program data.</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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> Counts include CPTs 36415 or 36416 with U1 modifier or CPT 83655 with QW modifier. In addition to claims data, also accept Illinois Department of Public Health blood lead testing program data</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 checked="" type="checkbox"/> Numerator, <i>Explain.</i> Counts include CPTs 36415 or 36416 with U1 modifier or CPT 83655 with QW modifier. In addition to claims data, also accept Illinois Department of Public Health blood lead testing program data</p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p>Additional notes on measure: This measure was audited by HSAG during 2017.</p>	<p>Additional notes on measure: This measure was audited by HSAG during 2018.</p>	<p>Additional notes on measure: This measure was audited by HSAG during 2019.</p>
<p>Other Performance Measurement Data:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 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? In FFY2016 (CY2015 data) the projected FFY2017 performance objective was 81.0%. That objective was not met since the CY2016 performance is 76.8%. Compared to FFY2016 performance of 78.9%, FFY2017 performance has dropped by 2.7%. The HFS healthcare delivery system is transitioning from FFS to predominately managed care. During any transition period, there is a potential risk that performance may be negatively impacted.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council.IDPH sends test results to HFS' Enterprise Data Warehouse (EDW). Lead screening info is available to PCPs via the patient profile (PCCM) that identifies children due for screening. Care Coordination Claims Data (CCCD) are available monthly to MCOs and include seven years of lead screening information.</p> <p>DPH is the lead agency for a Governor's Children's Cabinet initiative to increase identification and service delivery to children with EBLL. The Children's Cabinet Lead Team Project Plan is in review by convened agencies, including HFS, and other collaborative partners.</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? In FFY2017 (CY2016 data) the projected FFY2018 performance objective was 79.2%. That objective was not met since the CY2017 performance is 75.5%. Compared to FFY2017 performance of 76.8%, FFY2018 performance has dropped by 1.3%. The HFS healthcare delivery system is transitioning from FFS to predominately managed care. During any transition period, there is a potential risk that performance may be negatively impacted.</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? Data reported in FFY2018 was for the entire HFS population not the Title XIX & XXI only as in other years. In FFY2018 (CY2017 data) the projected FFY2019 (CY2018) performance objective was 77.93%. That objective was not met since the CY2018 performance is 74.26%. Compared to FFY2018 performance of 75.49%, FFY2019 performance has dropped by 1.23 or 1.63%. The HFS healthcare delivery system transitioned from FFS to statewide mandatory managed care (with a very small FFS population remaining). During any transition period, there is a potential risk that performance may be negatively impacted.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? HFS is a member of the Illinois Department of Public Health (IDPH) Lead Poisoning Elimination Advisory Council.IDPH sends test results to HFS' Enterprise Data Warehouse (EDW). Lead screening info is available to PCPs via the patient profile (PCCM) that identifies children due for screening. Care Coordination Claims Data (CCCD) are available monthly to MCOs and include seven years of lead screening information.</p> <p>DPH is the lead agency for a Governor's Children's Cabinet initiative to increase identification and service delivery to children with EBLL. The Children's Cabinet Lead Team Project Plan is in review by convened agencies, including HFS, and other collaborative partners.</p>

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

FFY 2017	FFY 2018	FFY 2019
<p>Goal #1 (Describe) Reduce the number of very low birthrate babies born to adolescents.</p>	<p>Goal #1 (Describe) Reduce the number of very low birthrate babies born to adolescents.</p>	<p>Goal #1 (Describe) Reduce the number of very low birthrate babies born to adolescents.</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> This goal in the IL SPA was missed in previous reporting. Reporting FFY2017, 2018 & 2019 at the same time.</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> This goal in the IL SPA was missed in previous reporting. Reporting FFY2017, 2018 & 2019 at the same time.</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> This goal in the IL SPA was missed in previous reporting. Reporting FFY2017, 2018 & 2019 at the same time.</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> Data is from the CDC WONDER Database. Based on the Child Core Set LBW measure but limited to adolescents.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Data is from the CDC WONDER Database. Based on the Child Core Set LBW measure but limited to adolescents.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Data is from the CDC WONDER Database. Based on the Child Core Set LBW measure but limited to adolescents.</p>
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<p>Definition of Population Included in the Measure: Definition of numerator: Number of deliveries to adolescents aged <19 years with a birth weight of <2500 grams, paid for by the Illinois Medicaid program. 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: Number of deliveries to adolescents aged <19 years paid for by the Illinois Medicaid program.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Number of deliveries to adolescents aged <19 years with a birth weight of <2500 grams, paid for by the Illinois Medicaid program. 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: Number of deliveries to adolescents aged <19 years paid for by the Illinois Medicaid program.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Number of deliveries to adolescents aged <19 years with a birth weight of <2500 grams, paid for by the Illinois Medicaid program. 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: Number of deliveries to adolescents aged <19 years paid for by the Illinois Medicaid program.</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: 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>
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<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: 310 Denominator: 3188 Rate: 9.7</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 279 Denominator: 2962 Rate: 9.4</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 278 Denominator: 2637 Rate: 10.5</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? There are no previous objectives set.</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? Using predictive analytics to identify women with a previous high cost birth who are currently pregnant weekly an electronic data exchange transfers data to DHS to outreach to these women and engage them in early, intensive prenatal care.</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 goal of 8.8 was not met (Actual 9.4) as a lower rate is better.</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? Using predictive analytics to identify women with a previous high cost birth who are currently pregnant weekly an electronic data exchange transfers data to DHS to outreach to these women and engage them in early, intensive prenatal care.</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 goal of 8.5 was not met (Actual 10.5).</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? Using predictive analytics to identify women with a previous high cost birth who are currently pregnant weekly an electronic data exchange transfers data to DHS to outreach to these women and engage them in early, intensive prenatal care.</p>

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

FFY 2017	FFY 2018	FFY 2019
<p>Goal #2 (Describe) Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months of age at the end of the calendar year).</p>	<p>Goal #2 (Describe) Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months of age at the end of the calendar year).</p>	<p>Goal #2 (Describe) Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months of age at the end of the calendar year).</p>
<p>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 checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative (claims data) and registry data</p>	<p>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 checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative (claims data) and registry data</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 checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative (claims data) and ICare immunization registry data</p>
<p>Definition of Population Included in the Measure: Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year and achieve the vaccine series. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year and achieve the vaccine series. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year.</p>	<p>Definition of Population Included in the Measure: Definition of numerator: HFS continuously enrolled children (Title XIX, Title XXI) who turn 36 months of age by the end of the calendar year and achieve the vaccine series. Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: HFS continuously enrolled children (Title XIX, Title XXI Only) who turn 36 months of age by the end of the calendar 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>

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<p>HEDIS Performance Measurement Data: (If reporting with HEDIS)</p> <p>Numerator: 0.0 Denominator: 0.0 Rate:</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS)</p> <p>Numerator: 0 Denominator: 0 Rate: 0</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS)</p> <p>Numerator: 0 Denominator: 0 Rate: 0</p>																																																																																																												
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<p>Additional notes on measure: Vaccine combo data are provided as Numerator / Denominator = Rate.</p> <table> <tr><td>Combo 2</td><td>49,925/70,301</td><td>=</td><td>71.02%</td></tr> <tr><td>Combo 3</td><td>46,436/70,301</td><td>=</td><td>66.05%</td></tr> <tr><td>Combo 4</td><td>43,752/70,301</td><td>=</td><td>62.24%</td></tr> <tr><td>Combo 5</td><td>37,388/70,301</td><td>=</td><td>53.18%</td></tr> <tr><td>Combo 6</td><td>24,327/70,301</td><td>=</td><td>34.60%</td></tr> <tr><td>Combo 7</td><td>35,669/70,301</td><td>=</td><td>50.74%</td></tr> <tr><td>Combo 8</td><td>23,660/70,301</td><td>=</td><td>33.66%</td></tr> <tr><td>Combo 9</td><td>20,606/70,301</td><td>=</td><td>29.31%</td></tr> <tr><td>Combo 10</td><td>20,129/70,301</td><td>=</td><td>28.63%</td></tr> </table> <p>Individual vaccine rates also available, but not reported here.</p>	Combo 2	49,925/70,301	=	71.02%	Combo 3	46,436/70,301	=	66.05%	Combo 4	43,752/70,301	=	62.24%	Combo 5	37,388/70,301	=	53.18%	Combo 6	24,327/70,301	=	34.60%	Combo 7	35,669/70,301	=	50.74%	Combo 8	23,660/70,301	=	33.66%	Combo 9	20,606/70,301	=	29.31%	Combo 10	20,129/70,301	=	28.63%	<p>Additional notes on measure: Vaccine combo data are provided as Numerator / Denominator = Rate.</p> <table> <tr><td>Combo 2</td><td>53,944/69,970</td><td>=</td><td>77.10%</td></tr> <tr><td>Combo 3</td><td>50,131/69,970</td><td>=</td><td>71.65%</td></tr> <tr><td>Combo 4</td><td>47,433/69,970</td><td>=</td><td>67.79%</td></tr> <tr><td>Combo 5</td><td>40,778/69,970</td><td>=</td><td>58.28%</td></tr> <tr><td>Combo 6</td><td>26,163/69,970</td><td>=</td><td>37.39%</td></tr> <tr><td>Combo 7</td><td>39,059/69,970</td><td>=</td><td>55.82%</td></tr> <tr><td>Combo 8</td><td>25,542/69,970</td><td>=</td><td>36.50%</td></tr> <tr><td>Combo 9</td><td>22,461/69,970</td><td>=</td><td>32.10%</td></tr> <tr><td>Combo 10</td><td>22,018/69,970</td><td>=</td><td>31.47%</td></tr> </table> <p>Individual vaccine rates also available, but not reported here.</p>	Combo 2	53,944/69,970	=	77.10%	Combo 3	50,131/69,970	=	71.65%	Combo 4	47,433/69,970	=	67.79%	Combo 5	40,778/69,970	=	58.28%	Combo 6	26,163/69,970	=	37.39%	Combo 7	39,059/69,970	=	55.82%	Combo 8	25,542/69,970	=	36.50%	Combo 9	22,461/69,970	=	32.10%	Combo 10	22,018/69,970	=	31.47%	<p>Additional notes on measure: Vaccine combo data, children turning 36 mths in the reporting year (Titles 19 & 21 Continuous Enrolled) provided as Numerator/Denominator = Rate.</p> <table> <tr><td>Combo 2</td><td>49,334/69,164</td><td>=</td><td>71.33%</td></tr> <tr><td>Combo 3</td><td>45,321/69,164</td><td>=</td><td>65.53%</td></tr> <tr><td>Combo 4</td><td>43,112/69,164</td><td>=</td><td>62.33%</td></tr> <tr><td>Combo 5</td><td>37,059/69,164</td><td>=</td><td>53.58%</td></tr> <tr><td>Combo 6</td><td>24,423/69,164</td><td>=</td><td>35.31%</td></tr> <tr><td>Combo 7</td><td>35,623/69,164</td><td>=</td><td>51.51%</td></tr> <tr><td>Combo 8</td><td>23,878/69,164</td><td>=</td><td>34.52%</td></tr> <tr><td>Combo 9</td><td>20,948/69,164</td><td>=</td><td>30.29%</td></tr> <tr><td>Combo 10</td><td>20,560/69,164</td><td>=</td><td>29.73%</td></tr> </table> <p>Individual vaccine rates available, not reported here.</p>	Combo 2	49,334/69,164	=	71.33%	Combo 3	45,321/69,164	=	65.53%	Combo 4	43,112/69,164	=	62.33%	Combo 5	37,059/69,164	=	53.58%	Combo 6	24,423/69,164	=	35.31%	Combo 7	35,623/69,164	=	51.51%	Combo 8	23,878/69,164	=	34.52%	Combo 9	20,948/69,164	=	30.29%	Combo 10	20,560/69,164	=	29.73%
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Combo 3	46,436/70,301	=	66.05%																																																																																																											
Combo 4	43,752/70,301	=	62.24%																																																																																																											
Combo 5	37,388/70,301	=	53.18%																																																																																																											
Combo 6	24,327/70,301	=	34.60%																																																																																																											
Combo 7	35,669/70,301	=	50.74%																																																																																																											
Combo 8	23,660/70,301	=	33.66%																																																																																																											
Combo 9	20,606/70,301	=	29.31%																																																																																																											
Combo 10	20,129/70,301	=	28.63%																																																																																																											
Combo 2	53,944/69,970	=	77.10%																																																																																																											
Combo 3	50,131/69,970	=	71.65%																																																																																																											
Combo 4	47,433/69,970	=	67.79%																																																																																																											
Combo 5	40,778/69,970	=	58.28%																																																																																																											
Combo 6	26,163/69,970	=	37.39%																																																																																																											
Combo 7	39,059/69,970	=	55.82%																																																																																																											
Combo 8	25,542/69,970	=	36.50%																																																																																																											
Combo 9	22,461/69,970	=	32.10%																																																																																																											
Combo 10	22,018/69,970	=	31.47%																																																																																																											
Combo 2	49,334/69,164	=	71.33%																																																																																																											
Combo 3	45,321/69,164	=	65.53%																																																																																																											
Combo 4	43,112/69,164	=	62.33%																																																																																																											
Combo 5	37,059/69,164	=	53.58%																																																																																																											
Combo 6	24,423/69,164	=	35.31%																																																																																																											
Combo 7	35,623/69,164	=	51.51%																																																																																																											
Combo 8	23,878/69,164	=	34.52%																																																																																																											
Combo 9	20,948/69,164	=	30.29%																																																																																																											
Combo 10	20,560/69,164	=	29.73%																																																																																																											
<p>Other Performance Measurement Data: (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</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? HFS focuses on comparison on the Combo 2 and Combo 3 vaccination rates. The FFY2016 (CY2015 data) projection for FFY2017 (CY2016 data) is 69.8% Combo 2 and 65.4% Combo 3. The actual CY2016 performance is 71.0% Combo 2 and 66.0% Combo 3. The performance objectives projections were exceeded for both vaccination series.</p> <p>The Combo 2 rate increased by 2.8 percentage points or 4.1 percent from CY2015 (68.2%) to CY2016 (71.0%). The combo 3 rate increased by 2.4 percentage points or 3.7 percent from CY2015 (63.6%) to CY2016 (66.0%).</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? Immunization by age 2 is a bonus payment strategy. Care Coordination Claims Data (CCCD) are available to HFS care coordination partners for their enrolled recipients and contains the most recent two years of claims data, and seven years of immunization and lead data - updated monthly. The PCCM program continues quality improvement activities by distributing provider panel roster information containing claims, immunization and blood lead data similar to that contained in the CCCD.</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? HFS focuses on comparison on the Combo 2 and Combo 3 vaccination rates. The FFY2017 (CY2016 data) projection for FFY2018 (CY2017 data) is 72.4% for Combo 2 and 67.7% for Combo 3. The actual CY2017 performance is 77.0% Combo 2 and 71.5% Combo 3. The performance objectives projections were exceeded for both vaccination series.</p> <p>The CY2017 Combo 2 rate increased by 6.0 percentage points or 8.5% from CY2016. The combo 3 rate increased by 5.5 percentage points or 8.3% from CY2016.</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? Immunization by age 2 is a bonus payment strategy. Care Coordination Claims Data (CCCD) are available to HFS care coordination partners for their enrolled recipients and contains the most recent two years of claims data, and seven years of immunization and lead data - updated monthly. The PCCM program was phased out during CY2017 ending 12/31/2017.</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? HFS focuses our comparison on the Combo 2 and Combo 3 vaccination rates. The FFY2018 (CY2017 data) projection for FFY2019 is 78.1% (Actual 71.3%) for Combo 2 and 72.8% (Actual 65.5) for Combo 3. The Annual Performance Objective projections were not met for either vaccination series.</p> <p>The CY2018 Combo 2 rate decreased by 5.77 percentage points or 7.48% from CY2017. The combo 3 rate decreased by 6.12 percentage points or 8.54% from CY2017.</p> <p>Several things changed related to immunization data in CY2018. Illinois stopped using the Dept. of Human Services CornerStone registry and switched to the Department of Public Health's ICare registry. The PCCM (FFS) program ended 12/31/2017 and a new statewide mandatory MCO program HealthChoice Illinois (HCI) was implemented.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Immunization by age 2 is a bonus payment strategy. Care Coordination Claims Data (CCCD) are available to HFS care coordination partners for their enrolled recipients and contains the most recent two years of claims data, and seven years of immunization and lead data - updated monthly.</p>

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<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</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: Combo 2: 72.4 (CY2017 data) Combo 3: 67.7 (CY2017 data)</p>	<p>Annual Performance Objective for FFY 2019: Combo 2: 78.1 (CY2018 data) Combo 3: 72.8 (CY2018 data)</p>	<p>Annual Performance Objective for FFY 2020: Combo 2: 72.76 (CY2019 data) Combo 3: 67.25 (CY2019 data)</p>																																																																																																																																																																																												
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<p>Annual Performance Objective for FFY 2020: Combo 2: 75.1 (CY2019 data) Combo 3: 70.8 (CY2019 data)</p>	<p>Annual Performance Objective for FFY 2021: Combo 2: 80.2 (CY2020 data) Combo 3: 75.5 (CY2020 data)</p>	<p>Annual Performance Objective for FFY 2022: Combo 2: 75.42 (CY2021 data) Combo 3: 68.89 (CY2021 data)</p>																																																																																																																																																																																												
<p><i>Explain how these objectives were set:</i> Combo 2: Enrolled children (36 Month Olds) will be appropriately immunized</p>	<p><i>Explain how these objectives were set:</i> Combo 2 FFY CARTS DATA Yr Baseline 100th Percen Differ % Improve Annual Improve</p>	<p><i>Explain how these objectives were set:</i> 36Mth Olds will be appropriately immunized</p>																																																																																																																																																																																												
<p>HFS Continuously Enrolled</p>	<table border="1"> <thead> <tr> <th>FFY</th> <th>CY</th> <th>Baseline</th> <th>100th Percen</th> <th>Differ</th> <th>% Improve</th> <th>Annual Improve</th> </tr> </thead> <tbody> <tr><td>2018</td><td>2017</td><td>76.95</td><td>100</td><td>23.05</td><td>5%</td><td>1.15</td></tr> <tr><td>2019</td><td>2018</td><td>78.10</td><td>100</td><td>21.90</td><td>5%</td><td>1.09</td></tr> <tr><td>2020</td><td>2019</td><td>79.20</td><td>100</td><td>20.80</td><td>5%</td><td>1.04</td></tr> <tr><td>2021</td><td>2020</td><td>80.24</td><td>100</td><td>19.76</td><td>5%</td><td>0.99</td></tr> <tr><td>2022</td><td>2021</td><td>81.23</td><td>100</td><td>18.77</td><td>5%</td><td>0.94</td></tr> <tr><td>2023</td><td>2022</td><td>82.16</td><td>100</td><td>17.84</td><td>5%</td><td>0.89</td></tr> <tr><td colspan="7">Combo 3</td></tr> <tr><td>2018</td><td>2017</td><td>71.45</td><td>100</td><td>28.55</td><td>5%</td><td>1.43</td></tr> <tr><td>2019</td><td>2018</td><td>72.88</td><td>100</td><td>27.12</td><td>5%</td><td>1.36</td></tr> <tr><td>2020</td><td>2019</td><td>74.23</td><td>100</td><td>25.77</td><td>5%</td><td>1.29</td></tr> <tr><td>2021</td><td>2020</td><td>75.52</td><td>100</td><td>24.48</td><td>5%</td><td>1.22</td></tr> <tr><td>2022</td><td>2021</td><td>76.75</td><td>100</td><td>23.25</td><td>5%</td><td>1.16</td></tr> <tr><td>2023</td><td>2022</td><td>77.91</td><td>100</td><td>22.09</td><td>5%</td><td>1.10</td></tr> </tbody> </table>	FFY	CY	Baseline	100th Percen	Differ	% Improve	Annual Improve	2018	2017	76.95	100	23.05	5%	1.15	2019	2018	78.10	100	21.90	5%	1.09	2020	2019	79.20	100	20.80	5%	1.04	2021	2020	80.24	100	19.76	5%	0.99	2022	2021	81.23	100	18.77	5%	0.94	2023	2022	82.16	100	17.84	5%	0.89	Combo 3							2018	2017	71.45	100	28.55	5%	1.43	2019	2018	72.88	100	27.12	5%	1.36	2020	2019	74.23	100	25.77	5%	1.29	2021	2020	75.52	100	24.48	5%	1.22	2022	2021	76.75	100	23.25	5%	1.16	2023	2022	77.91	100	22.09	5%	1.10	<table border="1"> <thead> <tr> <th>FFY</th> <th>CY</th> <th>Base</th> <th>Dif</th> <th>%Improv</th> <th>AnImprov</th> </tr> </thead> <tbody> <tr><td colspan="6">Projection</td></tr> <tr><td>2018</td><td>2017</td><td>77.10</td><td>22.90</td><td>5%</td><td>1.15</td></tr> <tr><td>2019</td><td>2018</td><td>71.33</td><td>28.67</td><td>5%</td><td>1.43</td></tr> <tr><td>2020</td><td>2019</td><td>72.76</td><td>27.24</td><td>5%</td><td>1.36</td></tr> <tr><td>2021</td><td>2020</td><td>74.13</td><td>25.87</td><td>5%</td><td>1.29</td></tr> <tr><td>2022</td><td>2021</td><td>75.42</td><td></td><td></td><td></td></tr> <tr><td colspan="6">Combo 3 Illinois required</td></tr> <tr><td>FFY</td><td>CY</td><td>Base</td><td>Dif</td><td>%Improv</td><td>AnImprov</td></tr> <tr><td colspan="6">Projec tion</td></tr> <tr><td>2018</td><td>2017</td><td>71.65</td><td>28.35</td><td>5%</td><td>1.42</td></tr> <tr><td>2019</td><td>2018</td><td>65.53</td><td>34.47</td><td>5%</td><td>1.72</td></tr> <tr><td>2020</td><td>2019</td><td>67.25</td><td>32.75</td><td>5%</td><td>1.64</td></tr> <tr><td>2021</td><td>2020</td><td>68.89</td><td>31.11</td><td>5%</td><td>1.56</td></tr> <tr><td>2022</td><td>2021</td><td>70.45</td><td></td><td></td><td></td></tr> </tbody> </table>	FFY	CY	Base	Dif	%Improv	AnImprov	Projection						2018	2017	77.10	22.90	5%	1.15	2019	2018	71.33	28.67	5%	1.43	2020	2019	72.76	27.24	5%	1.36	2021	2020	74.13	25.87	5%	1.29	2022	2021	75.42				Combo 3 Illinois required						FFY	CY	Base	Dif	%Improv	AnImprov	Projec tion						2018	2017	71.65	28.35	5%	1.42	2019	2018	65.53	34.47	5%	1.72	2020	2019	67.25	32.75	5%	1.64	2021	2020	68.89	31.11	5%	1.56	2022	2021	70.45			
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FFY 2017	FFY 2018	FFY 2019
Other Comments on Measure: This measure was audited by HSAG during 2017.	Other Comments on Measure: This measure was audited by HSAG during 2018.	Other Comments on Measure: This measure was audited by HSAG during 2019.

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

FFY 2017	FFY 2018	FFY 2019
<p>Goal #3 (Describe) Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS-416 guidance will participate in well child screenings.</p>	<p>Goal #3 (Describe) Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS-416 guidance will participate in well child screenings.</p>	<p>Goal #3 (Describe) Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS-416 guidance will participate in well child screenings.</p>
<p>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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The annual EPSDT report (Form CMS-416), defined by CMS using the November 2014 guidance document revision, as providing information to assess the effectiveness of State EPSDT programs in terms of the number of children provided child health screening services, are referred for corrective treatment, and receive dental services.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The annual EPSDT report (Form CMS-416), defined by CMS using the September 2017 guidance document revision, as providing information to assess the effectiveness of State EPSDT programs in terms of the number of children provided child health screening services, are referred for corrective treatment, and receive dental services.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The annual EPSDT report (Form CMS-416), defined by CMS using the September 2017 guidance document revision, as providing information to assess the effectiveness of State EPSDT programs in terms of the number of children provided child health screening services, are referred for corrective treatment, and receive dental services.</p>
<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: Per CMS-416 guidance (11/2014), "Line 9 -- Total Eligibles Receiving at Least One Initial or Periodic Screen - Enter the unduplicated number of individuals under age 21 with at least 90 days continuous enrollment within the federal fiscal year from Line 1b, including those in fee-for-service, prospective payment, managed care, and other payment arrangements, who received at least one documented initial or periodic screen during the year, based on an unduplicated paid, unpaid, or denied claim." 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: This is a report for Medicaid (Title XIX) only. Per the CMS-416 guidance revised November 2014, "Line 8 -- Total Eligibles Who Should Receive at Least One Initial or Periodic Screen -- The number of individuals who should receive at least one initial or periodic screen..."</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Per CMS-416 guidance (9/2017), "Line 9 -- Total Eligibles Receiving at Least One Initial or Periodic Screen -- Enter the unduplicated number of individuals under age 21 with at least 90 days continuous enrollment within the federal fiscal year from Line 1b, including those in fee-for-service, prospective payment, managed care, and other payment arrangements, who received at least one documented initial or periodic screen during the year, based on an unduplicated paid, unpaid, or denied claim. " 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: This is a report for Medicaid (Title XIX) only. Per the CMS-416 guidance revised September 2017, "Line 8 -- Total Eligibles Who Should Receive at Least One Initial or Periodic Screen -- The number of individuals who should receive at least one initial or periodic screen..."</p>	<p>Definition of Population Included in the Measure: Definition of numerator: Per CMS-416 guidance (9/2017), "Line 9 -- Total Eligibles Receiving at Least One Initial or Periodic Screen -- Enter the unduplicated number of individuals under age 21 with at least 90 days continuous enrollment within the federal fiscal year from Line 1b, including those in fee-for-service, prospective payment, managed care, and other payment arrangements, who received at least one documented initial or periodic screen during the year, based on an unduplicated paid, unpaid, or denied claim." 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: Report Medicaid (Title XIX) only. Per CMS-416 guidance revised September 2017, "Line 8-- Total Eligibles Who Should Receive at Least One Initial or Periodic Screen--The number of individuals who should receive at least one initial or periodic screen is dependent on each state's periodicity schedule</p>
<p>Date Range: From: (mm/yyyy) 10/2015 To: (mm/yyyy) 09/2016</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>
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<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: 766355 Denominator: 1407402 Rate: 54</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 741816 Denominator: 1443508 Rate: 54</p> <p>Additional notes on measure: FFY2017 Title XIX</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 744257 Denominator: 1344337 Rate: 55.4</p> <p>Additional notes on measure: The report SQL was reviewed for accuracy and conformance to CMS-416 guidance. Items affecting the results on the CMS-416 for FFY18 reporting include: A new eligibility system that more accurately assigns clients to coverage groups. Implementation of HealthChoice Illinois (HCI) a statewide mandatory MCO program which increased enrollment in MCO's.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report? The rate of performance for FFY2017 (CY2016) remains unchanged from FFY2016 (CY2015).</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? Medicaid reform [PA 96-1501] requires 50% of clients be enrolled in care coordination by 2015. For information about Illinois' managed care programs, visit: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/default.aspx HFS strengthened its managed care contracts to specify content of care expected for children and implemented a withhold/pay for performance strategy. HFS' draft Quality Strategy proposes measuring well child visits in FHP/ACA population and establishes improvement targets. Bonus payments have been available to providers to complete the series of recommended visits based on the periodicity schedule for children birth to 5. Primary Care Case Management (PCCM) is in the non-mandatory counties of the State. PCCM encourages comprehensive services by: patient panels indicating when the child is due for screening services, data monitoring and provider feedback, on-line access to claims data, provider education and on-going assistance.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report? The rate of performance for FFY2018 remains unchanged from FFY2017.</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? Medicaid reform [PA 96-1501] requires 50% of clients be enrolled in care coordination by 2015. For information about Illinois' managed care programs, visit: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/default.aspx HFS strengthened its managed care contracts to specify content of care expected for children and implemented a withhold/pay for performance strategy. HFS' Quality Strategy includes measuring well child visits in FHP/ACA population and establishes improvement targets. Bonus payments are available to MCO's to complete the series of recommended visits based on the periodicity schedule for children birth to 5. . The PCCM program was phased out during CY2017 ending 12/31/2017.</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 of performance for FFY2019 at 55.36% increased by 2.33% in actual numbers but did not meet the Annual Performance Objective of 58.69%</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? Medicaid reform [PA 96-1501] requires 50% of clients be enrolled in care coordination by 2015. We are at approximately 80% enrollment at this time. For information about Illinois' managed care programs, visit: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/defaultnew.aspx. HFS strengthened its managed care contracts to specify content of care expected for children and implemented a withhold/pay for performance strategy. HFS' Quality Strategy includes measuring well child visits and establishes improvement targets. Bonus payments are available to MCO's to complete the series of recommended visits based on the periodicity schedule for children birth to 5. . The PCCM program was phased out during CY2017 ending 12/31/2017.</p>

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

Access to care and improved content of care is to be achieved by reframing the healthcare delivery system as a result of legislation [PA 96-1501] (known as "Medicaid Reform"). In compliance with the Medicaid reform law, as of January 1, 2015, well over 80 percent of Medicaid enrollees are in a care coordination program that organizes care around the individual's medical needs. Illinois Medicaid expanded the care coordination program to children, their parents, and newly-eligible Medicaid enrollees under the Affordable Care Act (ACA). Care coordination for these populations is provided by managed care entities (MCE) (i.e., managed care organizations [MCO] and Managed Care Community Networks [MCCN]). The traditional managed care organizations serving Illinois Medicaid clients also are likely to offer private health insurance on the Illinois Health Insurance Exchange, thereby providing continuity of care, as clients go on or off Medicaid.

HFS strengthened its managed care contracts to specify content of care expected for children and implemented a withhold/pay for performance (P4P) strategy. These contracts include performance measures that are aligned with a sub-set of Child and Adult Core Set measures. To achieve optimal outcomes and measure performance across programs, HFS selected a uniform set of priority measures for children that support the Quality Strategy goals. This alignment allows for efficiency in reporting as HFS significantly reduced the overall number of measures MCEs are required to report to HFS by creating consistency across programs. HFS established benchmarks for each priority measure to hold MCEs accountable to assess performance and strive to improve achievement. HFS uses HEDIS percentiles as benchmarks for P4Ps to drive performance improvement. For accreditation purposes, MCEs report a comprehensive set of HEDIS measures to NCQA.

A Care Coordination Claims Database (CCCD) is made available by HFS to the MCEs for their enrolled recipients. The CCCD contains the most recent two years of claims data, and seven years of immunization and blood lead level data. The database is updated monthly. Aggregate data from various sources (e.g., lead data, immunization registries) are included. CCCD info is available at:

<http://www.illinois.gov/hfs/MedicalProviders/cc/Pages/ClaimsData.aspx>. These files are to improve care and care coordination by providing historical data for clients who may have transferred to a new MCE and for the MCEs to risk stratify their covered population.

The CCCD files are being expanded to include risk flags. Recipient-level flags are set when: a) recipients qualify for a measure denominator, or our flag modification to it, and are not in the numerator; and b) recipients receive services from a sister state agency (e.g., Department of Human Services' [DHS] Better Birth Outcomes and Early Intervention programs; Department of Public Health [DPH] Early Hearing Detection and Intervention [EHDI] program – for expedited case management). While not specifically measurement or reporting, HFS puts data into action from both the measures and the multi-state agency data exchange to improve care delivery and care coordination to improve health outcomes.

HFS annually conducts the CAHPS® 5.0H with CCC supplemental questions for the statewide population of children. The survey over samples for Medicaid and CHIP populations and separate reports are generated for the aggregate, Medicaid-specific and CHIP-specific groups. The 2019 CAHPS data were collected and analyzed, and a detailed report has been attached to this report.

Public Act 93-0536 (305 ILCS 5/5 – 5.23) was enacted with the goal of improving birth outcomes for the over 80,000 births covered by HFS annually. The law states HFS may provide reimbursement for all prenatal and perinatal health care services provided under Medicaid to prevent low birth weight infants, reduce need for neonatal intensive care hospital services, and promote perinatal health. HFS is required to report to the General Assembly on the effectiveness of prenatal and perinatal health care services every two years. The biennial reports identify steps HFS has taken with its partners (other state agencies, advocate groups, maternal and child health experts, local funding resources and others) to address the Perinatal health and health disparities; detail the progress made on priority recommendations in PA93-0536; review the

available trend data on infant mortality, low birth weight and very low birth weight outcomes; identify the progress made to address poor birth outcomes through analysis of trend data; and identify next steps in improving birth outcomes. These reports are available on-line at <http://www.illinois.gov/hfs/MedicalProviders/MaternalandChildHealth/Pages/report.aspx>. The 2018

Perinatal Report was submitted to the legislature in December 2017, and is posted on the above web site. The next report is due January 2020.

The SMART Act (Public Act 097-0689) also includes a focus on improving birth outcomes. Changes resulting from this 2012 legislation include paying Cesarean deliveries at the normal vaginal rate when there is no indication of medical necessity. Related to care coordination, the legislation mandated the development of a statewide multi-agency initiative to improve birth outcomes and reduce costs associated with poor birth outcomes (e.g., low birth weight, very low birth weight or infant demise).

HFS contracts with eQ Health Solutions, a federally recognized Quality Improvement Organization, for external utilization review and quality assurance, primarily monitoring inpatient care, and to perform special projects/quality reviews in the fee for service arena. Findings on various components of the review process are available in their ongoing reporting to HFS. HFS contracts with Health Services Advisory Group (HSAG) for the federally required external quality monitoring of managed care. In compliance with the BBA, HFS developed a quality strategy for managed care and contracts with managed care providers require ongoing internal monitoring and quality improvement in the areas of availability and access to care, and quality of care (EQRO). HFS's contracts with managed care entities require meeting performance standards and improving outcomes.

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]**

Illinois currently reports the majority of Child Core Set measures for children enrolled in Medicaid and CHIP. A sub-set of Child Core Set measures that align with measures included in MCE contracts (measures set) are reported annually to CMS. This alignment focuses quality improvement activities of the MCEs on the identified measures set to drive improvement in outcomes.

HFS annually conducts the CAHPS® 5.0H with CCC supplemental questions for the statewide population of children. The survey over samples for Medicaid and CHIP populations and separate reports are generated for the aggregate, Medicaid-specific and CHIP-specific groups.

HFS established a Medicaid Advisory Committee (MAC) Quality Care Subcommittee to advise the MAC on strategies for improving the Medicaid health care delivery system to improve patient outcomes and deliver services in a cost effective, efficient manner. This subcommittee will:

- Review and compare quality metrics, as well as other measures reported by Medicaid providers and MCEs, such as medical home assignment, timely access to care, member satisfaction, and experience of care and coverage;
- Review service delivery among MCEs, including provider participation and network adequacy; and
- Review evidence-based practices and programs that address social determinants of health that can lead to improved patient care and outcomes.

In compliance with legislation (PA 099-0725), HFS developed a consumer-focused quality rating system (report card) with the aid of our EQRO, Health Services Advisory Group (HSAG). The report shows how the Statewide managed care plans compare to one another in key performance areas. The report card includes information indicating the trend of the data. This report is available on-line at

<https://www.illinois.gov/hfs/SiteCollectionDocuments/IL2018CY2017HealthChoiceIllinoisReportCardStatewideFINAL.pdf>

The CCCD files were expanded to include risk flags. Recipient-level flags are set when: a) recipients qualify for a measure denominator, or our flag modification to it, and are not in the numerator; and b) recipients receive services from a sister state agency (e.g., DHS' Better Birth Outcomes and Early Intervention programs; DPH Early Hearing Detection and Intervention [EHDI] program – for expedited case management). While not specifically measurement or reporting, HFS puts data into action from both the measures and the multi-state agency data exchange to improve care delivery and care coordination to improve health outcomes.

We are nearing completion of a project to automate weekly data matching between DPH's Early Hearing Detection and Intervention (EHDI) program and HFS' provider data. Pilot testing the match process and automating the data exchange has been ongoing. DPH sends EHDI data to HFS and HFS returns the data to DPH with an identified primary care provider or MCE assigned to infants with potential hearing loss. This data exchange expedites screening, diagnosis and treatment to improve outcomes. Program evaluation conducted, in the current scenario, by the DPH EHDI program will track whether there are improvements in infants achieving the program benchmarks established by the CDC. In the future, we anticipate expanding the cross-agency file match process to identify the PCP or MCE assigned to infants who are identified with various risk factors (e.g., newborns with genetic disorders) to assure coordinated between the assigned PCP/MCE and the sister state agency program.

In CY2017, using matched data from EHDI, MCEs will be informed of infants identified with hearing abnormalities and needing follow-up via a flag set in the CCCD files. The CCCD flag acts as a safety net to assure that DPH and the MCEs coordinate with each other when infants receive assistance through the EHDI program.

Focusing on improving birth outcomes, DHS and HFS will continue to share data on women identified as high-risk for a poor birth outcome. First, HFS identifies women as potentially pregnant by analyzing claims for data indicative of pregnancy (e.g., pharmacy claims for prenatal vitamins). Once identified as pregnant a flag is set in a data file transferred weekly to DHS. The list is used for case finding to outreach to women and engage them in early and intensive prenatal care through the Family Case Management (FCM) and Better Birth Outcomes (BBO) programs. MCEs receive information on identified pregnant women to permit case management to women in areas that are not covered by the BBO program.

HFS will continue to import other data sources (e.g., immunization tracking system data and lead screening results) that are not available in HFS claims data in order to have a more complete picture of utilization and outcomes. HFS collaborates with the DHS, DPH, and the Division of Specialized Care for Children (DSCC) to incorporate additional data into the HFS EDW. Data acquisitions include blood lead screening laboratory results, I-CARE immunization data, Vital Records that include matching birth data with claims information, and other data. These external data sources are matched with HFS recipient-level data providing a robust data warehouse.

HFS continues to pursue additional data sources to integrate into the EDW. This provides opportunities to match recipient-level data across sources to improve quality measurement and to enhance care coordination and conduct risk stratification.

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

The CHIP population is included in managed care, MCEs have focused quality studies on children's health issues, such as appropriate care for asthma; improving the rate of well child visits, lead screening and childhood immunizations; as well as ensuring that content of care is in compliance with well child screening guidelines for children under age three. MCEs are engaging in a collaborative performance improvement project (PIP) focused on access to behavioral health.

Public Act 93-0536 (305 ILCS 5/5 – 5.23) was enacted with the goal of improving birth outcomes for the over 80,000 births covered by HFS annually. The law states that HFS may provide reimbursement for all prenatal and perinatal health care services that are provided under Medicaid for the purpose of preventing low birth weight infants, reducing the need for neonatal

intensive care hospital services, and promoting perinatal health. Additionally, HFS was required to develop a plan for prenatal and perinatal health care for presentation to the General Assembly by January 1, 2004. HFS is required to report to the General Assembly on the effectiveness of prenatal and perinatal health care services, on or before January 1, 2006, and every two years thereafter. The biennial reports identify steps HFS has taken with its partners (other state agencies, advocate groups, maternal and child health experts, local funding resources and others) to address the Perinatal health care needs and racial health disparities in Illinois; detail the progress made in addressing the priority recommendations as outlined in the Report to the General Assembly as a result of Public Act 93-0536; review the available trend data on infant mortality, low birth weight and very low birth weight outcomes; identify the progress made to address poor birth outcomes through analysis of trend data; and identify next steps in improving birth outcomes. These reports are available on-line at <http://www.illinois.gov/hfs/MedicalProviders/MaternalandChildHealth/Pages/report.aspx>. The 2018 Perinatal Report was submitted to the legislature December, 2017 and the report is posted on the above web site.

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]**

As described in the Notice of Public Information (available at: <https://www.illinois.gov/hfs/SiteCollectionDocuments/082616PN1115waiverLongFormCLEAN.pdf>) , "DHFS in partnership with 11 other state agencies and the Governor's office was granted a five-year Medicaid Section 1115 Research and Demonstration waiver for its Behavioral Health Transformation. The demonstration waiver is designed to transform the behavioral health system, integrate behavioral and physical health and optimize outcomes for Illinoisans." The public notice describes the program goals as:

- "1. Rebalance the behavioral health ecosystem, reducing overreliance on institutional care and shifting to community-based care
2. Promote integrated delivery of behavioral and physical health care for behavioral health members with high needs
3. Promote integration of behavioral health and primary care for behavioral health members with lower needs
4. Support development of robust and sustainable behavioral health services that provide both core and preventative care to ensure that members receive the full complement of high-quality treatment they need
5. Invest in additional support services to address the larger needs of behavioral health members, such as housing and employment services
6. Create an enabling environment to move behavioral health providers toward outcomes-and value-based payments"

Four initiatives described in the public notice are:

“1. The State recognizes the importance of aligning system transformation efforts with broader population and preventative health reform. Just as supportive housing, supportive employment, respite care, and lower-acuity crisis alternatives are vital components of the behavioral health continuum of care, so are prevention services. To build this continuum of care, Illinois requests support through the 1115 waiver for select infant and early childhood mental health interventions.

2. To prepare the State and providers to successfully implement IHHs, Illinois requests support through the 1115 waiver for Medicaid funding for select behavioral and physical health integration activities. This funding will provide payers and providers resources to develop the infrastructure, technology, and provider capabilities required to implement health homes.

3. To ensure the Illinois workforce is sufficiently sized and trained to provide the services requested in this waiver and prepared to function within a value-based payment system, Illinois request through the 1115 waiver Medicaid funding a set of workforce-strengthening initiatives.

4. To ensure first episodes of psychosis can be addressed and managed as early and effectively as possible, Illinois requests Medicaid funding to expand the reach of the first episode psychosis initiative by supporting the creation of teams to address this critical inflection point in members’ lives.”

More information is available at the 1115 Waiver Home page (available at: <https://www.illinois.gov/hfs/info/1115Waiver/Pages/default.aspx>) on HFS’ web site.

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]**

Illinois has continued its highly successful All Kids Application Agent (AKAA) program. Most other outreach activities for CHIP have been rolled into the state's ACA marketing strategies. A website, www.getcovered.illinois.gov, is available for individuals, families and small businesses to learn about Medicaid, CHIP and FFM options. That is the starting place for anyone in Illinois who needs healthcare coverage. Earned and paid media make the website and phone number for Get Covered Illinois available to all. All types of assisters, including navigators, AKAAAs and community partners can be found through the website and call center.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **[7500]**

All Kids Application Agents and other assisters are our most effective way to help families apply and enroll into the program.

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

All Kids Application Agents

4. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)?

Yes
 No

Have these efforts been successful, and how have you measured effectiveness? **[7500]**

Illinois continues to use a variety of strategies to reach families who speak languages other than English. Fact Sheets are available in many languages. The All Kids Hotline uses a language translation service that allows staff to talk to callers who speak any language. All written client communications are available in both English and Spanish. These strategies are critical to reaching those for whom English is not their primary language. AKAAAs are also community-based/integrated and many are very active in reaching out to the populations in their respective communities and have their own outreach strategies, as do the MCOs in immigrant and rural communities.

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

The period of uninsurance applies to children in families with income above 209% FPL.

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

Newborn under age 1 who does not have private or employer-sponsored insurance coverage; Child lost benefits under All Kids Assist, Share or Premium Level 1 in the 12 months prior to the month of application; Premium paid for coverage of the child under a health plan exceeded 5% of household income; Child's parent is determined eligible for a premium tax credit for enrollment in a health plan through the FFM because the employer sponsored insurance in which the family was enrolled is determined unaffordable; The cost of family coverage exceeds 9.5% of the household income; Lost coverage because the employer that had sponsored the coverage stopped offering coverage of dependents; Change in parent's employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance; Child has special health care needs; or Child lost insurance due to the parent's death or the noncustodial parent canceled the insurance as part of a divorce.

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]**

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]** 17
- 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]** 84

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]**
1
 - 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]**
8
- 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]

We have only utilized one strategy, sending our reminder notices. It has been effective.

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	119276	100
a. Total number of procedural denials	45898	38.5
b. Total number of eligibility denials	73378	27.3
i. Total number of applicants denied for title XXI and enrolled in title XIX	150120	55.7
<input checked="" 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:

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	158026	100%			
2. Total number of children screened for redetermination for title XXI	92651	58.63	100%		
3. Total number of children retained in title XXI after the redetermination process	92209	58.35	99.52		
4. Total number of children disenrolled from title XXI after the redetermination process	442	0.28	0.48	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	120			27.15	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	322			72.85	100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input checked="" type="checkbox"/>)					
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input checked="" 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 checked="" type="checkbox"/>)					
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input checked="" 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 checked="" 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].

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	798827	100%			
2. Total number of children screened for redetermination for title XIX	708646	88.71	100%		
3. Total number of children retained in title XIX after the redetermination process	704956	88.25	99.48		
4. Total number of children disenrolled from title XIX after the redetermination process	3690	0.46	0.52	100%	
a. Total number of children disenrolled from title XIX for failure to comply with procedures	579			15.69	
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria	3111			84.31	100%
i. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here <input checked="" type="checkbox"/>)					
ii. Disenrolled from title XIX for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input checked="" 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 checked="" 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].

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	51314	100%	16764	100%	13208	100%	14531	100%	6811	100%
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XIX	46681	90.97	16106	96.07	11638	88.11	12910	88.84	6027	88.49
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	469	0.91	53	0.32	159	1.2	173	1.19	84	1.23
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"/>)	119	0.23	5	0.03	37	0.28	53	0.36	24	0.35
4. Total number of children disenrolled from title XIX	4164	8.11	605	3.61	1411	10.68	1448	9.96	700	10.28
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"/>)	1019	1.99	37	0.22	326	2.47	430	2.96	226	3.32
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XIX	43267	84.32	15387	91.79	10586	80.15	11815	81.31	5479	80.44
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	967	1.88	169	1.01	299	2.26	329	2.26	170	2.5
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"/>)	235	0.46	12	0.07	86	0.65	94	0.65	43	0.63
7. Total number of children disenrolled from title XIX	7080	13.8	1208	7.21	2323	17.59	2387	16.43	1162	17.06
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"/>)	1821	3.55	109	0.65	568	4.3	752	5.18	392	5.76
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XIX	41857	81.57	14890	88.82	10265	77.72	11417	78.57	5285	77.6

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	1012	1.97	176	1.05	313	2.37	342	2.35	181	2.66
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"/>)	251	0.49	14	0.08	91	0.69	96	0.66	50	0.73
10. Total number of children disenrolled from title XIX	8445	16.46	1698	10.13	2630	19.91	2772	19.08	1345	19.75
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"/>)	2425	4.73	293	1.75	718	5.44	935	6.43	479	7.03

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 title 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	21844	100%	336	100%	7077	100%	9565	100%	4866	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	16183	74.08	273	81.25	5118	72.32	7125	74.49	3667	75.36
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	218	1	5	1.49	81	1.14	86	0.9	46	0.95
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"/>)	88	0.4	4	1.19	23	0.32	40	0.42	21	0.43
4. Total number of children disenrolled from title XXI	5443	24.92	58	17.26	1878	26.54	2354	24.61	1153	23.7
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"/>)	3990	18.27	18	5.36	1354	19.13	1775	18.56	843	17.32
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XXI	12695	58.12	232	69.05	3932	55.56	5626	58.82	2905	59.7
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	624	2.86	7	2.08	228	3.22	266	2.78	123	2.53
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"/>)	439	2.01	6	1.79	147	2.08	200	2.09	86	1.77
7. Total number of children disenrolled from title XXI	8525	39.03	97	28.87	2917	41.22	3673	38.4	1838	37.77
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"/>)	5749	26.32	29	8.63	1925	27.2	2536	26.51	1259	25.87
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XXI	12291	56.27	219	65.18	3786	53.5	5469	57.18	2817	57.89
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	796	3.64	8	2.38	281	3.97	348	3.64	159	3.27
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"/>)	604	2.77	7	2.08	198	2.8	278	2.91	121	2.49
10. Total number of children disenrolled from title XXI	8757	40.09	109	32.44	3010	42.53	3748	39.18	1890	38.84
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"/>)	5706	26.12	32	9.52	1917	27.09	2511	26.25	1246	25.61

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]**

At approval and renewal, families are sent a letter and a form to complete, along with an envelope to use when submitting receipts for copayments. The copay cap is set at a level low enough so that the copays, along with the 12 months of premiums for a year, will never exceed 5%.

- Health Plan(s)
 State
 Third Party Administrator
 N/A (No cost sharing required)
 Other, please explain. **[7500]**

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased?

Yes
 No

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

The systems that providers use to verify eligibility are updated with a message that copays can no longer be charged

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

None

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

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

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

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

7. If your state has increased or decreased cost sharing in the past federal fiscal year, 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]**

No changes in cost sharing were made in the past year.

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

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]**

The State of Illinois, Department of Healthcare and Family Services (HFS) does not have separate procedures in place for preventing or investigating fraud and abuse for CHIP cases. When investigating possible fraud and abuse cases for providers and recipients, HFS reviews both CHIP and Title 19 Medicaid services which were rendered or received.

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

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

- Yes
 No

Please Explain: **[500]**

The Illinois Managed Care Organizations are required to have in place a Fraud and Abuse Compliance Plan, which is approved by OIG.

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
 - 189 Number of cases investigated
 - 0 Number of cases referred to appropriate law enforcement officials
 - Provider Billing
 - 94 Number of cases investigated
 - 10 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

654 Number of cases investigated

12 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

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

Yes, please answer question below.

No

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

The State of Illinois, Department of Healthcare and Family Services- Office of Inspector General has a bureau called the Bureau of Medicaid Integrity.

Staff within this bureau work on a daily basis with all external vendors to oversee all program integrity audits, compliance reviews and investigations. Oversight is done by discussions with external vendors, reports on external vendor productivity and detailed review of all invoices billed to the Department by these Vendors.

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

Yes

No

Please Explain: **[500]**

N/A

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

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	145604	755	10060	21073	32719	45722	35275
Total Enrollees Receiving Any Dental Services² [7]	822780	4	1923	10975	21839	29354	18183
Total Enrollees Receiving Preventive Dental Services³ [7]	776330	1	1787	10528	21079	27903	16335

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 Services ⁴ [7]	325490	1	105	2631	8743	12288	8781

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]

7190

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 III G below. [7500]

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.

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 coveredExplain the partial population not covered:
- Data not available
 - Explain why data not available
 - Budget constraints
 - Staff constraints
 - Data inconsistencies/accuracyPlease explain:
 - Data source not easily accessibleSelect 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]

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

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

All states with approved HSI program(s) described in the CHIP state plan should answer “Yes” to question 1, and complete questions 2 and 3. If the state has an approved HSI that is not currently operating using Title XXI funds, please check “Yes”, to question 1, include the program name and description in the table for question 2, and indicate in the narrative portion of this section that the state is not currently implementing the program.

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

Yes, please answer questions below.

No, please skip to Section IV.

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

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program ⁶
Illinois covers services provided during the 2-month postpartum period for women who are non-financially ineligible for Medicaid.	Women who were non-financially ineligible for Medicaid during their pregnancy and whose prenatal services were covered under the unborn SPA.	13387	100
Illinois funds services provided under the children's presumptive eligibility period for the time period between the date of application and the date the application is registered.	Children who qualify for children's presumptive eligibility.	6847	100

⁶ The percent of children served by the HSI program who are below the CHIP FPL threshold in your state should be reported in this column.

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	287747494	380129448	397317896
Fee for Service	139785972	71344719	51812839
Total Benefit Costs	427533466	451474167	449130735
(Offsetting beneficiary cost sharing payments)	-29895300	-31569355	-31405490
Net Benefit Costs	\$ 397638166	\$ 419904812	\$ 417725245

Administration Costs	2019	2020	2021
Personnel	10009849	12942407	12942407
General Administration	15634794	20215275	20215275
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	0	0	0
Outreach/Marketing costs	0	0	0
Other (e.g., indirect costs)	2340180	3025776	3025776
Health Services Initiatives	3163454	4090242	4090242
Total Administration Costs	31148277	40273700	40273700
10% Administrative Cap (net benefit costs ÷ 9)	44182018	46656090	46413916

	2019	2020	2021
Federal Title XXI Share	378275400	352496740	350827192
State Share	50511043	107681772	107171753
TOTAL COSTS OF APPROVED CHIP PLAN	428786443	460178512	457998945

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

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

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

4. In the 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	203382	\$150
2020	203382	\$150
2021	203382	\$150

A. Fee For Service

Year	Number of Eligibles	PMPM (\$)
2019	42726	\$170
2020	42726	\$170
2021	42726	\$170

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

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]**

Support for health care for low income, uninsured children and families has increased in federal fiscal year 2019. The new Administration, led by Governor JB Pritzker, has shown a strong support for healthcare in Illinois. The Governor has supported Illinois' need for hiring additional staff as well as improving enrollment and retention processes.

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

The greatest challenges have been adjusting to and modifying Phase 2 of the new eligibility system, and working through the increased volume of applications and redeterminations. Performance issues due to the eligibility system slowness continue to be a challenge. The Federal VFC program pushed us to separate the Title XXI from XIX vaccines in 2016 to the great chagrin of physicians statewide. These programs have been re-linked for FY2020.

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

Communication between our eligibility system and the FFM continues to function well. HFS, working in conjunction with the Department of Human Services, has made significant decreases in application backlogs.

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]**

No changes are anticipated at this time

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