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.

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: **NJ**

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: **Jennifer Langer Jacobs**

CHIP Program Name(s): **All, NJ 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)**

Contact Person/Title: **Jennifer Langer Jacobs, Assistant Commisioner**

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Submission Date: **12/31/2019**

(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]**

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

Premium Amount From ($)	Premium Amount To ($)	From % of FPL	Up to % of FPL
43	45	201	250
86	90	251	300
145	152	301	350

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

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

5% of income max pay NJ FamilyCare premiums and cost share. New Jersey uses the shoebox method. No one to date has ever reached it.

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]**

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)	☐	☒	☐	☐	☒	☐
b) Application	☐	☒	☐	☐	☒	☐
c) Benefits	☐	☒	☐	☐	☒	☐
d) Cost sharing (including amounts, populations, & collection process)	☐	☒	☐	☐	☒	☐
e) Crowd out policies	☐	☒	☐	☐	☒	☐
f) Delivery system	☐	☒	☐	☐	☒	☐

	Yes	No Change	N/A	Yes	No Change	N/A
g) Eligibility determination process	☐	☒	☐	☐	☒	☐
h) Implementing an enrollment freeze and/or cap	☐	☒	☐	☐	☒	☐
i) Eligibility levels / target population	☐	☒	☐	☐	☒	☐
j) Eligibility redetermination process	☐	☒	☐	☐	☒	☐
k) Enrollment process for health plan selection	☐	☒	☐	☐	☒	☐
l) Outreach (e.g., decrease funds, target outreach)	☒	☐	☐	☒	☐	☐
m) Premium assistance	☐	☒	☐	☐	☒	☐
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	☐	☐	☒	☐	☐	☒
o) Expansion to "Lawfully Residing" children	☐	☒	☐	☐	☒	☐
p) Expansion to "Lawfully Residing" pregnant women	☐	☒	☐	☐	☒	☐
q) Pregnant Women state plan expansion	☐	☒	☐	☐	☒	☐
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☒	☐	☐	☒	☐
s) Other – please specify						
a)	☐	☐	☐	☐	☐	☐
b)	☐	☐	☐	☐	☐	☐
c)	☐	☐	☐	☐	☐	☐

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

Medicaid Expansion CHIP Program

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

Topic	List change and why the change was made
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
h) Implementing an enrollment freeze and/or cap	
i) Eligibility levels / target population	
j) Eligibility redetermination process	
k) Enrollment process for health plan selection	
l) Outreach	NJ received the CMS Outreach Grant in FFY 19.
m) Premium assistance	
n) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
o) Expansion to "Lawfully Residing" children	
p) Expansion to "Lawfully Residing" pregnant women	
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a)	
b)	
c)	

Separate Child Health Program

Topic	List change and why the change was made
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefits	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process	
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	NJ received the CMS Outreach Grant in FFY 19.
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	

Topic	List change and why the change was made
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

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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	107520	112447	4.58
Separate Child Health Program	146764	156945	6.94

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

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

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Std. Error	Rate	Std. Error
1996 - 1998	166	24.1	8.0	1.2
1998 - 2000	98	18.4	4.5	.8
2000 - 2002	113	17.2	5.5	.8
2002 - 2004	121	17.7	5.3	.8
2003 - 2005	125	18.8	5.5	.8
2004 - 2006	119	19.0	5.3	.8
2005 - 2007	146	21.0	6.6	.9
2006 - 2008	151	22.0	7.0	1.0
2007 - 2009	140	21.0	6.4	.9
2008 - 2010	112	12.0	5.2	.5
2009 - 2011	113	13.0	5.2	.6
2010 - 2012	106	13.0	4.9	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	70	7.0	3.3	.3
2014	51	5.0	2.4	.2
2015	45	5.0	2.2	.3
2016	43	6.0	2.1	.3
2017	40	6.0	2.0	.3
2018	45	6.0	2.2	.3
Percent change 2017 vs. 2018	12.5%	N/A	10.0%	N/A

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

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

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

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

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

Topic	Description
Data source(s)	Rutgers Center for State Health Policy (CSHP)
Reporting period (2 or more points in time)	2009 and 2014
Methodology	The Rutgers Center for State Health Policy (CSHP) calculated an estimate of the number of of individuals who would gain insurance with the changes of the Affordable Care Act (ACA). They included children under 19 in Medicaid and CHIP. CSHP drew from several sources of data for this analysis: (1) pooled data from 2007 - 2009 of the Current Population Survey (CPS), (2) the 2009 New Jersey Family Health Survey (NJFHS), and (3) July 2009 Medicaid administrative records. Estimates for 2014 apply MAGI rules to the 2009 estimate. CSHP estimates that with the changes due to ACA, approximately 102,000 children would become enrolled in Medicaid or CHIP.
Population (Please include ages and income levels)	Children under 19 years of age, with family income levels from 0% to 350% of Federal Poverty Level.
Sample sizes	The 2009 estimate of children eligible for Medicaid and CHIP was 719,000.
Number and/or rate for two or more points in time	In 2009, the number of children enrolled in Medicaid and CHIP was 598,000. By applying the 2014 ACA rules to this group, it is estimated that 698,000 would be eligible for Medicaid and CHIP
Statistical significance of results	There was to be expected that an 17.1% increase in the number of children enrolled in Medicaid and CHIP through changes due to the Affordable Care Act.

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]

NJ covers children up to 350% FPL. CPS data does not tell a complete story for New Jersey

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]

The estimate does not take into consideration the number of children above 133% FPL who may enroll in marketplace coverage with their parents.

C. What are the limitations of the data or estimation methodology?
[7500]

The data is no longer current.

D. How does your state use this alternate data source in CHIP program planning?
[7500]

This data source is used in estimates for budget planning and determining the level of outreach needed to reach the un-enrolled population.

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
Goal #1 (Describe) Enroll all eligible children into NJ FamilyCare	**Goal #1 (Describe)** Enroll all eligible children in NJ FamilyCare	**Goal #1 (Describe)** Enroll all eligible children in NJ FamilyCare
Type of Goal: ☒ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☒ Other. *Specify:* Rutgers CSHP Report using CPS pooled 2006-2007 data and FFY 2017 CHIP and Medicaid eigibility data.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☒ Other. *Specify:* Rutgers CSHP report using CPS pooled 2006-2007 data minus the growth in enrollment as of FFY 2018.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☒ Other. *Specify:* Rutgers CSHP report using data from 2017 American Community Survey (ACS) data available from Integrated Public Use Microdata Seris (IPUMS) minus the growth in enrollment as of FFY2019.
Definition of Population Included in the Measure: Definition of denominator: Number of uninsured children under 19 years of age, under 350% FPL from the Rutgers CSHP report using CPS pooled 2006-07 data minus the growth in enrollment as of FFY 2017. (166,047 - -8884= 174,931) Definition of numerator: Growth in enrollment in CHIP and Medicaid from FFY 2017. (-8884)	**Definition of Population Included in the Measure:** Definition of denominator: Number of uninsured children under 19 years of age, under 350% FPL from the Rutgers CSHP report using CPS pooled 2006-07 data minus the growth in enrollment as of FFY 2018. (166,047 -2551 =163,496 Definition of numerator: Growth in enrollment in CHIP and Medicaid from FFY 2018. (2551)	**Definition of Population Included in the Measure:** Definition of denominator: Definition of denominator: Number of uninsured children under 19 years of age, under 350% FPL from the Rutgers CSHP report using 2017 American Community Survey (ACS) data available from Integrated Public Use Microdata Seris (IPUMS) data minus the growth in enrollment as of FFY 2019. (42,595 - (-25,864) = 68,459) Definition of numerator: Definition of numerator: Growth in enrollment in CHIP and Medicaid as of FFY 2019. (776,464 - 802,328 = -25,864)
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019

FFY 2017	FFY 2018	FFY 2019
Performance Measurement Data: Described what is being measured: Described what is being measured: The percent reduction in number of uninsured from FFY 2016 to FFY 2017. Numerator: -8884 Denominator: 174931 Rate:	**Performance Measurement Data:** Described what is being measured: The percent reduction in number of uninsured from FFY 2017 to FFY 2018. Numerator: 2551 Denominator: 163,496 Rate: 1.6 Numerator: 2551 Denominator: 163496 Rate: 1.6	**Performance Measurement Data:** Described what is being measured: Described what is being measured: The percent reduction in number of uninsured from FFY 2018 to FFY 2019. Numerator: -25864 Denominator: 68459 Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** Decrease in uninsured rate. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** NJ overall enrollment increased in 2018. **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?** NJ continues to implement Presumptive Eligibility for Children and we continue to receive enrollments from the Federal Marketplace.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** NJ continues to implement Presumptive Eligibility for Children and we continue to receive enrollments from the Federal Marketplace.

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** Enroll all eligible children in NJ FamilyCare **Annual Performance Objective for FFY 2019:** Enroll all eligible children in NJ FamilyCare **Annual Performance Objective for FFY 2020**: Enroll all eligible children in NJ FamilyCare *Explain how these objectives were set:* We have lowered the percentage because of the successes of our enrollment efforts.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** Enroll all eligible children in NJ FamilyCare **Annual Performance Objective for FFY 2020:** Enroll all eligible children in NJ FamilyCare **Annual Performance Objective for FFY 2021:** Enroll all eligible children in NJ FamilyCare *Explain how these objectives were set:* NJ has lowered the percentage because of the successes of our enrollment efforts.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** Enroll all eligible children in NJ FamilyCare **Annual Performance Objective for FFY 2021:** Enroll all eligible children in NJ FamilyCare **Annual Performance Objective for FFY 2022**: Enroll all eligible children in NJ FamilyCare *Explain how these objectives were set:* NJ has lowered the percentage because of the successes of our enrollment efforts.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure**:	**Additional notes on measure:**

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

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

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☒ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

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

Objectives Related to CHIP Enrollment

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Maintain the number of children enrolled in CHIP per year.	**Goal #1 (Describe)** Maintain the number of children enrolled in CHIP per year.	**Goal #1 (Describe)** Maintain the number of children enrolled in CHIP per year.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: The number of children enrolled in CHIP on the last day of the previous FFY 2016.(109452) Definition of numerator: The number of children enrolled in CHIP on the last day of FFY 2017 (111,820).	**Definition of Population Included in the Measure:** Definition of denominator: The number of children enrolled in CHIP on the last day of the previous FFY 2017. (111,820) Definition of numerator: The number of children enrolled in CHIP on the last day of FFY 2018. (117,916)	**Definition of Population Included in the Measure:** Definition of denominator: The number of children enrolled in CHIP on the last day of FFY 2018. (117,916) Definition of numerator: The number of children enrolled in CHIP on the last day of FFY 2019. (127,402)
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019
Performance Measurement Data: Described what is being measured: The number of children enrolled in CHIP during FFY 2017 in relation to the number of children enrolled in CHIP during FFY 2016. Numerator: 111820 Denominator: 109452 Rate: 102.2	**Performance Measurement Data:** Described what is being measured: The number of children enrolled in CHIP during FFY 2018 in relation to the number of children enrolled in CHIP during FFY 2017. Numerator: 117916 Denominator: 111820 Rate: 105.5	**Performance Measurement Data:** Described what is being measured: Described what is being measured: The number of children enrolled in CHIP during FFY 2019 in relation to the number of children enrolled in CHIP during FFY 2018 Numerator: 127402 Denominator: 117916 Rate: 108

FFY 2017	FFY 2018	FFY 2019
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** Exceeded goal **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Increased cooperation from schools in identifying uninsured students; systems improvements, checking of databases; improved retention due to administrative renewals of those who can be renewed in this fashion; Federally Qualified Health Centers must enroll eligible children or be penalized monetarily; hospitals must enroll newborns and presume eligible any uninsured child that comes into the ER who appears to be eligible - they can no longer claim Charity Care dollars for those patients	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Exceeded goal **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Increased cooperation from schools in identifying uninsured students; systems improvements, checking of databases; improved retention due to administrative renewals of those who can be renewed in this fashion; Federally Qualified Health Centers must enroll eligible children or be penalized monetarily; hospitals must enroll newborns and presume eligible any uninsured child that comes into the ER who appears to be eligible - they can no longer claim Charity Care dollars for those patients	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Increased cooperation from schools in identifying uninsured students; systems improvements, checking of databases; improved retention due to administrative renewals of those who can be renewed in this fashion. Federally Qualified Health Centers must enroll eligible children or be penalized monetarily; hospitals must enroll newborns and presume eligible any uninsured child that comes into the ER who appears to be eligible - they can no longer claim Charity Care dollars for those patients.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** 112,009 **Annual Performance Objective for FFY 2019:** 112,134 **Annual Performance Objective for FFY 2020:** 114,376 *Explain how these objectives were set:* The source of this is the Monthly enrollments in the Public Stat Reports put out by the Office of Business Intelligence	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** 120,298 **Annual Performance Objective for FFY 2020:** 122,727 **Annual Performance Objective for FFY 2021:** 125,205 *Explain how these objectives were set:* The source of this is the Monthly enrollments in the Public Stat Reports put out by the Office of Business Intelligence.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** 128,668 **Annual Performance Objective for FFY 2021:** 129,374 **Annual Performance Objective for FFY 2022:** 129,452 *Explain how these objectives were set:* The source of this is the Monthly enrollments in the Public Stat Reports put out by the Office of Business Intelligence.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe) Reduce the number of grievances by 5%	**Goal #2 (Describe)** Reduce the number of complaints and grievances by 5%	**Goal #2 (Describe)** Reduce the number of complaints and grievances by 5%
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☒ Other. *Specify:* Monthly statistics from vendor on complaints and grievences	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☒ Other. *Specify:* Monthly statistics from vendor on complaints and grievances	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☒ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of denominator: The number of grievances received in the previous FFY 2016. (2545) Definition of numerator: The number of grievances received in FFY 2017. (1669)	**Definition of Population Included in the Measure:** Definition of denominator: The number of grievances received in the previous FFY 2017: 1669 Definition of numerator: The number of grievances received in FFY 2018: 1623	**Definition of Population Included in the Measure:** Definition of denominator: The number of grievances received in FFY 2018. (1623) Definition of numerator: The number of grievances received in FFY 2019. (1251)
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019

FFY 2017	FFY 2018	FFY 2019
Performance Measurement Data: Described what is being measured: The percentage of change in the number of grievances received from 2016 to FFY 2017. The Eligibility Vendor has systems in place to address all inquiries, complaints and grievances through their Grievance Unit. The State evaluates complaints and grievances, monitors incoming calls, and makes procedural changes when necessary. Numerator: 1669 Denominator: 2545 Rate: 65.6	**Performance Measurement Data:** Described what is being measured: The percentage of change in the number of grievances received from 2017 to FFY 2018. The Eligibility Vendor has systems in place to address all inquiries, complaints and grievances through their Grievance Unit. The State evaluates complaints and grievances, monitors incoming calls, and makes procedural changes when necessary. Numerator: 1623 Denominator: 1669 Rate: 97.2	**Performance Measurement Data:** Described what is being measured: The percentage of change in the number of grievances received from FFY 2018 to FFY 2019. The Eligibility Vendor has systems in place to address all inquiries, complaints and grievances through their Grievance Unit. The State evaluates complaints and grievances, monitors incoming calls, and makes procedural changes when necessary. Numerator: 1251 Denominator: 1623 Rate: 77.1
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** The number of complaints and grievances decreased by 20% compared to FFY 2016 **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?** ? NJ FamilyCare has continued utilizing an IVR for families calling to hear/learn the status of their application to help with question and prevent grievances about decisions. Families also have access to regional NJ FamilyCare offices who are available to do face to face explanations of their application status to help cut down on paper inquiry and follow up training for the Grievance team.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Although we fell short of the 5% objective in our 2017 report, we continued to see a decrease in the number of grievances received. **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?** NJ FamilyCare has continued to enhance its online electronic verification processes to minimize the need for outreach to households for paper documentation needed to determine or redetermine eligibility. Eligibility decisions are more accurate and clear explanations for decisions reached.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** The number of grievances decreased by 23% compared to FFY 2018. **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?** NJ FamilyCare has continued to enhance its online electronic verification processes to minimize the need for outreach to households for paper documentation needed to determine or redetermine eligibility. Eligibility decisions are more accurate and clear explanations for decisions reached.

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** A 5% decrease in the number of grievances and complaints. **Annual Performance Objective for FFY 2019:** A 5% decrease in the number of grievances and complaints. **Annual Performance Objective for FFY 2020:** A 5% decrease in the number of grievances and complaints. *Explain how these objectives were set:* With improved processes and better communication between NJ FamilyCare and the federal Marketplace it is NJ's goal to see a decrease in the number of grievances to be processed.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** A continued steady decline in the number of grievances and complaints. **Annual Performance Objective for FFY 2020:** A continued steady decline in the number of grievances and complaints. **Annual Performance Objective for FFY 2021:** A continued steady decline in the number of grievances and complaints. *Explain how these objectives were set:* NJ FamilyCare will continue to improve its processes through implementation of planned enhancements to our online application and verification processes further improving the customer experience.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** A continued steady decline in the number of grievances and complaints. **Annual Performance Objective for FFY 2021:** A continued steady decline in the number of grievances and complaints. **Annual Performance Objective for FFY 2022:** A continued steady decline in the number of grievances and complaints. *Explain how these objectives were set:* NJ FamilyCare will continue to improve its processes through implementation of planned enhancements to our online application and verification processes further improving the customer experience.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

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

Objectives Related to Medicaid Enrollment

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Maintain Medicaid Enrollment per year	**Goal #1 (Describe)** Maintain Medicaid enrollment per year	**Goal #1 (Describe)** Maintain Medicaid enrollment per year
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☒ Other. *Specify:* Extract from the recipient History Master File: New Jersey Medicaid Management information System (NJMMIS)	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☒ Other. *Specify:* Extract from the Recipient History Master file: New Jersey Medicaid Management Information System (NJMMIS)	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☒ Other. *Specify:* Extract from the Recipient History Master file: New Jersey Medicaid Management Information System (NJMMIS)
Definition of Population Included in the Measure: Definition of denominator: The number of children enrolled in Title XIX on the last day of the previous FFY 2016. (700,787) Definition of numerator: The number of children enrolled in Title XIX on the last day of the current FFY 2017. (687,957)	**Definition of Population Included in the Measure:** Definition of denominator: The number of children enrolled in Title XIX on the last day of the previous FFY 2017. (687,957) Definition of numerator: The number of children enrolled in Title XIX on the last day of the current FFY 2018. (684,412)	**Definition of Population Included in the Measure:** Definition of denominator: The number of children enrolled in Title XIX on the last day of the previous FFY 2018. (684,412) Definition of numerator: : The number of children enrolled in Title XIX on the last day of the current FFY 2019. (649,062)
Date Range: **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018	**Date Range:** **From: (mm/yyyy)** 10/2018 **To: (mm/yyyy)** 09/2019

FFY 2017	FFY 2018	FFY 2019
Performance Measurement Data: Described what is being measured: The rate of change of the number of children enrolled in Medicaid. Numerator: 700787 Denominator: 687957 Rate: 101.9	**Performance Measurement Data:** Described what is being measured: The rate of change of the number of children enrolled in Medicaid. Numerator: 684412 Denominator: 687957 Rate: 99.5	**Performance Measurement Data:** Described what is being measured: The rate of change of the number of children enrolled in Medicaid. Numerator: 649062 Denominator: 684412 Rate: 94.8
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** New Jersey experienced a negligible decrease in Medicaid enrollment. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** New Jersey continues to implement Presumptive Eligibility for Children and we continue to receive enrollments from the Federal Marketplace.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** NJ experienced a negligible decrease in the projected Medicaid enrollment. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** NJ continues to implement Presumptive Eligibility for Children and we continue to receive enrollments from the Federal Marketplace.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** NJ experienced a decrease in the projected Medicaid enrollment. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** NJ continues to implement Presumptive Eligibility for Children and we continue to receive enrollments from the Federal Marketplace.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** 690,612 **Annual Performance Objective for FFY 2019:** 693,585 **Annual Performance Objective for FFY 2020:** 706,857 *Explain how these objectives were set:* The source of this is monthly enrollments in the Public Stat Reports put out by the Office of Business Intelligence.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** 693,585 **Annual Performance Objective for FFY 2020:** 706,857 **Annual Performance Objective for FFY 2021:** 720,394 *Explain how these objectives were set:* The source of this is the monthly enrollments in the Public Stat Reports put out by the Office of Business Intelligence.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** 651,605 **Annual Performance Objective for FFY 2021:** 652,032 **Annual Performance Objective for FFY 2022:** 653,827 *Explain how these objectives were set:* The source of this is the monthly enrollments in the Public Stat Reports put out by the Office of Business Intelligence.
Other Comments on Measure: The Medicaid Expansion CHIP population is included in the above numbers.	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

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

Objectives Related to Medicaid Enrollment (Continued)

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

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

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

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Increase the percentage of respondents who responded that they "always" get care as soon as they thought their child needed care by at least one percentage point.	**Goal #1 (Describe)** Increase the percentage of respondents who responded that they "always" get care as soon as they thought their child needed care by at least one percentage point (survey question #4).	**Goal #1 (Describe)** Increase the percentage of respondents who responded that they "always" get care as soon as they thought their child needed care by at least one percentage point (survey question #4).
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒ HEDIS. *Specify version of HEDIS used:* 2017 ☐ Other. *Explain*:	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2018 ☐ Other. *Explain*:	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2019 ☐ Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: CAHPS 5.0H	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: CAHPS 5.0H	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: CAHPS 5.0H
Definition of Population Included in the Measure: Definition of numerator: n/a Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: N/A Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: N/A	**Definition of Population Included in the Measure:** Definition of numerator: n/a Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)** 07/2016 **To: (mm/yyyy)** 12/2016	**Date Range:** **From: (mm/yyyy)** 07/2017 **To: (mm/yyyy)** 12/2017	**Date Range:** **From: (mm/yyyy)** 07/2018 **To: (mm/yyyy)** 12/2018
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: 481 Denominator: 712 Rate: 67.5	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 915 Denominator: 673 Rate: 73.6	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 565 Denominator: 747 Rate: 75.6

FFY 2017	FFY 2018	FFY 2019
Deviations from Measure Specifications: ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain.* ☐ Data Source, *Explain.* ☐ Numerator, *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure: The percentage of respondents who responded "always" to survey question #6. (In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?) Question #6 Numerator: 1120 Denominator: 1788 Rate: 62.7%	**Additional notes on measure**: The percentage of respondents who responded "always" to survey question #6. (In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?) Question #6 Numerator 1350 Denominator 2088 Rate 64.7%	**Additional notes on measure**: The percentage of respondents who responded "always" to survey question #6. (In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?) Question #6 Numerator 1155 Denominator 1760 Rate 65.6%
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** From the previous reported survey, the 2017 CAHPS survey results from question #4 decreased 4.3 percentage points from 71.8% to 67.5% and for question #6 the results decreased 2.3 percentage points from 65.0% to 62.7% in 2017. **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?** NJ DMAHS monitors provider networks and other aspects of MCO operations and provides feedback to the MCOs to ensure that the members have adequate access. MCOs are asked to identify and address areas of opportunity to improve enrollee satisfaction.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** From the previous reported survey, the 2018 CAHPS survey results for question #4 increased 6.1 percentage points from 67.5% to 73.6% and for question #6 the results increased 2.0 percentage points from 62.7% to 64.7% in 2018. **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?** NJ DMAHS monitors provider networks and other aspects of MCO operations and provides feedback to the MCOs to ensure that the members have adequate access. MCOs are asked to identify and address areas of opportunity to improve enrollee satisfaction.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** From the previous reported survey, the 2019 CAHPS survey results for question #4 increased 2.0 percentage points from 73.6% to 75.6% and for question #6 the results increased 0.9 percentage points from 64.7to 65.6% 2019. **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?** NJ DMAHS monitors provider networks and other aspects of MCO operations and provides feedback to the MCOs to ensure that the members have adequate access. MCOs are asked to identify and address areas of opportunity to improve enrollee satisfaction.

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** The percentage of respondents who responded "always" will increase by at least one percentage point each year. **Annual Performance Objective for FFY 2019:** The percentage of respondents who responded "always" will increase by at least one percentage point each year. **Annual Performance Objective for FFY 2020:** The percentage of respondents who responded "always" will increase by at least one percentage point each year. *Explain how these objectives were set:* For this reported CAHPS process to enable utilization of the MCOs CAHPS Survey that was fielded by the MCOs Certifies CAHPS vendor. the complete MCO surveys were compiled into a statewide report. Based on the most recent three years, a one percentage point per year increase is our goal.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** The percentage of respondents who responded "always" will increase by at least one percentage point each year. **Annual Performance Objective for FFY 2020:** The percentage of respondents who responded "always" will increase by at least one percentage point each year. **Annual Performance Objective for FFY 2021:** The percentage of respondents who responded "always" will increase by at least one percentage point each year. *Explain how these objectives were set:* For this reported CAHPS survey, NJ enhanced the CAHPS process to enable the utilization of the MCOs CAHPS Survey that was fielded by the MCOs Certified CAHPS vendor. The completed MCO surveys were compiled into a statewide report. Based on the most recent three years, a one percentage point per year increase is our goal.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** The percentage of respondents who responded "always" will increase by at least one percentage point each year. **Annual Performance Objective for FFY 2021:** The percentage of respondents who responded "always" will increase by at least one percentage point each year. **Annual Performance Objective for FFY 2022:** The percentage of respondents who responded "always" will increase by at least one percentage point each year. *Explain how these objectives were set:* For this reported CAHPS survey, NJ enhanced the CAHPS process to enable the utilization of the MCOs CAHPS Survey that was fielded by the MCOs Certified CAHPS vendor. The completed MCO surveys were compiled into a statewide report. Based on the most recent three years, a one percentage point per year increase is our goal.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FY 2017	FFY 2018	FFY 2019
Goal #2 (Describe) Increase the percentage of disabled children between 12 months and 6 years of age who had a visit with their PCP during the measurement year.	**Goal #2 (Describe)** Increase the percentage of disabled children between 12 months and 6 years of age who had a visit with their PCP during the measurement year.	**Goal #2 (Describe)** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization will increase by one percentage point
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☒ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* The measure in this objective is a HEDIS-like performance measure using the HEDIS 2017 technical specifications of "Children and Adolescents' Access to Primary Care Practitioners" (CAP). In this NJ specific measure, the eligible population is stratified further by the disabled population. In this objective NJ is reporting the combined results for the disabled population age groups 12 months to 6 years of age.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* The measure in this objective is a New Jersey Specific performance measure which measures access to Primary Care Practitioners for the disabled population age group 12 months to 6 years of age.	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2019 ☐ Other. *Explain:*
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*

FY 2017	FFY 2018	FFY 2019
Definition of Population Included in the Measure: Definition of numerator: HEDIS 2017 technical specifications with further stratification. In this objective NJ is reporting the combined results for the disabled population age groups 12 months to 6 years of age who had a PCP visit within measurement year. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: In this objective, NJ is reporting the results for the disabled population age group 12 months to 6 years of age who had a PCP visit within measurement year. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: N/A	**Definition of Population Included in the Measure:** Definition of numerator: n/a Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 12/2016	**Date Range:** **From: (mm/yyyy)** 01/2017 **To: (mm/yyyy)** 12/2017	**Date Range:** **From: (mm/yyyy)** 11/2017 **To: (mm/yyyy)** 11/2018
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate: 82.2
Deviations from Measure Specifications: ☐ Year of Data, *Explain.* ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:** The rate is weighted based on the size of the measure-eligible population for each reporting Managed Care Organization.

FY 2017	FFY 2018	FFY 2019
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 4383 Denominator: 4708 Rate: 93.1 Additional notes on measure: The measure in this objective is a HEDIS-like performance measure using the HEDIS 2017 technical specifications of "Children and Adolescents' Access to Primary Care Practitioners" (CAP). In this NJ specific measure, the eligible population is stratified further by the disabled population. In this objective NJ is reporting the combined results for the disabled population age groups 12 months to 6 years of age.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 4384 Denominator: 4690 Rate: 93.5 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** From the previous year the 2017 HEDIS-like NJ specific measure from the CAP disabled population for the 12 month to 6 year age band increased 0.3% percentage points from 92.9% to 93.1%. **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?** NJ DMAHS monitors provider networks and other aspects of MCO operations and provides feedback to the MCOs to ensure that the members have adequate access. MCOs are asked to identify and address areas of opportunity to improve enrollee satisfaction.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** From the previous year, the 2018 NJ Specific measure for the access to primary care physicians for the disabled population for the 12 month to 6 year age band increased 0.4% percentage points from 93.1% to 93.5%. **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?** NJ DMAHS monitors provider networks and other aspects of MCO operations and provides feedback to the MCOs to ensure that the members have adequate access. MCOs are asked to identify and address areas of opportunity to improve enrollee satisfaction.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** This is the first time NJ DMAHS is reporting this measure in the CARTS Report. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** NJ DMHAS monitors provider networks and other aspects of MCO operations and provides feedback of the MCOS to ensure that the members have adequate access. MCOs are asked to identify and address areas of opportunity to improve enrollee satisfaction.

FY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018**: The percentage of disabled children who had a visit with their PCP during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2019:** The percentage of disabled children who had a visit with their PCP during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2020:** The percentage of disabled children who had a visit with their PCP during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent three years, a one percentage point increase per year is our goal.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** The percentage of disabled children who had a visit with their PCP during the measurement year will increase by a half of a percentage point. **Annual Performance Objective for FFY 2020:** The percentage of disabled children who had a visit with their PCP during the measurement year will increase by a half of a percentage point. **Annual Performance Objective for FFY 2021:** The percentage of disabled children who had a visit with their PCP during the measurement year will increase by a half of a percentage point. *Explain how these objectives were set:* Based on the most recent three years, a half of a percentage point increase per year is our goal.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020**: The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization will increase by one percentage point. A**nnual Performance Objective for FFY 2021:** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization will increase by one percentage point. **Annual Performance Objective for FFY 2022:** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent HEDIS data, a one percentage point per year increase is our goal.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe) Increase in percentage of disabled children between 7 years and 19 years of age who had a visit with their PCP during the measurement year.	**Goal #3 (Describe)** Increase the percentage of disabled children between 7 years and 19 years of age who had a visit with their PCP during the measurement year.	**Goal #3 (Describe)** Increase the percentage of members 2-20 years of age who had at least one dental visit during the measurement year.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☒ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:* This is the first time NJ DMAHS is reporting this measure in the CARTS report.
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* The measure in this objective is a HEDIS-like performance measure using the HEDIS 2017 technical specifications of "Children and Adolescents' Access to Primary Care Practitioners" (CAP). In this NJ specific measure, the eligible population is stratified further by the disabled population. In this objective NJ is reporting the combined results for the disabled population age groups 7 years to 19 years of age.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* The measure in this objective is a New Jersey Specific performance measure which measures access to Primary Care Practitioners for the disabled population age group 7 years to 19 years of age.	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2019 ☐ Other. *Explain:*
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: HEDIS 2017 technical specifications with further stratification. In this objective NJ is reporting the combined results for the disabled population age groups 7 years to 19 years of age. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: In this objective, NJ is reporting the results for the disabled population age group 7 years to 19 years of age who had a PCP visit within measurement year. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: N/A	**Definition of Population Included in the Measure:** Definition of numerator: n/a Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:

FFY 2017	FFY 2018	FFY 2019
Date Range: **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 12/2016	**Date Range:** **From: (mm/yyyy)** 01/2017 **To: (mm/yyyy)** 12/2017	**Date Range:** **From: (mm/yyyy)** 01/2018 **To: (mm/yyyy)** 12/2018
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 381151 Denominator: 576624 Rate: 66.1
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure**:	**Additional notes on measure:**
Other Performance Measurement Data: Numerator: 16372 Denominator: 17595 Rate: 93 Additional notes on measure: The measure in this objective is a HEDIS-like performance measure using the HEDIS 2017 technical specifications of "Children and Adolescents' Access to Primary Care Practitioners" (CAP). In this NJ specific measure, the eligible population is stratified further by the disabled population. In this objective NJ is reporting the combined results for the disabled population age groups 7 years to 19 years of age.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 16560 Denominator: 17624 Rate: 94 Additional notes on measure: The measure in this objective is a New Jersey Specific performance measure which measures access to Primary Care Practitioners for the disabled population age group 7 years to 19 years of age. Numerator: 16560 Denominator: 17624 Rate: 94.0%	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** From the previous year, the 2017 HEDIS-like NJ specific measure for the CAP disabled population for the 7 year to 19 year age band increased 0.2 percentage points from 92.8% to 93.0%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** NJ DMAHS monitors provider networks and other aspects of MCO operations and provides feedback to the MCOs to ensure that the members have adequate access. MCOs are asked to identify and address areas of opportunity to improve enrollee satisfaction.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** From the previous year, the 2018 NJ Specific measure for the access to primary care physicians for the disabled population for the 7 year to 19 year age band increased 1.0% percentage point from 93.0% to 94.0%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** NJ DMAHS monitors provider networks and other aspects of MCO operations and provides feedback to the MCOs to ensure that the members have adequate access. MCOs are asked to identify and address areas of opportunity to improve enrollee satisfaction.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** This is the first time NJ DMAHS is reporting this measure in the CARTS report. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** NJ DMAHS monitors provider networks and other aspects of MCO operations and provides feedback to the MCOs to ensure that the members have adequate access. MCOs are asked to identify and address areas of opportunity to improve enrollee satisfaction.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** The percentage of disabled children who had a visit with their PCP during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2019:** The percentage of disabled children who had a visit with their PCP during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2020:** The percentage of disabled children who had a visit with their PCP during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent three years, a one percentage point increase per year is our goal.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** The percentage of disabled children who had a visit with their PCP during the measurement year will increase by a half of a percentage point. **Annual Performance Objective for FFY 2020:** The percentage of disabled children who had a visit with their PCP during the measurement year will increase by a half of a percentage point. **Annual Performance Objective for FFY 2021:** The percentage of disabled children who had a visit with their PCP during the measurement year will increase by a half of a percentage point. *Explain how these objectives were set:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** The percentage of members 2-20 years of age who had at least one dental visit during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2021:** The percentage of members 2-20 years of age who had at least one dental visit during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2022:** The percentage of members 2-20 years of age who had at least one dental visit during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent HEDIS data, a one percentage point per year increase is our goal.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #1 (Describe) Increase the percentage of children between 2 years and 6 years of age who had one or more preventive dental evaluations or services during the measurement year.	**Goal #1 (Describe)** Increase the percentage of children between 2 years and 6 years of age who had one or more preventive dental evaluations or services during the measurement year.	**Goal #1 (Describe)** Increase the percentage of children between 2 years and 6 years of age who had one or more preventive dental evaluations or services during the measurement year.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* The measure in this objective is a HEDIS-like performance measure using the HEDIS 2017 technical specifications of "Annual Dental Visit" (ADV). The exception: only preventive dental evaluations/services are included in this NJ specific measure. In this objective NJ is reporting the combined results for age groups 2-3 years and 4-6 years of age.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* In this objective NJ is reporting the results for the age group 2-6 years of age who had a preventive dental evaluation or service	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* This is a New Jersey Specific performance measure which measures preventive dental evaluations/services for the age group 2-6 years of age.
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*

FFY 2017	FFY 2018	FFY 2019
Definition of Population Included in the Measure: Definition of numerator: HEDIS 2017 technical specifications with further stratification. In this objective NJ is reporting the combined results for age groups 2-3 years and 4-6 years of age. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The measure in this objective is a New Jersey specific performance measure that measures preventive dental evaluations/services for the age group 2-6 years of age. Numerator: 101561 Denominator: 169247 Rate: 60.0% Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: The measure in this objective is a New Jersey specific performance measure that measures preventive dental evaluations/services for the age group 2-6 years of age. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 12/2016	**Date Range:** **From: (mm/yyyy)** 01/2017 **To: (mm/yyyy)** 12/2017	**Date Range:** **From: (mm/yyyy)** 01/2018 **To: (mm/yyyy)** 12/2018
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**

FFY 2017	FFY 2018	FFY 2019
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 104500 Denominator: 174406 Rate: 59.9 Additional notes on measure: The measure in this objective is a HEDIS-like performance measure using the HEDIS 2017 technical specifications of "Annual Dental Visit" (ADV). The exception: only preventive dental evaluations/services are included in this NJ specific measure. In this objective NJ is reporting the combined results for age groups 2-3 years and 4-6 years of age.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 101561 Denominator: 169247 Rate: 60.0 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 102527 Denominator: 170014 Rate: 60.3 Additional notes on measure:
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** From the previous year, the 2017 HEDIS-like NJ specific measure for the Preventive Dental Measure for the combined 2-3 year and 4-6 year age bands increased 1.5 percentage points from 58.4% to 59.9%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** The NJ FamilyCare Managed Care Contract requires the MCOs to have a Dental Coordinator for monitoring activities to review the performance of dental providers' provision of dental health care services to members. New Jersey continues to utilize the threshold for mandatory dental referral at one year of age to increase members' access to preventive services at an earlier age.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** From the previous year, the 2018 NJ specific measure for the Preventive Dental Measure for the 2-6 year age band increased 0.1 percentage point from 59.9% to 60.0%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** The NJ FamilyCare Managed Care Contract requires the MCOs to have a Dental Coordinator for monitoring activities to review the performance of dental providers' provision of dental health care services to members. New Jersey continues to utilize the threshold for mandatory dental referral at one year of age to increase members' access to preventive services at an earlier age.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** From the previous year, the 2019 NJ specific measure for the Preventive Dental Measure for the 2-6 year age band increase 0.3 percentage point from 60.0% to 60.3%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** The NJ FamilyCare Managed Care Contract requires the MCOs to have a Dental Coordinator for monitoring activities to review the performance of dental providers' provision of dental health care services to members. New Jersey continues to utilize the threshold for mandatory dental referral at one year of age to increase members' access to preventive services at an earlier age.

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** The percentage of children who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2019:** The percentage of children who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2020:** The percentage of children who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent three years, a one percentage point increase per year is our goal.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** The percentage of children who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2020:** The percentage of children who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2021:** The percentage of children who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent three years, a one percentage point increase per year is our goal.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020**: The percentage of children who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2021:** The percentage of children who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2022:** The percentage of children who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent three years, a one percentage point increase will be our goal.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #2 (Describe) Increase the percentage of children/adolescents between 7 years and 14 years of age who had one or more preventive dental evaluations or services during the measurement year.	**Goal #2 (Describe)** Increase the percentage of children/adolescents between 7 years and 14 years of age who had one or more preventive dental evaluations or services during the measurement year.	**Goal #2 (Describe)** Increase the percentage of children/adolescents between 7 years and 14 years of age who had one or more preventive dental evaluations or services during the measurement year.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional.. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	Status of Data **Reported**: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* The measure in this objective is a HEDIS-like performance measure using the HEDIS 2017 technical specifications of "Annual Dental Visit" (ADV). The exception: only preventive dental evaluations/services are included in this NJ specific measure. In this objective NJ is reporting the combined results for age groups 7-10 years and 11-14 years of age.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* The measure in this objective is a New Jersey specific performance measure that measures preventive dental evaluations/services for the age group 7-14 years of age.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* This is a NJ specific performance measure preventive dental evaluation or service.
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: HEDIS 2017 technical specifications with further stratification. In this objective NJ is reporting the combined results for age groups 7-10 years and 11-14 years of age. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: : In this objective NJ is reporting the results for the age group 7-14 years of age who had a preventive dental evaluation or service Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: In this measure, NJ is reporting the results for the age group 7-14 years of age who had preventive dental evaluations or service. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 12/2016	**Date Range:** **From: (mm/yyyy)** 01/2017 **To: (mm/yyyy)** 12/2017	**Date Range:** **From: (mm/yyyy)** 01/2018 **To: (mm/yyyy)** 12/2018

FFY 2017	FFY 2018	FFY 2019
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 188706 Denominator: 274633 Rate: 68.7 Additional notes on measure: The measure in this objective is a HEDIS-like performance measure using the HEDIS 2017 technical specifications of "Annual Dental Visit" (ADV). The exception: only preventive dental evaluations/services are included in this NJ specific measure. In this objective NJ is reporting the combined results for age groups 7-10 years and 11-14 years of age.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 188319 Denominator: 272286 Rate: 69.2 Additional notes on measure: The measure in this objective is a New Jersey specific performance measure that measures preventive dental evaluations/services for the age group 7-14 years of age. Numerator: 188319 Denominator: 272286 Rate: 69.2%	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 190904 Denominator: 277944 Rate: 68.7 Additional notes on measure:

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** From the previous year, the 2017 HEDIS-like NJ specific measure for the Preventive Dental Measure for the combined 7-10 year and 11-14 year age bands increased 2.5 percentage points from 66.2% to 68.7%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** ? The NJ FamilyCare Managed Care Contract requires the MCOs to have a Dental Coordinator for monitoring activities to review the performance of dental providers' provision of dental health care services to members.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** NJ specific measure for the Preventive Dental Measure for the 7-14 year age band increased 0.5 percentage points from 68.7% to 69.2%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** The NJ FamilyCare Managed Care Contract requires the MCOs to have a Dental Coordinator for monitoring activities to review the performance of dental providers' provision of dental health care services to members. New Jersey continues to utilize the threshold for mandatory dental referral at one year of age to increase members' access to preventive services at an earlier age.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** From the previous year, the 2019 NJ specific measure for Preventive Dental Measure for the 7-14 year age band decreased 0.5 percentage points from 69.2% to 68.7%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** The NJ FamilyCare Managed Care Contract requires the MCOs to have a Dental Coordinator for monitoring activities to review the performance of dental providers provision of dental health care services to members.

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** The percentage of children/adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2019:** The percentage of children/adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2020:** The percentage of children/adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent three years, a one percentage point increase per year is our goal.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** The percentage of children/adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2020:** The percentage of children/adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2021:** The percentage of children/adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent three years, a one percentage point increase per year is our goal.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** The percentage of children/adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2021:** The percentage of children/adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2022:** The percentage of children/adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent three years, a one percentage point increase per year is our goal.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2017	FFY 2018	FFY 2019
Goal #3 (Describe) Increase the percentage of adolescents between 15 years and 21 years of age who had one or more preventive dental evaluations or services during the measurement year.	**Goal #3 (Describe)** Increase the percentage of adolescents between 15 years and 21 years of age who had one or more preventive dental evaluations or services during the measurement year.	**Goal #3 (Describe)** Increase the percentage of adolescents between 15 years and 21 years of age who had one or more preventive dental evaluations or services during the measurement year.
Type of Goal: ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*	**Type of Goal:** ☐ New/revised. *Explain:* ☒ Continuing. ☐ Discontinued. *Explain:*
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* The measure in this objective is a HEDIS-like performance measure using the HEDIS 2017 technical specifications of "Annual Dental Visit" (ADV). The exception: only preventive dental evaluations/services are included in this NJ specific measure. In this objective NJ is reporting the combined results for age groups 15-18 years and 19-21 years of age.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* The measure in this objective is a New Jersey specific performance measure that measures preventive dental evaluations/services for the age group 15-21 years of age.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* This is a New Jersey specific performance measure which measures preventive dental evaluations/services for the age group 15-21 years of age.
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☐ Other. *Specify:*
Definition of Population Included in the Measure: Definition of numerator: Definition of numerator: HEDIS 2017 technical specifications with further stratification. In this objective NJ is reporting the combined results for age groups 15-18 years and 19-21 years of age. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: In this objective NJ is reporting the results for the age group 15-21 years of age who had a preventive dental evaluation or service. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: In this objective NJ is reporting the results for the age group 15-21 years of age who had a preventive dental evaluation or service. Definition of denominator: ☐ Denominator includes CHIP population only. ☒ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 12/2016	**Date Range:** **From: (mm/yyyy)** 01/2017 **To: (mm/yyyy)** 12/2017	**Date Range:** **From: (mm/yyyy)** 01/2018 **To: (mm/yyyy)** 12/2018

FFY 2017	FFY 2018	FFY 2019
HEDIS Performance Measurement Data: *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator, *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	**Additional notes on measure:**	**Additional notes on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 78554 Denominator: 153823 Rate: 51.1 Additional notes on measure: : The measure in this objective is a HEDIS-like performance measure using the HEDIS 2017 technical specifications of "Annual Dental Visit" (ADV). The exception: only preventive dental evaluations/services are included in this NJ specific measure. In this objective NJ is reporting the combined results for age groups 15-18 years and 19-21 years of age.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 80612 Denominator: 152879 Rate: 52.7 Additional notes on measure: The measure in this objective is a New Jersey specific performance measure that measures preventive dental evaluations/services for the age group 15-21 years of age. Numerator: 80612 Denominator: 152879 Rate: 52.7	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 83584 Denominator: 160603 Rate: 52.0 Additional notes on measure:

FFY 2017	FFY 2018	FFY 2019
Explanation of Progress: **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** From the previous year, the 2017 HEDIS-like NJ specific measure for the Preventive Dental Measure for the combined 15-18 year and 19-21 year age bands increased 2.8 percentage points form 48.3% to 51.1%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** The NJ FamilyCare Managed Care Contract requires the MCOs to have a Dental Coordinator for monitoring activities to review the performance of dental providers' provision of dental health care services to members.	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** From the previous year, the 2018 NJ specific measure for the Preventive Dental Measure for the 15-21 year age band increased 1.6 percentage points from 51.1% to 52.7%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** The NJ FamilyCare Managed Care Contract requires the MCOs to have a Dental Coordinator for monitoring activities to review the performance of dental providers' provision of dental health care services to members.	**Explanation of Progress:** **How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?** From the previous year, the 2019 NJ specific measure for the Preventive Dental Measure for the 15-21 year age band decreased 0.7 percentage points from 52.7% to 52.0%. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** The NJ FamilyCare Managed Care Contract requires the MCOs to have a Dental Coordinator for monitoring activities to review the performance of dental providers' provision of dental health care services to members.

FFY 2017	FFY 2018	FFY 2019
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2018:** The percentage of adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2019:** The percentage of adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2020:** The percentage of adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent three years, a one percentage point increase per year is our goal.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** The percentage of adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2020:** The percentage of adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2021:** The percentage of adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent three years, a one percentage point increase per year is our goal.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2020:** The percentage of adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2021:** The percentage of adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. **Annual Performance Objective for FFY 2022**: The percentage of adolescents who had one or more preventive dental evaluations or dental preventive services during the measurement year will increase by one percentage point. *Explain how these objectives were set:* Based on the most recent three years, a one percentage point increase per year is our goal.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

   DMAHS, through the Office of Quality Assurance (OQA), performs various quality monitoring/quality assurance activities to assess the care and services delivered through the managed care program. Enrollees in the managed care program may be covered through various eligibility categories such as NJ FamilyCare, Aged Blind and Disabled, enrollees under The Division of Developmental Disabilities (DDD), enrollees under The Division of Child Protection and Permanency (DCP&P), etc. Therefore, the strategies do not focus on a particular group of individuals, but on different aspects of performance of the MCOs participating in the managed care program. The state-contracted external quality review organization (EQRO), IPRO, whose contract was effective April 25, 2011, and renewed November 30, 2017, performs the mandatory EQRO activities, along with optional activities such as focused studies, care/case management audits, and individual quality concern reviews. Other monitoring activities, such as the review of managed care provider networks, contractually-required MCO reports, and other tracking activities, are performed by OQA staff or other DMAHS units.

   IPRO conducted a detailed review of each MCO's compliance with contractual, federal, and State operational and quality requirements through a review of documentation, files, and discussions with key MCO staff. The Annual Assessment of MCO Operations performed by the EQRO in Fiscal Year 2018 for Aetna Better Health of New Jersey (Aetna), Amerigroup New Jersey, Inc. (Amerigroup), Horizon NJ Health (Horizon), UnitedHealthcare Community Plan (United), and WellCare Health Plans of New Jersey, Inc. (WellCare) resulted in compliance ratings between 91% and 97%. During the latter part of 2019, IPRO conducted the Annual Assessment of MCO Operations for Aetna, Amerigroup, Horizon, United, and WellCare where results are still under review.

   IPRO reviewed the MCO's 2019 HEDIS performance (MY 2018) using the CMS protocol, Validating Performance Measures: A Protocol for Use in Conducting Medicaid External Quality Review Activities. Validation activities included: 1) review of the data management processes; 2) evaluation of algorithmic compliance; and 3) verification that the reported results are based on accurate sources of information.

   The OQA monitors the MCOs' care/case management through focused chart audits conducted by the EQRO. The records are evaluated for identification of needing care management, timely outreach, documentation of preventive services and age-appropriate EPSDT services, continuity of care, and coordination of services. Populations for the audit include enrollees under the DDD, DCP&P, and the general population. Benchmarks have been established to determine the MCOs' compliance with the NJ FamilyCare Managed Care Contract care management requirement of attaining a Performance Standard of at least 60-80%. The results of the 2019 (MY 2018) care management audit are as follows: Aetna 51%-100%, Amerigroup 80%-100%, Horizon 57%-100%, United 57%-100%, and WellCare 83%-100%.

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]**

   As a result of the 2016 Developmental Screening focused study completed by IPRO for the New Jersey DMAHS, a PIP was initiated on Developmental Screening and Early Intervention (EI). The PIP will be conducted from January 2018 through December 2019. The sustainability of this PIP will be measured in 2020.

   Additionally, an MCO Collaborative PIP was initiated in 2018 on Risk Behaviors and Depression among Adolescents. The PIP focus is on screenings for adolescents ages 12-21 years for tobacco use, alcohol and other drug use, sexual behaviors that contribute toward unintended pregnancy and sexually transmitted infections, and depression. The PIP will be conducted from January 2019 through December 2020. The sustainability of this PIP will be measured in 2021.

In the January 2019 New Jersey FamilyCare Managed Care Contract, DMAHS added the following HEDIS performance measures: Plan All-Cause Readmissions, Metabolic Monitoring for Children and Adolescents on Antipsychotics, and Risk of Continued Opioid Use. Additionally, in the January 2019 New Jersey FamilyCare Managed Care Contract, DMAHS added the PQI-01: Diabetes Short Term Complications Admission Rate Core Set measure. The MCOs began reporting on these measures in 2019.

In the July 2019 New Jersey FamilyCare Managed Care Contract, DMAHS added the CCP: Contraceptive Care-Postpartum Women and CCW: Contraceptive Care-All Women Core Set measures. The MCOs will begin reporting on these measures in 2020.

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

   As a follow up to the 2016 Focused Study: Developmental Screening Medicaid Managed Care Enrollees, IPRO conducted a second focused study, Developmental Screening Focused Study II: Medicaid Managed Care Enrollees, to supplement the findings of the previous study and to assess the coordination of Care Management (CM) and Early Intervention (EI) services. This study assesses the policies, processes, and procedures undertaken by MCOs to identify candidates for EI services or members receiving EI services, and the role played by CM in coordinating services for members receiving EI services.

   The study was conducted and included the findings of three populations – Care management and/or case management members in NJ Medicaid managed care with a diagnosis pertinent to early intervention (EI) but no claims for EI procedures (CMa), Care management and/or case management members in NJ Medicaid managed care with claims for EI procedures (CMb), and members in NJ Medicaid managed care in lead case management (LCM).

   The study produced the following results:

   •97% of CMa had any care management and/or case management record documentation and had care management and/or case management record documentation within the review period.
   •93% of CMb had any care management and/or case management record documentation and had care management and/or case management record documentation with the review period.
   •76% of LCM had any lead case management record documentation and had a lead case management record documentation within the review period.

   Comprehensive documentation in the care management record improves the MCOs capabilities to coordinate care for children at risk for developmental delay. Through the guidance of care managers, they can direct the receipt of EI services, as well as coordinate referrals for specialty services, and follow up on screenings.

   Additionally, IPRO is in the early development of conducting a Maternal Mortality Focused Study. This study aims to investigate pregnancy-associated deaths in the New Jersey Medicaid population. Predictors of maternal mortality will be explored.

   IPRO is also currently conducting an Encounter Data Validation Project Focused Study. The objective of this project is to verify the accuracy of pharmacy encounter data submitted to DMAHS by the NJ Medicaid Managed Care Plans. The pharmacy encounter data submitted to DMAHS will be reconciled to the corresponding source claim data from the originally adjudicated claims. All differences will be reported and investigated.

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]**

New Jersey utilizes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This standardized survey allows beneficiaries to evaluate their experience with healthcare. The survey asks enrollees about their recent experience with health plans and covers topics such as provider communication skills and the ease of access to healthcare. This supplies valuable information to aid in improving the quality of care offered to NJ FamilyCare beneficiaries.

The 2019 survey indicated that the respondents are satisfied with the New Jersey Medicaid managed care programs. General ratings of healthcare services were high and most respondents felt that they usually or always had access to services when needed. Their responses indicated an overall satisfaction with healthcare providers and to their access to care.

In fact, 85% of the adult enrollees surveyed rated their overall healthcare with high standards and 93% rated their child's healthcare highly (rated a 7 or above on a 10 point scale). In addition, for both adults and children, most of the respondents had high opinions of their own health plans. In 2019, 88% of adult respondents rated their overall health plan highly and 94% rated their child's health plan highly. Therefore, the respondents felt that their healthcare was satisfactory and most respondents felt that the managed care health plans met their needs.

In 2019, the State of New Jersey conducted a separate Statewide CHIP Child Survey. Responses indicated an overall satisfaction with healthcare providers and to their access to care. In fact, 94% of respondents rated their child's overall healthcare with high standards (rated a 7 or above on a 10 point scale) and 92% of respondents rated their child's health plan highly.

Enter any Narrative text related to Section IIB below. [7500]
•Section IIB: State Strategic Objectives and Performance Goals

oIt appears that there are new measures being included in the CARTS report, such as the "Increase the percentage of members 2-20 years of age who had at least one dental visit during the measurement year" and some measures have been modified. The current state plan references an Attachment 9 in relation to the state's performance goals and strategic objectives, but it may have been lost in the most recent update. We ask that the state review and revise section 9 to align with any of the changes in the CARTS report and then provide the updated attachment.

New Jersey will work to revise attachment 9 to align with any changes in the CARTS report.

oPlease note that for the FY2020 CARTS report, the goals listed in CARTS should align with the goals in the state's CHIP state plan. If the state is no longer measuring the goals in the CHIP state plan, please update section 9 (and any related attachments) with the measures reported on in CARTS with your next state plan amendment.

New Jersey will update accordingly.

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]**

   During this reporting year, we continued to train on NJ FamilyCare Part 1, which is a 1-hour online class and the NJ FamilyCare Part II, which is a full day, in-person class is needed to become a Certified Application Assistor for NJ FamilyCare.

   From October 1, 2018 – September 30, 2019, New Jersey provided grant funding to five NJ-based agencies that were former and/or current recipients of a CMS FFM Navigator grant. Grantees were trained in the NJ FamilyCare application and enrollment process so they could help families, particularly families with lower incomes, understand and enroll in appropriate health coverage options to meet NJ's individual health insurance mandate. NJ FamilyCare provided promotional materials to the grantees. The Office of NJ FamilyCare Outreach as well as the five grantees, attended community events to provide healthcare education and application assistance for NJ FamilyCare and the Federally Facilitated Marketplace.

   In July, 2019, New Jersey was awarded a Connecting Kids to Coverage (CKC) HEALTHY KIDS 2019 grant. The award amount in year one was $750,000 to develop application assistance resources to provide high-quality, reliable and streamlined NJ FamilyCare (NJFC) enrollment which can help applicants apply and remain enrolled for as long as they are eligible. The Office of NJ FamilyCare Outreach, has identified three targeted populations for outreach in order to get eligible New Jersey children enrolled in NJFC: 1) Uninsured children identified by New Jersey school districts, 2) Uninsured children identified through data matching with the Supplemental Nutrition Assistance Program (SNAP), 3) Uninsured children who receive temporary health coverage through the Presumptive Eligibility (PE) process.

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]**

   Outreach through clinics, hospitals, and schools have proven to be most successful. We support hospitals in holding open registration events at their facilities. We have worked extensively with the NJ Department of Health to make sure that the Federally Qualified Health Centers (FQHCs) use our combined Presumptive Eligibility (PE)/NJ FamilyCare application to enroll the uninsured as they present for care. Since all PE sites have their own designated PE enrollment number, we are able to count the number of PE applications submitted to track success.

   We also continue to work with hospitals to make sure they apply for PE for uninsured children and pregnant women who could be presumed eligible for Medicaid/NJ FamilyCare. This is a more appropriate use of funding as opposed to charity care or uncompensated care funds.

   Having professional staff complete an online application that serves as both PE and Medicaid/NJ FamilyCare has been effective in reaching low-income uninsured people. This reporting year we continued PE training for NJ FamilyCare PE Providers. All PE staff are required to be trained and certified after completing the in-person class and passing the examination. The online PE

application is simultaneously sent to the appropriate eligibility determination agency for a full eligibility determination.

Regarding school outreach, we realized the population that needed to be enrolled was basically in school all day. NJ schools inquire about the health insurance status of their students and take an active role in getting kids enrolled by sending information on those identified as uninsured to NJ FamilyCare. Families of students identified as uninsured and/or unknown health insurance status are outreached with information on how to apply for NJ FamilyCare or the Federal Facilitated Marketplace.

Here is a brief synopsis of our ongoing statewide outreach initiatives:

Schools and Child Care:

NJ FamilyCare is working in conjunction with the Department of Education and individual school districts' student rosters to help identify and outreach the uninsured. New Jersey schools incorporated the requirement to inquire about health insurance into their existing forms and shared the information with NJ FamilyCare for follow up and outreach. School districts were given until October 30th to send an electronic mail file of their uninsured students and/or students with unknown health insurance status so the parents could be outreached with information on how to apply for NJ FamilyCare. The Head Starts and child care centers ask the health insurance status of the students enrolled in their schools and regional NJ FamilyCare staff are available to provide outreach, enrollment and follow up.

We continued our MOU with the Department of Education and Agriculture to provide information on the uninsured students and their level of participation in the School Lunch Program. We use the data submitted by the school districts to outreach and enroll, uninsured but eligible children.

Hospital and FQHC:

Hospitals continue to be reminded on the availability of PE for children and appropriate utilization of available state funds for the uninsured. We continued to offer PE training for NJ FamilyCare PE Providers. All PE staff are required to be trained and certified after completing the in person class and passing the examination.

NJ FamilyCare continues to partner with the FQHCs which are focusing on helping eligible families apply for NJ FamilyCare instead of relying on Uncompensated Care for their uninsured populations. PE staff at FQHCs are also required to attend the PE training mentioned above.

On the Web:

Our NJ FamilyCare website, www.njfamilycare.org, continues to be a great source of information for the public, with fact sheets available in 19 languages. Not only can families learn all about NJ FamilyCare, get program materials in various languages, and be updated about any program changes, but they can apply online as well.

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

NJ uses a combined Presumptive Eligibility (PE)/NJ FamilyCare application whereby the one application serves to establish both PE and full NJ FamilyCare/Medicaid eligibility, including enrollment into the HMO chosen by the family. This has been a best practice since one application completed on behalf of the family by a trained professional healthcare worker allows for temporary eligibility as well as for the determination of full eligibility without necessitating the family to complete another application

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

   ☐ Yes
   ☒ No

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

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

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

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

oPlease provide a response to Question 5 regarding the percent of children under 200% FPL who are eligible for Medicaid/CHIP have been enrolled.

New Jersey is unable to answer this question due to a lack of reliable data sources to calculate the denominator (number of children under 200% of FPL who are eligible). We would welcome any assistance or suggestions from CMS on this topic.

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]**

   Over 200% FPL

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

   •The premium paid by family for coverage of the child under the group health plan exceeds 5% of household income
   •Child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a QHP through the Marketplace because the ESI in which the family was enrolled is determined unaffordable
   •Cost of family coverage that includes the child, exceeds 9.5 % of the household income

•Employer stopped offering coverage of dependents under an employer-sponsored health insurance plan
•Change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA)
•Child has special health care needs
•Child lost coverage due to death or divorce of parent

(Continued below)

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]**

   Contracted Vendor Service

7. What percent of individuals screened for CHIP eligibility cannot be enrolled because they have group health plan coverage? **[5]** .04

   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]**
List all exemptions to imposing the period of uninsurance: (continued)

•Eligibility for coverage under a health insurance policy which is not readily accessible to the child (defined coverage network is not accessible within 45 minutes travel time of the child's residency)

•In the case where coverage is available under an absent parent's policy, the custodial parent shall be allowed to show good cause (such as concern for physical or emotional abuse) why the coverage is unavailable

•Coverage under COBRA expires

•An applicant with family income below 200% FPL may voluntarily terminate coverage under COBRA or any other health insurance purchased.

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]** 81

   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]** 63

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]**
     Two notices are sent prior to disenrolling a child from the program

   - 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]**
     Intial notices are mailed 45 days prior to the renewal date. A reminder is mailed 30 days prior to the due date

   ☐ 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]**

   NJ FamilyCare continues to focus on retention of eligible/enrolled families. In addition to the reminder notices sent by the Statewide Eligibility Determining Agency (EDA), our six (6) NJ FamilyCare MCOs also send reminder notices as part of their retention activities. Each month the MCOs receive a detailed report of their respective members who have failed to respond to the EDAs renewal application and are at risk of disenrollment from the program. The MCOs are proactive in their efforts to assist families in the renewal process.

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	167291	100
a. Total number of procedural denials	78516	46.9
b. Total number of eligibility denials	88705	53
i. Total number of applicants denied for title XXI and enrolled in title XIX		
☐ (Check here if there are no additional categories) c. Total number of applicants denied for other reasons Please indicate:	70	0

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	275315	100%			
2. Total number of children screened for redetermination for title XXI	275315	100	100%		
3. Total number of children retained in title XXI after the redetermination process	214557	77.93	77.93		
4. Total number of children disenrolled from title XXI after the redetermination process	60758	22.07	22.07	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	32376			53.29	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	19498			32.09	100%
i Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here ☐)	8285				42.49
ii Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here ☒)					
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 ☐)	2299				11.79
iv Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here ☐)	8914				45.72
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: (Check here if there are no additional categories ☐)	884			1.45	

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]**.

   New Jersey does not have the data for Table 2b related to Redetermination Status of Children Enrolled in Title XIX. This is because the counties process the majority of the renewals for Title XIX.

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

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

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

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

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]**.

   The county information is not centralized into one system at this time.

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	32850	100%	12138	100%	7333	100%	9158	100%	4221	100%
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XIX	28740	87.49	11648	95.96	6276	85.59	7557	82.52	3259	77.21
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	334	1.02	43	0.35	110	1.5	114	1.24	67	1.59
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	36	0.11	7	0.06	10	0.14	8	0.09	11	0.26
4. Total number of children disenrolled from title XIX	3776	11.49	447	3.68	947	12.91	1487	16.24	895	21.2
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 ☐)	643	1.96	71	0.58	210	2.86	247	2.7	115	2.72
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XIX	27337	83.22	11321	93.27	5923	80.77	7107	77.6	2986	70.74
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	1031	3.14	179	1.47	301	4.1	357	3.9	194	4.6
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	89	0.27	24	0.2	25	0.34	34	0.37	6	0.14
7. Total number of children disenrolled from title XIX	4482	13.64	638	5.26	1109	15.12	1694	18.5	1041	24.66
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 ☐)	774	2.36	129	1.06	223	3.04	295	3.22	127	3.01
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XIX	18937	57.65	8511	70.12	3947	53.83	4564	49.84	1915	45.37

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	4492	13.67	1526	12.57	1111	15.15	1310	14.3	545	12.91
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	995	3.03	482	3.97	199	2.71	217	2.37	97	2.3
10. Total number of children disenrolled from title XIX	9421	28.68	2101	17.31	2275	31.02	3284	35.86	1761	41.72
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 ☐)	1812	5.52	604	4.98	420	5.73	567	6.19	221	5.24

Definitions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Specify how your "newly enrolled" population is defined:

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

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

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages |1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2018	10473	100%	417	100%	3268	100%	4586	100%	2202	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	7536	71.96	331	79.38	2357	72.12	3278	71.48	1570	71.3
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	231	2.21	13	3.12	64	1.96	103	2.25	51	2.32
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	10	0.1	2	0.48	1	0.03	3	0.07	4	0.18
4. Total number of children disenrolled from title XXI	2706	25.84	73	17.51	847	25.92	1205	26.28	581	26.39
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 ☐)	774	7.39	25	6	288	8.81	324	7.06	137	6.22
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XXI	6119	58.43	252	60.43	1892	57.89	2663	58.07	1312	59.58
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	986	9.41	49	11.75	276	8.45	440	9.59	221	10.04
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	146	1.39	10	2.4	58	1.77	55	1.2	23	1.04
7. Total number of children disenrolled from title XXI	3368	32.16	116	27.82	1100	33.66	1483	32.34	669	30.38
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 ☐)	1173	11.2	41	9.83	451	13.8	483	10.53	198	8.99
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XXI	2737	26.13	163	39.09	856	26.19	1126	24.55	592	26.88
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	1310	12.51	64	15.35	403	12.33	579	12.63	264	11.99
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	107	1.02	12	2.88	45	1.38	33	0.72	17	0.77
10. Total number of children disenrolled from title XXI	6426	61.36	190	45.56	2009	61.47	2881	62.82	1346	61.13
10.aTotal number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here ☐)	2546	24.31	60	14.39	907	27.75	1113	24.27	466	21.16

Definitions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section IIID: Cost Sharing

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

   a. Cost sharing is tracked by:

   ☒ Enrollees (shoebox method)

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

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

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]**

   NJ has initiated design changes to its Medicaid Management Information System that will utilize two (2) new CAP Codes that will alert providers should an enrollee reach the cost sharing cap.

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]**

   No children exceeded the 5 percent cap.

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

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

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

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

7. If your state has increased or decreased cost sharing in the past federal fiscal year, 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 cost sharing changes were made during the past federal fiscal year.

Enter any Narrative text related to Section IIID below. **[7500]**
oIn response to Question 1, please provide a description of the informational tools provided to enrollees to track their cost sharing.

New Jersey does not provide informational tools to enrollees to track cost sharing. We do send reminders on the enrollment confirmation letters. The reminder states, “when payment for your co-payments has reached 5% of your annual income, you will no longer be required to pay co-payments for the rest of the year. You must save your receipts and let us know when your costs have reached about 80% of your annual limit, so we can tell you what to do when you reach your payment limit.

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]**

   New Jersey FamilyCare’s (NJFC) Premium Support Program disenrolls all NJFC children when a parent is enrolled in a cost-effective, employer-sponsored health insurance plan. The children are enrolled through the parent/guardian’s employer sponsored plan. The insurance benefit and premium information is obtained from the employer. Following the assessment of the plan and cost-effectiveness calculation, the NJFC client is contacted. NJFC participating clients are then enrolled in the employer-sponsored plan and healthcare premiums are reimbursed directly to the employee. The state requires submission of a pay-stub every 3-months as verification of health plan premium deductions from the employee’s payroll.

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

   New Jersey Family Care’s benefit package is the benchmark utilized.

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]**? The program conducts Net Savings reports and families track expenditures and report when limit is reached.

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).

    1 Number of childless adults ever-enrolled during the reporting period

    166 Number of adults ever-enrolled during the reporting period

    266 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 198
    Parents 119

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

    The number of employers offering high-deductible health insurance plans has increased and are not cost-effective.
    NJ does not include reimbursement for dental and vision coverage in the Premium Support program.

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

    Enrollment in Cost-effective health plans for NJFC children and/or adults using Title XXI funds.

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]**

    There are no planned changes.

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]**

    Participating employees are pleased with: the same plan enrollment for the entire family, access to the same network of providers and continuity of care.

    A cost-savings report is the tool for measurement.

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

Population	**State**	**Employer**	**Employee**
Child	69	355	88
Parent	40	209	52

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	1	278
Parent		

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

    The minimum employer contribution is 20%

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

Income level of	**From**	**To**
Children	0 % of FPL **[5]**	355 % of FPL **[5]**
Parents	0 % of FPL **[5]**	355 % 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]**

Ninety (90) days

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]**

    Open communication with the Employer's Human Resources Department

Enter any Narrative text related to Section IIIE below. **[7500]**
oThe state indicates that they provide premium assistance through two different authorities, 2105(c)(3) and an 1115 demonstration. The state checked yes at section 6.4.3-PA, but no further information related to premium assistance is provided. Please review and revise the CHIP state plan as necessary.

The State Plan box was checked in error. The Premium Support Program authority lies within the 1115 Comprehensive Demonstration.

Section IIIF: 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 Office of the State Comptroller, Medicaid Fraud Division (OSC-MFD) Is responsible for detecting, preventing and Investigating Medicaid fraud and abuse, recovering improperly expended Medicaid funds, enforcing Medicaid rules and regulatlons, auditing claims, and reviewing quality of care given to Medicaid recipients. As such, the OSC-MFD Investigation Unit does have written policies for Initiating and conducting case investigations and, where appropriate, refers such matters to the New Jersey Medicaid Fraud Control Unit within the Attorney General's Office, federal agencies, or to local county prosecutors' offices for criminal investigation and, if appropriate, prosecution.

Case referrals to the Medicaid Fraud Control Unit are made in accordance with Title 42 Part 455 of the Code of Federal Regulations. Additionally, the OSC-MFD monitors the program integrity programs of the Special Investigations Units for the five managed care organizations that contract with the State Medicaid program.

The OSC-MFD receives allegations of fraud, waste and abuse from Internal sources including the MFD's Data Mining Unit, and its Audit group. External allegations are received from many sources including, but not limited to, the Department of Human Services, Division of Medical Assistance and Health Services (DMAHS); the Medicaid Fraud Control Unit, the Office of the Insurance Fraud Prosecutor, County Boards of Social Services, federal investigative bodies, Managed Care Organization (MCO) Special Investigations Units and the general public.

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

☒ Yes
☐ No

Please Explain: **[500]**

Yes, the State contract with the MCOs requires the organizations to " ... establish written policies and procedures for preventing and identifying fraud, waste and abuse within their respective organizations." Additionally, the MCOs are required to submit to the state on an annual basis copies of their respective compliance and fraud, waste and abuse plans.

2. For the reporting period, please report the

   Number of fair hearing appeals of eligibility denials

   Number of cases found in favor of beneficiary

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

   Provider Credentialing

   Number of cases investigated

   Number of cases referred to appropriate law enforcement officials

   Provider Billing

   268 Number of cases investigated

   24 Number of cases referred to appropriate law enforcement officials

   Beneficiary Eligibility

   61 Number of cases investigated

   6 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]**

   DMAHS, the State's Single State Agency, Is within the New Jersey Department of Human Services. DMAHS contracts with and oversees the MCOs that handle the operations of the Medicaid program for their respective beneficiaries. Each MCO is required to maintain an SIU, which reports Its active investigations, and outcomes to OSC-MFD on a quarterly basis. Each MCO Is also required to perform audits and reports on the status of their audits to OSC-MFD. Prior to initiating an investigation or audit the MCOs and OSC-MFD deconflict their respective investigations/audits. In addition to tracking each MCOs SIU and audit activity, OSC-MFD holds quarterly meetings with the MCOs to discuss issues that relate to the Medicaid program, active Investigations and audits, best practices and other related matters. OSC-MFD also audits the MCOs for compliance with the State MCO

   contract and issues findings and recommendations to the MCOs as to how to improve their efforts to prevent, detect and recover Medicaid funds spent as a result of fraud, waste or abuse. OSC-MFD also relies upon MCOs to effectuate provider suspensions and Medicaid payment suspensions, which OSC-MFD than monitors to ensure that Medicaid funds were not spent improperly.

   In addition to the State's oversight of the MCOs, DMAHS contracts with and oversees the Medicaid program's fiscal agent, DXC, which handles the duties relating to provider payments, enrollment and credentialing. As part of the payment processing function, DXC is responsible for ensuring that no Medicaid payments are made to providers who have been excluded, debarred or suspended from the Medicaid program or against whom there is an active payment suspension order. OSC-MFD oversees this function by reviewing the State's centralized claims payment system. Moreover, the State, monitors the provider screening/enrollment process. As part of this process, DXC transmits to OSC-MFD provider enrollment applications for designated high risk providers. OSC-MFD performs background checks and unannounced site visits in accordance with CMS and ACA requirements for high risk providers foiwarded through the State's application process by DXC. In addition, the State contracts with ACS to make beneficiary eligibility determinations at the county level for enrollment into the various NJ Family Care programs.

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

   ☒ Yes

   ☐ No

   Please Explain: **[500]**

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

The State presently contracts with five Managed Care Organizations (MCOs). Each of the MCOs is contractually required to have a Special Investigations Unit (SIU) for the detection, deterrence and

remediation of fraud, waste and abuse. Each SIU is contractually obligated to submit quarterly reports to MFD detailing the case status of each ongoing investigation and any related monetary recoveries, as well as any referrals to law enforcement agencies. MFD regularly meets with the MCOs to discuss cases, identify trends, share information and monitor aberrant providers. In instances, where recipient ineligibility is confirmed, MFD will pursue a financial recovery from the recipient and termination from CHIP. When credible or suspected allegations of provider fraud are identified, such matters are referred to the appropriate body for criminal prosecution.

Cases involving potential recipient fraud are referred to the respective county Prosecutor's Office for criminal prosecution. In addition, as explained above, the State contracts with a RAC contractor who is responsible for designing audit scenarios and, after approval of same, implementing and recovering overpayments in connection with these audits.

Section IIIG: Dental Benefits:

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

Information on New Jersey's dental program will be reported under the EPSDT Report.

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 Days[1]	0						
Total Enrollees Receiving Any Dental Services[2] [7]	0						
Total Enrollees Receiving Preventive Dental Services[3] [7]	0						

[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]	0						

b. **For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth[5]? [7]**

2. **Does the state provide supplemental dental coverage?**

☐ Yes
☐ No

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

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

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

[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 covered

Explain the partial population not covered:

☐ Data not available

Explain why data not available
- ☐ Budget constraints
- ☐ Staff constraints
- ☐ Data inconsistencies/accuracy

Please explain:
- ☐ Data source not easily accessible

Select all that apply:
- ☐ Requires medical record review
- ☐ Requires data linkage which does not currently exist
- ☐ Other:

☐ Information not collected.
Select all that apply:
☐ Not collected by provider (hospital/health plan)
☐ Other:

☐ Other:
☐ Small sample size (less than 30)
Enter specific sample size:
☐ Other. Explain:

Definition of Population Included in the Survey Sample:

Definition of population included in the survey sample:
☒ Denominator includes CHIP (Title XXI) population only.
☐ Survey sample includes CHIP Medicaid Expansion population.
☒ Survey sample includes Separate CHIP population.
☐ Survey sample includes Combination CHIP population.

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

Which Version of the CAHPS® Survey was Used?
☒ CAHPS® 5.0.
☐ CAHPS® 5.0H.
☐ Other. Explain:

Which Supplemental Item Sets were Included in the Survey?
☐ No supplemental item sets were included
☐ CAHPS Item Set for Children with Chronic Conditions
☒ Other CAHPS Item Set. Explain: Adult 11 and child 5 supplemental questions per the state of New Jersey

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]
Poison Control Hotline (NJ Poison Information and Education System, NJPIES)	New Jersey residents who call with questions about poisons	24,000	32%
Catastrophic Illness in Children Relief Fund (CICRF)	Families of children with exorbitant medical expenses not covered by insurance and exceed 10% of the first $100,000 of annual income of a family plus 15% of excess income over $100,000.	500	27%
Publicly funded school nurses at non-public schools	Students in K-12	143,000	42.4%

[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.

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program[6]
Respite care for children with developmental disabilities	Children with developmental disabilities and their families	4,000	n/a
Birth defects registry	Families of children with birth defects	102,000	n/a
Pediatric Psychiatry Collaborative	Children with mental health issues	30,000	n/a

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

HSI Program	Metric	Outcome
Poison Control Hotline (NJ Poison Information and Education System, NJPIES)	Number of calls to address questions about poisons and children	27,766
Catastrophic Illness in Children Relief Fund (CICRF)	Number of children who benefit from program supports	374
Publicly funded school nurses at non-public schools	Percentage of students who received nursing services including creation/update of health records	97%
Respite care for children with developmental disabilities	Number of children who receive support through respite services	4,087
Birth defects registry	Number of children with a birth defect who are identified and entered into the state registry	4,743
Pediatric Psychiatry Collaborative	Number of patients screened for mental health	24,585

HSI Program	Metric	Outcome

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

oFor both the Poison Control Center and the Catastrophic Illness in Children Fund, certain metrics provided, such as the "number of calls to address questions about poisons and children", and "number of children who benefit from program supports" respectively is significantly different from the number of children served by the HSI. Please confirm whether these reported metrics are specific to FY2019 or served by the program in total.

The actual number of calls seeking program information or requesting specific services is reported in Section III I question 3 Outcome, whereas the number of children served for each service is an estimate based on prior yearly data (see Section III I question 2).

oIn regards to the respite care HSI, it appears that New Jersey did not provide the percentage of low-income children served through this HSI. We've previously indicated that due to respite care being a direct service provided to a child that we would expect the state to provide this information. Please clarify whether the state tracks this information and include in the CARTS report if available. If not, we are happy to provide further technical assistance in preparation for the 2020 CARTS report.

With regards to respite care, New Jersey does not currently track the percentage of low-income children served through this HSI but is actively exploring ways to report. We would welcome further technical assistance.

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	467534498	506512744	548922303
Fee for Service	118945946	128058588	137915578
Total Benefit Costs	586480444	634571332	686837881
(Offsetting beneficiary cost sharing payments)	-27212908	-29934199	-32927619
Net Benefit Costs	$ 559267536	$ 604637133	$ 653910262

Administration Costs	**2019**	**2020**	**2021**
Personnel			
General Administration	17874041	19324041	20898797
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives	44266796	47857862	51757898
Total Administration Costs	62140837	67181903	72656695
10% Administrative Cap (net benefit costs ÷ 9)	62140837	67181904	72656696

	2019	**2020**	**2021**
Federal Title XXI Share	546839368	513941563	555823722
State Share	74569005	157877473	170743235
TOTAL COSTS OF APPROVED CHIP PLAN	621408373	671819036	726566957

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]**

No

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

A. Managed Care

Year	Number of Eligibles	PMPM ($)
2019	2593563	$180
2020	2700543	$188
2021	2710331	$203

A. Fee For Service

Year	Number of Eligibles	PMPM ($)
2019	2593563	$46
2020	2700543	$47
2021	2710331	$51

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]**

   From October 1, 2018 – September 30, 2019, New Jersey provided grant funding to five NJ-based agencies that were former and/or current recipients of a CMS FFM Navigator grant. Grantees were trained in the NJ FamilyCare application and enrollment process so they could help families, particularly families with lower incomes, understand and enroll in appropriate health coverage options to meet NJ's individual health insurance mandate. NJ FamilyCare provided promotional materials to the grantees. The Office of NJ FamilyCare Outreach as well as the five grantees, also attended community events to provide healthcare education and application assistance for NJ FamilyCare and the Federally Facilitated Marketplace.

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

   New Jersey continued to offer trainings during this reporting period and it has been challenging to keep the training curriculum current and relevant using state resources to meet this need.

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

   NJ FamilyCare PE training for PE providers took place this reporting period. This reporting year NJ FamilyCare trained more than 440 new PE staff at provider agencies and provided oversight to about 500 certified PE Provider agencies.

   NJ FamilyCare launched a new PE application system in July 2019. The system was designed to make the application process more streamlined for the patients, PE Providers, and NJ FamilyCare Eligibility Determining Agencies. In the preceding months, NJ FamilyCare trained 1680 previously-certified PE staff on the features of the new system and coordinated efforts to get their system accounts set up so PE Providers would be ready to use the new system when it launched. After the system launch, NJ FamilyCare provided technical and other support to the PE Providers as they became accustomed to using the new system.

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]**

   NJ passed legislation to extend post-partum coverage for all pregnant women from two months to six months with federal approval. Higher income pregnant women who fall under the CHIP program are included in this change.

Enter any Narrative text related to Section V below. **[7500]**
When is the effective date for the expansion of the postpartum period from 2 to 6 months? Where is the state in the process to implement this extension of postpartum benefits?

New Jersey submitted an amendment to the 1115 demonstration on March 3, 2020 that includes the expansion of the postpartum period from 2-6 months. NJ competed the 30 day public notice process and the amendment is currently under review with CMS. Therefore, NJ does not have an effective date for the expansion.