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.

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

State/Territory: **WI**

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: **Rachel Witthoft**

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

CHIP Program Type:

☐ CHIP Medicaid Expansion Only

☐ Separate Child Health Program Only

☒ Combination of the above

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

Contact Person/Title: **Rachel Witthoft/Eligibility Policy Analyst**

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Submission Date: **1/8/2018**

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

Section I.   Snapshot of CHIP Program and Changes

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

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

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

CHIP Medicaid Expansion Program
Upper % of FPL (federal poverty level) fields are defined as <u>Up to and Including</u>

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

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 <u>Up to and Including</u>

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
10	10	201	231
15	15	231	241
23	23	241	251
34	98	251	306

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]

The upper premium income limits are rounded values, except for 306% FPL. E.g. for $10 premiums, upper income limit is actually 230.99% FPL.

The 5% FPL income disregard only applies to the eligibility determination and not to the income counted for determination of premium. For this reason, someone with income of 306% FPL or less will be eligible for CHIP based on our 301% FPL income limit, but the amount of premium owed will be based on the income amount before the 5% disregard.

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.

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

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

Topic	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
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.	□	□	□	□	□	□

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

Medicaid Expansion CHIP Program

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

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

Separate Child Health Program

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

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

Topic	List change and why the change was made
c.	

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

Section II Program's Performance Measurement and Progress

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

Section IIA: Enrollment And Uninsured Data

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

Program	FFY 2016	FFY 2017	Percent change FFY 2016-2017
CHIP Medicaid Expansion Program	96454	97998	1.6
Separate Child Health Program	75098	79840	6.31

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

    N/A

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	46	15.1	3.3	1.1
1998 - 2000	60	17.9	3.9	1.1
2000 - 2002	36	9.3	2.6	.7
2002 - 2004	53	11.2	3.8	.8
2003 - 2005	60	12.9	4.3	.9
2004 - 2006	48	12.0	3.5	.9
2005 - 2007	43	11.0	3.1	.8
2006 - 2008	39	11.0	2.9	.8
2007 - 2009	42	12.0	3.1	.8
2008 - 2010	40	6.0	2.9	.4
2009 - 2011	39	6.0	2.8	.4
2010 - 2012	45	8.0	3.2	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	41	4.0	3.0	.3
2014	37	4.0	2.8	.3
2015	29	3.0	2.2	.2
2016	26	3.0	2.0	.2
Percent change 2015 vs. 2016	10.3%	N/A	.0%	N/A

A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**
   If the ACS results are to be taken as accurate, roughly 3,000 fewer children were uninsured in Wisconsin in 2016 compared to 2015. Based on the ACS's uninsured rate figures, it appears that there were approximately 18,000 fewer children in Wisconsin in 2016 vs 2015. The SEDS numbers indicate that we covered approximately 6,000 more children in CHIP in 2016 vs 2015. We may find a larger number of children gained coverage under the Medicaid program in 2016 as well.

B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. **[7500]**
   ACS health insurance question does not specifically ask about BadgerCare or other Wisconsin health insurance programs; it asks about "Medicaid, Medical Assistance and any

kind of government-assistance plan". The ACS health insurance question is relatively new, so researchers are using the results with some caution until more detailed analysis provides a better understanding of the question's strength and weaknesses.

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)	Wisconsin Family Health Survey
Reporting period (2 or more points in time)	2012, 2014, 2015, 2016
Methodology	Annual*statewide random sample telephone survey of Wisconsin household residents, conducted through most of the year. The adult in each sampled household who is most knowledgeable about the health of all household members answers all survey questions, providing information about everyone living in the household. Data results are weighted to account for disproportionate stratified sampling rates and response rates, and post-stratification provides population estimates corresponding to annual estimates of the statewide household population. Questions are asked about current insurance coverage, type of coverage, and coverage over the 12 months preceding the survey interview. *There was a lapse in 2013.
Population (Please include ages and income levels)	All residents of Wisconsin households with working landline and/or cellular telephones. Age Groups: 0 – 17; 18 – 44; 45 – 64; 65 + Income Levels: 0 – 100% FPL; 100 – 200% FPL; >200% FPL
Sample sizes	2012 – 3,824; 2014 - 5,909; 2015 - 5,768; 2016 - 5938
Number and/or rate for two or more points in time	2012 Uninsured = 22,000 +/- 13,000; 2014 Uninsured = 42,000 +/- 14,000; 2015 Uninsured = 18,000 +/- 10,000; 2016 Uninsured = 10,000 (95% confidence interval is 4,000 – 15,000)
Statistical significance of results	Results shown have a 95% Confidence Interval

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]

The Wisconsin Family Health Survey (FHS) collects health-related information, so the survey respondent has been thinking about health care and health problems for several minutes when asked about the health insurance coverage of each household member. This health context enhances the accuracy of information provided. The FHS asks several detailed questions about health insurance, and provides results for two distinct measures of health insurance coverage: coverage (point-in-time), and coverage over the past year. Neither the ACS nor the CPS offers this comprehensive set of information.

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]

Wisconsin Family Health Survey (FHS) estimates of the uninsured have been used by state planners, budget analysts and policymakers for several years. The survey is conducted by a reputable academic survey research organization (the University of Wisconsin Survey Center) and is managed by a trained survey researcher in the Department of Health and Family Services. The survey is conducted in both English and Spanish. Results are considered to be representative of all Wisconsin household residents. When compared to other benchmarks for Wisconsin, the results are found to be similar and reasonable. Please refer to the additional table above for confidence intervals.

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

The sample size of the Family Health Survey may limit the analysis possibilities for sub-state areas and for smaller population groups. For some analysis measures, confidence intervals around estimates are larger due to the limited sample size. Beginning with the 2014 FHS, the sample is selected randomly from all residential addresses in Wisconsin.

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

Family Health Survey data have been extensively analyzed to examine characteristics and numbers of uninsured in Wisconsin. Policy staff in the Department of Health Services rely on FHS data analysis to inform their decisions. Analysis topics include the number of low-income uninsured children living with employed adults, changes in the number and proportions of low-income uninsured children and adults, geographic distribution of the uninsured, types of insurance coverage among low-income residents, and poverty status among the uninsured.

Enter any Narrative text related to Section IIA below. **[7500]**
*Note: The confidence interval for 2016 overlaps with the confidence interval for 2015. So even though the estimate looks like a drop in the uninsured rate from last year, the change is not statistically significant.

Section IIB: State Strategic Objectives And Performance Goals

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

- Reducing the number of uninsured children

- CHIP enrollment

- Medicaid enrollment

- Increasing access to care

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

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

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

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

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

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

A. Goal:

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

B. Type of Goal:

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

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

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

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

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2017.

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

- Final: Check this box if the data you are reporting are considered final for FFY 2017.

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

C. Measurement Specification:

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

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

D. HEDIS® Version:

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

"Other" measurement specification explanation:

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

E. Data Source:

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

F. Definition of Population Included in Measure:

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

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

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

G. Deviations from Measure Specification

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

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

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

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

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

Date Range: available for 2017 CARTS reporting period.
Please define the date range for the reporting period based on the "From" time period as the month and year which corresponds to the beginning period in which utilization took place and please report the "To" time period as the month and year which corresponds to the end period in which utilization took place. Do not report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

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

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

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

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

I. Explanation of Progress:

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children's immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2018, 2019 and 2020. Based on your recent performance on the measure (from FFY 2015 through 2017), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

J. Other Comments on Measure:

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

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

FFY 2015	FFY 2016	FFY 2017
Goal #1 (Describe) Maintain the percent of children without health insurance for an entire year at 2%	**Goal #1** (Describe) Maintain the percent of children without health insurance for an entire year at 2%.	**Goal #1** (Describe) Maintain the percent of children without health insurance for an entire year at 2%.
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*: Wisconsin Family Health Survey	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*: Wisconsin Family Health Survey	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*: Wisconsin Family Health Survey
Definition of Population Included in the Measure: Definition of denominator: Total estimated number of children in the state of Wisconsin. Definition of numerator: Estimated number of children that were uninsured for the entire year.	**Definition of Population Included in the Measure:** Definition of denominator: Total estimated number of children in the state of Wisconsin. Definition of numerator: Estimated number of children that were uninsured for the entire year.	**Definition of Population Included in the Measure:** Definition of denominator: Total estimated number of children in the state of Wisconsin. Definition of numerator: Estimated number of children that were uninsured for the entire year.
Date Range: **From: (mm/yyyy)** 05/2013 **To: (mm/yyyy)** 12/2014	**Date Range:** **From: (mm/yyyy)** 05/2015 **To: (mm/yyyy)** 12/2015	**Date Range:** **From: (mm/yyyy)** 04/2016 **To: (mm/yyyy)** 12/2016
Performance Measurement Data: Described what is being measured: The rate of uninsured children. Numerator: 42000 Denominator: 1247000 Rate: 3.4	**Performance Measurement Data:** Described what is being measured: The rate of uninsured children. Numerator: 18000 Denominator: 1276000 Rate: 1.4	**Performance Measurement Data:** Described what is being measured: The rate of uninsured children. Numerator: 10000 Denominator: 1245000 Rate: 0.8
Additional notes on measure: The performance was set at 2% and the results are 3.4%, however, the difference is within the margin of error.	Additional notes on measure:	Additional notes/comments on measure: 95% Confidence Interval: 0.3% - 1.2% Note: This confidence interval overlaps with the confidence interval from last year. So even though the estimate looks like a drop in the uninsured rate from last year, the change is not

FFY 2015	FFY 2016	FFY 2017
		statistically significant.
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** The results from 2012, a year in which a new survey methodology was used, are not consistent with prior years or 2014 and has a larger margin of error. For these reasons we do not think we can make a comparison of results. **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 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?** The results of the 2015 survey showed marked improvement and indicates that we met our objective. **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 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** This confidence interval overlaps with the confidence interval from last year. So even though the estimate looks like a drop in the uninsured rate from last year, the change is not statistically significant. **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 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *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 2015	FFY 2016	FFY 2017
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

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

Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?**	**Explanation of Progress:** **How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?**	**Explanation of Progress:** **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?**

FFY 2015	FFY 2016	FFY 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?	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *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 2015	FFY 2016	FFY 2017
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

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

Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?**	**Explanation of Progress:** **How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?**	**Explanation of Progress:** **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?**

FFY 2015	FFY 2016	FFY 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? **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 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *Explain how these objectives were set:*	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment

FFY 2015	FFY 2016	FFY 2017
Goal #1 (Describe) Monitor the number of previously uninsured children between 100-300% FPL who get enrolled in BadgerCare Plus	**Goal #1** (Describe) Monitor the number of previously uninsured children between 100-300% FPL who get enrolled in BadgerCare Plus	**Goal #1** (Describe) Monitor the number of previously uninsured children between 100 – 300% FPL who get enrolled in BadgerCare Plus.
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: Number of children enrolled in October 2014 Definition of numerator: Number of children enrolled in October 2015 - number of children enrolled in Ocotber 2014	**Definition of Population Included in the Measure:** Definition of denominator: Number of children enrolled in October 2015 Definition of numerator: Number of children enrolled in October 2016 - number of children enrolled in October 2015	**Definition of Population Included in the Measure:** Definition of denominator: Number of children enrolled in October 2016. Definition of numerator: Number of children enrolled in October 2017 – number of children enrolled in October 2016.
Date Range: **From: (mm/yyyy)** 10/2014 **To: (mm/yyyy)** 10/2015	**Date Range:** **From: (mm/yyyy)** 10/2015 **To: (mm/yyyy)** 10/2016	**Date Range:** **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 10/2017
Performance Measurement Data: Described what is being measured: Change in enrollment in BadgerCare Plus by children > 100% FPL Numerator: 3438 Denominator: 124459 Rate: 2.8	**Performance Measurement Data:** Described what is being measured: Change in enrollment in BadgerCare Plus by children > 100%FPL Numerator: 5539 Denominator: 127897 Rate: 4.3	**Performance Measurement Data:** Described what is being measured: Change in enrollment in BadgerCare Plus by children >100% FPL. Numerator: 6764 Denominator: 133436 Rate: 5.1

FFY 2015	FFY 2016	FFY 2017
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** The enrollment in BadgerCare Plus for children between 100% and 300% of FPL increased by 2.8%. **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 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?** The enrollment in BadgerCare Plus for children between 100% and 300% of FPL increased by 4.3%. **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?**	**Explanation of Progress:** **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** The enrollment in BadgerCare Plus for children between 100% and 300% of FPL increased by 5.1% **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?**
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 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to CHIP Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

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

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

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

Objectives Related to CHIP Enrollment (Continued)

FFY 2015	FFY 2016	FFY 2017
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

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

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

Explanation of Progress:
 	
   How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?
	Explanation of Progress:
	
	   How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?
		Explanation of Progress:
		
		   How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?

FFY 2015	FFY 2016	FFY 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?	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. **Annual Performance Objective for FFY 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment

FFY 2015	FFY 2016	FFY 2017
Goal #1 (Describe) Monitor/increase the number of previously uninsured children below 100% FPL who get enrolled in BadgerCare Plus	**Goal #1** (Describe) Monitor/increase the number of previously uninsured children below 100% FPL who get enrolled in BadgerCare Plus.	**Goal #1** (Describe) Monitor/increase the number of previously uninsured children below 100% FPL who get enrolled in BadgerCare Plus
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: Number of children enrolled in October 2014 Definition of numerator: Number of children enrolled in October 2015 - number of children enrolled in October 2014	**Definition of Population Included in the Measure:** Definition of denominator: Number of children enrolled in October 2015 Definition of numerator: Number of children enrolled in October 2016 - number of children enrolled in October 2015	**Definition of Population Included in the Measure:** Definition of denominator: Number of children enrolled in October 2016. Definition of numerator: Number of children enrolled in October 2017 – number of children enrolled in October 2016.
Date Range: **From: (mm/yyyy)** 10/2014 **To: (mm/yyyy)** 10/2015	**Date Range:** **From: (mm/yyyy)** 10/2015 **To: (mm/yyyy)** 10/2016	**Date Range:** **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 10/2017
Performance Measurement Data: Described what is being measured: Change in enrollment in BadgerCare Plus by children with incomes less than or equal to 100% FPL Numerator: -16424 Denominator: 310839 Rate:	**Performance Measurement Data:** Described what is being measured: Change in enrollment in BadgerCare Plus by children with incomes less than or equal to 100% FPL Numerator: -13254 Denominator: 294415 Rate:	**Performance Measurement Data:** Described what is being measured: Change in enrollment in BadgerCare Plus by children with incomes less than or equal to 100% FPL. Numerator: -7916 Denominator: 281161 Rate:
Additional notes on measure:	Additional notes on measure: The rate is -4.5%.	Additional notes/comments on measure: The rate is -2.8%.

FFY 2015	FFY 2016	FFY 2017
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** The enrollment in BadgerCare Plus for children at or below 100% of FPL decreased by 5.3%. **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?**	**Explanation of Progress:** **How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?** The enrollment in BadgerCare Plus for children at or below 100% of FPL decreased by 4.5%. **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?**	**Explanation of Progress:** **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** The enrollment in BadgerCare Plus for children at or below 100% of FPL decreased by 2.8%. **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 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *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 2015	FFY 2016	FFY 2017
Goal #2 (Describe)	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* **Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* **Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* **Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes/comments on measure:

FFY 2015	FFY 2016	FFY 2017
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?**	**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?**
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 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *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 2015	FFY 2016	FFY 2017
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: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes/comments on measure:

FFY 2015	FFY 2016	FFY 2017
Explanation of Progress: How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**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?
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 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *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 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** *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 2015	FFY 2016	FFY 2017
Goal #1 (Describe)	**Goal #1** (Describe)	**Goal #1** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. *Explanation of Provisional Data:* ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify HEDIS® Version used*: ☐ Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:

FFY 2015	FFY 2016	FFY 2017
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.	Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, 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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *Explain how these objectives were set:*	**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?** **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:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FY 2015	FFY 2016	FFY 2017
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:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify HEDIS® Version used*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	**Definition of Population Included in the Measure:** Definition of numerator: Definition of denominator: ☐ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
Date Range: **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**	**Date Range:** **From: (mm/yyyy) To: (mm/yyyy)**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: Denominator: Rate:
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*.

FY 2015	FFY 2016	FFY 2017
☐ Numerator,. *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	☐ Numerator,. *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	☐ Numerator,. *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure:	Additional notes on measure:	Additional note/commentss on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, 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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *Explain how these objectives were set:*	**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?** **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:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2015	FFY 2016	FFY 2017
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:

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

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

FFY 2015	FFY 2016	FFY 2017
☐ Numerator,. *Explain.* ☐Denominator, *Explain.* ☐ Other, *Explain.*	☐ Numerator,. *Explain.* ☐Denominator, *Explain.* ☐ Other, *Explain.*	☐ Numerator,. *Explain.* ☐Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, 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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *Explain how these objectives were set:*	**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?** **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:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2015	FFY 2016	FFY 2017
Goal #1 (Describe) Improving the immunizations rate for children under 2 years of age	**Goal #1** (Describe) Improving the immunizations rate for children under 2 years of age.	**Goal #1** (Describe) Improving the immunizations rate for children under 2 years of age
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*: 2015 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: 2016 ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify HEDIS® Version used*: 2017 ☐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: Combination 2 – Number of children who turned 2 years of age in the calendar year that had at least:
?   4 DTaP vaccinations
?   3 IPV vaccinations
?   1 MMR vaccination
?   3 HiB vaccinations
?   3 Hep B vaccinations
?   1 VZV vaccination
 	
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: Children who turn two years of age during the calendar year.
	Definition of Population Included in the Measure:
	Definition of numerator: Combination 2 – Number of children who turned 2 years of age in the calendar year that had at least:
	    4 DTaP vaccinations
	    3 IPV vaccinations
	    1 MMR vaccination
	    3 HiB vaccinations
	    3 Hep B vaccinations
	    1 VZV vaccination
	
	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: Children who turn two years of age during the calendar year.
		Definition of Population Included in the Measure:
		Definition of numerator: Combination 2 – Number of children who turned 2 years of age in the calendar year that had at least:
		• 4 DTaP vaccinations
		• 3 IPV vaccinations
		• 1 MMR vaccination
		• 3 HiB vaccinations
		• 3 Hep B vaccinations
		• 1 VZV vaccination
		
		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: Children who turn 2 years of age during the calendar year.

Date Range: **From: (mm/yyyy)** 01/2014 **To: (mm/yyyy)** 12/2014	**Date Range:** **From: (mm/yyyy)** 01/2015 **To: (mm/yyyy)** 12/2015	**Date Range:** **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 12/2016

FFY 2015	FFY 2016	FFY 2017
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 6279 Denominator: 8149 Rate: 77.1	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 4935 Denominator: 6344 Rate: 77.8	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 4614 Denominator: 6017 Rate: 76.7
Deviations from Measure Specifications: ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.	**Deviations from Measure Specifications:** ☐ Year of Data, *Explain*. ☐ Data Source, *Explain*. ☐ Numerator,. *Explain*. ☐ Denominator, *Explain*. ☐ Other, *Explain*.
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 Annual Report?** For 2014 performance, Wisconsin's statewide average on Childhood Immunizations Combination 2 was above the national average for Medicaid, but below the 75th percentile for Medicaid. For 2015, our HMOs will continue to be incentivized to perform at the 75th percentile for this measure as part of pay-for-performance. **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?** For 2015, our HMOs will	**Explanation of Progress:** **How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?** Wisconsin's statewide performance for the Childhood Immunizations Combination 2 measure improved in 2015. For 2015 data, Wisconsin was above the national Medicaid average and above the 66th percentile but fell below the 75th percentile. **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?** For 2017, our HMOs will be required to perform at the 75th percentile for the	**Explanation of Progress:** **How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?** Wisconsin's statewide performance for the Childhood Immunizations Combination 2 measure declined slightly between calendar year 2015 to 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?** For 2017, our HMOs will be required to perform at the 75th percentile for the

FFY 2015	FFY 2016	FFY 2017
continue to be incentivized to perform at the 75th percentile for this measure as part of pay-for-performance.	Childhood Immunizations Combination 3 measure as part of pay-for-performance.	Childhood Immunizations Combination 3 measure as part of pay-for-performance.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.**	**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 2016: The CHIP performance objective is to continue improving the rate of childhood immunizations for children under two years of age.	**Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:**	**Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:**
CMS could provide additional funding to help us collect chart data for this measure. **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:**	*Explain how these objectives were set:*	*Explain how these objectives were set:*
Explain how these objectives were set:		
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2015	FFY 2016	FFY 2017
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:
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   Explanation of Provisional Data:
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Specify year of annual report in which data previously reported:
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	   Explanation of Provisional Data:
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	☐ Same data as reported in a previous year's annual report.
	Specify year of annual report in which data previously reported:
		Status of Data Reported:
		☐ Provisional.
		   Explanation of Provisional Data:
		☐ Final.
		☐ Same data as reported in a previous year's annual report.
		Specify year of annual report in which data previously reported:

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

FFY 2015	FFY 2016	FFY 2017
☐ Numerator,. *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	☐ Numerator,. *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	☐ Numerator,. *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, 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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *Explain how these objectives were set:*	**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?** **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:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2015	FFY 2016	FFY 2017
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*:

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

FFY 2015	FFY 2016	FFY 2017
☐ Numerator,. *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	☐ Numerator,. *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*	☐ Numerator,. *Explain.* ☐ Denominator, *Explain.* ☐ Other, *Explain.*
Additional notes on measure:	Additional notes on measure:	Additional notes/comments on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2015 compare with the Annual Performance Objective documented in your 2014 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 2016:** **Annual Performance Objective for FFY 2017:** **Annual Performance Objective for FFY 2018:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?** **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, 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 2017:** **Annual Performance Objective for FFY 2018:** **Annual Performance Objective for FFY 2019:** *Explain how these objectives were set:*	**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?** **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:*
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]**
Wisconsin has a pay-for-performance (P4P) program with HMOs in which a certain percentage of their monthly capitation payments is withheld and given back to HMOs only if they meet benchmarks on several performance measures. The program started in 2009 and has evolved throughout the years. We have learned that once a measure is included in the P4P program, statewide averages for those measures improve.

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]**
Wisconsin plans to continue using the P4P program and other public reporting initiatives like the development of the HMO Report Card to monitor quality of care.

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]**

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]**
For additional information on Wisconsin's P4P program and other quality initiatives, go to: https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/reports_d ata/reportsData.htm.spage

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

Section III: Assessment of State Plan and Program Operation

Please reference and summarize attachments that are relevant to specific questions

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

Section IIIA: Outreach

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

    The Wisconsin Medicaid program partners with the City of Milwaukee Health Department to conduct outreach, and to provide enrollment and technical assistance to the community, through the Community Health Access Program (CHAP). The CHAP staff provides in-person assistance to clients with applications for all ForwardHealth benefits (BadgerCare Plus, Food Share, Childcare, and Family Planning Only, Elderly, Blind and Disabled Medicaid, etc.), helps answer questions, and conducts outreach on ForwardHealth policy and program changes. In 2017, the CHAP program continues its build on its successful approach to establishing community partnerships to engage clients where they are in the community. CHAP continues its efforts to coordinate with other organizations that conduct outreach and enrollment services in the Milwaukee area to ensure a maximum impact and coverage geographic access/coverage.

    The Wisconsin Medicaid Program also partners with Covering Wisconsin to conduct Medicaid health coverage outreach, education, and enrollment –working with both consumers and the professionals who assist them. Covering Wisconsin (CWI) is a leader within statewide enrollment networks through their work as a co-convener of the Milwaukee Enrollment Network and as a participant in the statewide Regional Enrollment Network Steering Committee. In 2017, CWI has redirected their efforts towards immigrants and rural audiences. They have created new materials (in both English and Spanish) to help low literacy audiences understand many of the programs that help support health for children and families. They have also focused on training professionals on health literacy, health insurance literacy, and better communication techniques that will better support children and families who use Medicaid.

    The Wisconsin Medicaid program also partners with the Milwaukee Enrollment Network (MKEN), a public/private coalition of nearly 100 organizations working together to support the enrollment of eligible individuals in public and private insurance, with a focus on low-income, vulnerable populations in Milwaukee County. MKEN focuses on building the capacity and capability of the enrollment assister workforce and infrastructure, supporting insurance enrollment and retention, facilitating consumer and mobilizer outreach and education, and measuring and monitoring coverage and enrollment processes and outcomes. In 2017, MKEN continued their successful strategy of training, outreach, and education or their member organizations.

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]**

    The CHAP program conducts outreach in the community at organizations and events where target community members are likely to be. The CHAP program is geographically located in the city of Milwaukee. Staff are regularly available from 8 a.m. to 4 p.m. daily at two health centers and have additional hours during open enrollment at a third. This is part of a larger strategy that

links outreach activities to locations and organizations where Medicaid-eligible individuals receive health care or related services. Staff also conduct outreach at other partner organizations throughout the community and staff large community events including at churches, daycares, neighborhood community events, Milwaukee Public School sponsored events, and other events such as National Night Out, Juneteenth Day, Bronzeville Cultural Arts Festival, Milwaukee Public Library, Milwaukee Fatherhood Summit, Pride Fest, health fairs, back to school fairs, and other City of Milwaukee and County sponsored events.

CWI has created numerous outreach materials that explain health programs that support kids and families. These one page materials use every day, plain language, iconic images to give context, and clear action steps to help educate consumers. Some of the topics include: Family Planning Only, BadgerCare Plus for pregnant women, where to go for timely care, and when to use the ER, how to renew in Access online, using non-emergency medical transportation for rides, bus tickets, and gas money reimbursements for medical appointments. CWI tested these materials in focus groups with target audiences of individuals who use them or may use them in the future. Many of the consumer participants have been parents. The consumer testing process allows CWI to improve the materials and make them more assessable to low literacy audiences. Additionally, CWI has found that testing has had an unintended consequence of being exceptionally informative to the participants. These materials have then been disseminated to school districts, Head Start via their annual Conference, at the Wisconsin school nurses Association annual conference, Enrollment assisters across the state at the Wisconsin Annual Enrollment Conference, via Covering Wisconsin's listserve, via University of Wisconsin Extension educators, Federally Qualified Health Centers, WIC centers, Free and Charitable Clinics, the Rural Health Initiative, and county health departments.

CWI has worked with organizations that serve rural populations and immigrants across the state to help schedule the aforementioned focus groups with consumers, and to offer trainings to professionals. CWI has found that many professionals at various organizations, ranging from community health centers, schools, such as Milwaukee public schools, to county health departments need health/ health insurance literacy training, or skills in how to explain health programs to low literacy populations, including to parents and young adults. CWI also found that the professionals at an urban WIC center that predominately serves the immigrant community in Milwaukee had very limited knowledge about programs that would serve mixed immigration status families.

CWI conducts pre- and post- evaluations at all of their trainings, and professionals have significantly improved their knowledge of the concepts and most often indicate a willingness to implement a variety of health literacy strategies in their daily interactions with Medicaid member populations or in their written communications. They also indicated that the materials would be very helpful in helping Medicaid populations.

MKEN partners with agencies serving low-income consumers and special populations, resulting in numerous educational opportunities and enrollment assistance events throughout the open enrollment period. MKEN members disseminated information on consumers' health insurance options at various community events and at the grass-roots level; sharing fact sheets and flyers at job fairs, grocery stores, schools, and neighborhood businesses. MKEN members hosted 129 events overall, including four Saturday educational and enrollment sessions and enrollment events. MKEN regularly reports process and outcome measures according to its annual work plan and publishes a quarterly coverage report. The quarterly coverage report tracks trends for a number of indicators in a variety of domains, including: source of insurance; enrollment by eligibility group (e.g., BadgerCare children, BadgerCare parents, BadgerCare childless adults, etc.) in Milwaukee County and across the state; Medicaid managed care enrollment; and uninsured population by poverty status and age range, and race.

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

The CHAP program has been operating in Milwaukee for almost ten years, and part of their success has been the ability to build credibility and trust within the community over time. In addition to their physical presence at community locations and events, a significant number of referrals come through word of mouth from existing clients. CHAP is a known and valued resource in the communities they serve. And CHAP continues to expand its reach through strategic partnerships with other trusted community organizations as well. Another method that could be considered a best practice is going out into the community to where people are already seeking services and providing in-person, one-on-one assistance and support. CHAP staff have mobile hot spots and other equipment capable of uploading information and documents for eligibility determination or trouble-shooting cases on-the-spot, expediting the application process and reducing the burden on both members and the income maintenance agency workers. This, of course, builds on and reinforces their reputation. Finally, CHAP is piloting something that may be an emerging best practice. Through a partnership with the Medical College of Wisconsin, United Community Center, Marquette University, University of Wisconsin Milwaukee, and Carroll College the CHAP program has access to a Retinopathy Eye machine allowing the program to offer free eye health screenings with an emphasis on diabetic eye disease. The machine is portable and has been used at a number of large community events in addition to being offered at the health department. The service is a draw in a community where undiagnosed and untreated diabetes is prevalent. This allows clients in underserved areas to receive free vision screenings while also promoting awareness and enrollment into the Medicaid program. So far, the public has been very receptive to the testing and the CHAP program anticipates that this will open more doors for uninsured clients to sign up for public benefits.

CWI has found that consumer testing materials before making them widely available to the public is a critical step in message and material development. Consumers cannot act on information they do not understand.   Medicaid members receive a large number of mailings from health plans and the state, about their health program, and actions they need to take. However, many of these communications are inaccessible to a low literacy audience, and many consumers during focus group testing have admitted that they don't understand many of the letters, and as such, often don't even open their mail. Studies have shown that when clear, concise action steps tell consumers how to accomplish their goal, they feel more confident and motivated to act. Therefore, CWI has approached the creation of new materials from this perspective.

MKEN's focus is on supporting the healthcare, insurance and social service provider communities in their work with low-income populations to improve access to healthcare. Two key features of this best practice are regular list serve updates and trainings that offer technical assistance and peer-learning. The MKEN membership was surveyed in 2015 and 2016 to assess their satisfaction and educational needs. Both surveys reveal a high level of satisfaction with the MKEN's communication strategies and skill building.

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]**
The CHAP program targets minorities, immigrants, and children. They typically do not encounter many individuals from rural areas due to their location in Milwaukee, however they do occasionally get clients from rural areas that are in Milwaukee for other reasons. The CHAP program tracks high-level performance indicators across all of their outreach efforts as well as monitoring the effectiveness of their outreach at specific events and organizations. CHAP tracks the following application-based indicators: total applications, new applicants, renewals, Non-Qualifying Immigrant Pregnant Woman applications, express enrollment pregnant women applications, childless adult applications, applications for Family Planning Only Services. They also track the number of technical assistance requests fulfilled. Additionally, they track trends in

the number of applications completed by community partner sites and zip codes. In the first three quarters of 2017, CHAP conducted outreach at events with an estimated 4,179 event attendees, resulting in 1,027 personal encounters. Within the Health Centers and community partner sites they assisted 2,926 individuals with applications and 2,855 technical assistance requests.

In 2017, CWI has increased their focus on rural populations and immigrants. They have materials specifically for low literacy audiences to help them understand many of the programs that help support health for children and families. They have also focused on training professionals on health literacy, health insurance literacy, and better communication techniques that will better support children and families who use Medicaid. CWI tests their materials with target audiences and worked closely with organizations that serve rural populations and immigrants across the state to conduct focus groups with consumers and to offer trainings to professionals. The consumer testing process allows CWI to improve the materials and make them more assessable to low literacy audiences. CWI conducts pre- and post- evaluations at all of their trainings, and professionals have significantly improved their knowledge of the concepts and most often indicate a willingness to implement a variety of health literacy strategies in their daily interactions with Medicaid member populations or in their written communications. They also indicated that the materials would be very helpful in helping Medicaid populations.

MKEN members include nearly 100 organizations working together to support the enrollment of eligible individuals in public and private insurance, with a focus on low-income, vulnerable populations, including minorities and immigrants. Member organizations include the Latino Health Coalition, Black Health Coalition, Free and Community Clinic Collaborative, Federally Qualified Health Centers, Disability Rights Wisconsin, and all of the major provider systems. MKEN provides capacity building, training, and outreach so that these organizations can better serve their members. Because MKEN's outreach strategy focuses on the organizational level, they do not have direct contact with individual members.

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

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

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

Section IIIB: Substitution of Coverage (Crowd-out)

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

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

     ☒ No
     ☐ Yes
     ☐ N/A

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

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

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

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

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

☐ No
☒ Yes
☐ N/A

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

The Employer Verification of Health Insurance (EVHI) database was developed in conjunction with the implementation of BadgerCare Plus in February 2008. The EVHI database contains data on insurance coverage available through over 40,000 employers in Wisconsin. Employers were sent a survey to answer questions about the insurance they offer. This information is entered into the EVHI database and will be updated annually. Local agency workers can look up an applicant's employer in the database to determine whether s/he has access to employer sponsored insurance. The database is linked to and can be accessed from the CARES system. If there are discrepancies or incomplete information in the database the agency worker communicates with the applicant to obtain the required information. As an alternative, an Employer Verification Form (EVF) is available which applicants can bring to their employer to be completed.

7. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5]** 0
and what percent of applicants are found to have other group health insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**?
Provide a combined percent if you cannot calculate separate percentages. **[5]**

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

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

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

☐ Yes ☒ No

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

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

Section IIIC: Eligibility

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

Section IIIC: Subpart A: Eligibility Renewal and Retention

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

If yes,

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

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

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

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

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
  2

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

☐ 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]**

Section IIIC: Subpart B: Eligibility Data

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

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

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

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

Definitions:

1. The "the total number of denials of title XXI coverage" is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2017. This definition only includes denials for title XXI at the time of initial application (not redetermination).

    a. The "total number of procedural denials" is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2017 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).

    b. The "total number of eligibility denials" is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2017 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state's specified waiting period, etc.)

        i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX.

    c. The "total number of applicants denied for other reasons" is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

Table 2.   Redetermination Status of Children

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

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

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

Description	Number	Percent			
1. Total number of children who are enrolled in title XXI and eligible to be redetermined	58662	100%			
2. Total number of children screened for redetermination for title XXI	47808	81.5	*100%*		
3. Total number of children retained in title XXI after the redetermination process	31346	53.43	65.57		
4. Total number of children disenrolled from title XXI after the redetermination process	16462	28.06	34.43	*100%*	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	8874			53.91	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	7588			46.09	100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here ☐)	862				11.36
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here ☐)	4714				62.12
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 ☐)	667				8.79
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: (If unable to provide the data check here ☐)	1345				17.73
c. Total number of children disenrolled from title XXI 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]**.

_____

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

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

2. The "total number of children screened for redetermination" is defined as the total number of children that were screened by the state for redetermination in FFY 2017 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state).

3. The "total number of children retained after the redetermination process" is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2017.

4. The "total number of children disenrolled from title XXI after the redetermination process" is defined as the total number of children who are disenrolled from title XXI following the redetermination process in FFY 2017. This includes those children that states may define as "transferred" to Medicaid for title XIX eligibility screening.

    a. The "total number of children disenrolled for failure to comply with procedures" is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2017 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).

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

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

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

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

Description	Number	Percent				
1. Total number of children who are enrolled in title XIX and eligible to be redetermined	402203	100%				
2. Total number of children screened for redetermination for title XIX	373800	92.94	100%			
3. Total number of children retained in title XIX after the redetermination process	299591	74.49	80.15			
4. Total number of children disenrolled from title XIX after the redetermination process	74209	18.45	19.85	100%		
a. Total number of children disenrolled from title XIX for failure to comply with procedures	41670			56.15		
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria	32539			43.85	100%	
v. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here ☐)	14149					43.48
vi. Disenrolled from title XIX for other eligibility reason(s) Please indicate: (If unable to provide the data check here ☐)	18390					56.52
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]**.

_____

Definitions:

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

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

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

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

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

Instructions: For this measure, please identify <u>newly enrolled</u> children in both title XIX and title XXI in the second quarter of FFY 2016, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2016 must have birthdates after July 1999 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2016 must have birthdates after August 1999, and children enrolled in March 2016 must have birthdates after September 1999. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span).

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

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

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

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

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

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. **Total number of children newly enrolled in title XIX in the second quarter of FFY 2016**	30148	100%	9064	100%	9604	100%	8252	100%	3228	100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XIX	26537	88.02	8488	93.65	8196	85.34	7147	86.61	2706	83.83
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	739	2.45	119	1.31	330	3.44	216	2.62	74	2.29
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	121	0.4	1	0.01	24	0.25	71	0.86	25	0.77
4. Total number of children disenrolled from title XIX	2872	9.53	457	5.04	1078	11.22	889	10.77	448	13.88
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 ☐)	650	2.16	27	0.3	178	1.85	316	3.83	129	4
Enrollment Status 12 months later										
5. Total number of children continuously enrolled in title XIX	16931	56.16	5288	58.34	4896	50.98	4844	58.7	1903	58.95
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	588	1.95	106	1.17	242	2.52	173	2.1	67	2.08
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	93	0.31	3	0.03	25	0.26	45	0.55	20	0.62
7. Total number of children disenrolled from title XIX	12629	41.89	3670	40.49	4466	46.5	3235	39.2	1258	38.97
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 ☐)	746	2.47	32	0.35	209	2.18	365	4.42	140	4.34
Enrollment Status 18 months later										
8. Total number of children continuously enrolled in title XIX	5708	18.93	444	4.9	2058	21.43	2336	28.31	870	26.95
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	225	0.75	22	0.24	92	0.96	73	0.88	38	1.18
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)	23	0.08	0		6	0.06	10	0.12	7	0.22
10. Total number of children disenrolled from title XIX	24215	80.32	8598	94.86	7454	77.61	5843	70.81	2320	71.87
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 ☐)	750	2.49	32	0.35	209	2.18	365	4.42	144	4.46

Definitions:

1. The "total number of children newly enrolled in title XIX in the second quarter of FFY 2016" is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your population of "newly enrolled" in the Instructions section.

2. The total number of children that were continuously enrolled in title XIX for <u>6 months</u> is defined as the sum of:
   the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
   + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
   + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016

3. The total number who had a break in title XIX coverage during <u>6 months</u> of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XIX by the end of the 6 months, is defined as the sum of:
   the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2016
   + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XIX by the end of July 2016
   + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XIX by the end of August 2016
   3.a. From the population in #3, provide the total number of children who were enrolled in title XXI during their break in coverage

4. The total number who disenrolled from title XIX, <u>6 months</u> after their enrollment month is defined as the sum of:
   the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
   + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
   + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
   4.a. From the population in #4, provide the total number of children who were enrolled in title XXI in the month after their disenrollment from title XIX.

5. The total number of children who were continuously enrolled in title XIX for <u>12 months</u> is defined as the sum of:
   the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
   + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017
   + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017

6. The total number of children who had a break in title XIX coverage during <u>12 months</u> of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XIX by the end of the 12 months, is defined as the sum of:
   the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XIX by the end of December 2016

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

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

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

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

the number of children with birthdates after July 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016

+ the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017

+ the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 2017

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

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

the number of children with birthdates after July 1999,who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017

+ the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017

+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017

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

the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XIX by the end of June 2017

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

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

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

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

the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017

+ the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017

+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 2017

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

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

Specify how your "newly enrolled" population is defined:

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

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

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. **Total number of children newly enrolled in title XXI in the second quarter of FFY 2016**	4365	100%	6	100%	866	100%	2489	100%	1004	100%
Enrollment Status 6 months later										
2. Total number of children continuously enrolled in title XXI	2909	66.64	3	50	474	54.73	1718	69.02	714	71.12
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	142	3.25	0		47	5.43	71	2.85	24	2.39
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	81	1.86	0		27	3.12	42	1.69	12	1.2
4. Total number of children disenrolled from title XXI	1314	30.1	3	50	345	39.84	700	28.12	266	26.49
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 ☐)	789	18.08	2	33.33	182	21.02	431	17.32	174	17.33
Enrollment Status 12 months later										
5. Total number of children continuously enrolled in title XXI	1606	36.79	2	33.33	198	22.86	977	39.25	429	42.73
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	96	2.2	0		19	2.19	57	2.29	20	1.99
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	56	1.28	0		14	1.62	34	1.37	8	0.8
7. Total number of children disenrolled from title XXI	2663	61.01	4	66.67	649	74.94	1455	58.46	555	55.28
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 ☐)	876	20.07	2	33.33	204	23.56	479	19.24	191	19.02
Enrollment Status 18 months later										
8. Total number of children continuously enrolled in title XXI	366	8.38	2	33.33	40	4.62	230	9.24	94	9.36
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	20	0.46	0		6	0.69	8	0.32	6	0.6
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)	12	0.27	0		3	0.35	6	0.24	3	0.3
10. Total number of children disenrolled from title XXI	3979	91.16	4	66.67	820	94.69	2251	90.44	904	90.04
10.a Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here ☐)	876	20.07	2	33.33	204	23.56	479	19.24	191	19.02

Definitions:

1. The "total number of children newly enrolled in title XXI in the second quarter of FFY 2016" is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of "newly enrolled" in the Instructions section.

2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
    the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who were continuously enrolled through the end of June 2016
    + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who were continuously enrolled through the end of July 2016
    + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who were continuously enrolled through the end of August 2016

3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
    the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2016
    + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2016
    + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and re-enrolled in title XXI by the end of August 2016
    3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.

4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
    the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were disenrolled by the end of June 2016
    + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were disenrolled by the end of July 2016
    + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were disenrolled by the end of August 2016
    4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.

5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
    the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of December 2016
    + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of January 2017
    + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of February 2017

6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
    the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and who disenrolled and then re-enrolled in title XXI by the end of December 2016
    + the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and then re-enrolled in title XXI by the end of January 2017
    + the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and who disenrolled and then re-enrolled in title XXI by the end of February 2017
    6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.

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

the number of children with birthdates after July 1999, who were enrolled in January 2016 and were disenrolled by the end of December 2016

+ the number of children with birthdates after August 1999, who were enrolled in February 2016 and were disenrolled by the end of January 2017

+ the number of children with birthdates after September 1999, who were enrolled in March 2016 and were disenrolled by the end of February 2017

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

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

the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and were continuously enrolled through the end of June 2017

+ the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and were continuously enrolled through the end of July 2017

+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and were continuously enrolled through the end of August 2017

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

the number of children with birthdates after July 1999 , who were newly enrolled in January 2016 and who disenrolled and re-enrolled in title XXI by the end of June 2017

+ the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and who disenrolled and re-enrolled in title XXI by the end of July 2017

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

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

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

the number of children with birthdates after July 1999, who were newly enrolled in January 2016 and disenrolled by the end of June 2017

+ the number of children with birthdates after August 1999, who were newly enrolled in February 2016 and disenrolled by the end of July 2017

+ the number of children with birthdates after September 1999, who were newly enrolled in March 2016 and disenrolled by the end of August 2017

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

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

For tables 3a and 3b, there were adjustments to the 6 month data provided in the 2016 CHIP report.

When pulling data for 2017, we found that 15 individuals in the 2016 report were accidently counted twice due to having two IDs. This duplication was removed from the 2017 report.

We removed 73 individuals from the data provided in the 2016 report because we have since found that these individuals actually had CHIP or Medicaid coverage in December 2015. Some of these individuals had multiple IDs in our system, and only when combining the eligibility across these IDs did we see that the individual had coverage in December 2015. For the other individuals, we found that the eligibility prior to January 2016 was determined after the data was pulled for the 2016 CHIP report. A number of these individuals were determined eligible for coverage types that require a disability determination. The disability determination can take several months which explains the delay in determining eligibility.

We added 54 individuals to the data provided in the 2016 CHIP report. These individuals were retroactively determined newly eligible for one of the months in the first quarter of 2016.

Section IIID: Cost Sharing

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

a. Cost sharing is tracked by:

☐ Enrollees (shoebox method)

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

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

   If such a case requiring remediation of cost sharing would come to our attention, we would process it manually so as to avoid non-compliance with this provision. Cases are handled on a case-by-case basis and the Department works directly with the providers and beneficiaries to ensure they are reimbursed appropriately.

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]**

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 estimate for 2017 is available.

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]**

   Not applicable, no increase or decrease in cost sharing in FFY 2016.

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

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

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

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

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

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

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

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

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

    ☒   Parents and Caretaker Relatives
    ☐   Pregnant Women

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

    In Wisconsin, the premium assistance program is called Health Insurance Premium Payment(HIPP) program. It is provided to all BadgerCare Plus recipients for whom the state finds that it is cost effective to enroll in the employers' plans.

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

    Benefits provided to eligible children in HIPP must meet the same requirements as for children in CHIP or Medicaid. These benefits can either be provided fully through the employer-based plan or with the State providing wraparound benefits.

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

    ☒Yes ☐ No

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

    ☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☒ Yes ☐ No
If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum **[7500]**?

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

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

32 Number of adults ever-enrolled during the reporting period

9 Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2017.

Children 6   Parents 25

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

Fewer employers are offering plans and the premiums/cost shares are increasing on the available plans so less plans are cost effective.

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

No changes since last reporting period.

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]**

No changes since last reporting period.

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]**

Negligible

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

Population	State	Employer	Employee
Child	277	362	330

Population	State	Employer	Employee
Parent	448	1069	1156

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

        Children   Low 98 High 960
        Parent   Low 161   High 839

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

40%

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

Income level of Children: 0 % of FPL [5] 301 % of FPL [5]
Income level of Parents: 0 % of FPL [5] 301 % of FPL [5]

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

☐ Yes ☒ No

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

21. Do you have a waiting list for your program? ☐ Yes   ☒ No
22. Can you cap enrollment for your program? ☐ Yes   ☒ No

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

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

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 <u>written</u> plan that has safeguards and establishes methods and procedures for:
        (1) prevention: ☒ Yes ☐ No
        (2) investigation: ☒ Yes ☐ No
        (3) referral of cases of fraud and abuse? ☒ Yes ☐ No

Please explain: **[7500]**

      The Fraud Prevention and Investigation Program (FPIP) is designed to provide program integrity for the FoodShare (FS), Wisconsin Medicaid and SCHIP programs (i.e., BadgerCare Plus). These

programs are administered through contractual agreements between the Department of Health Services (DHS) and and local agencies.

Each agency administering public assistance programs is responsible for providing program integrity for the programs administered by that agency. The DHS State/County Contracts contains the requirement to provide integrity for the programs administered by these agencies.

Each agency has a FPIP Plan that addresses three specific areas of requirements for Medicaid, CHIP and FS programs:

1.   Fraud Prevention Services

•   Comply with the requirements and guidelines for the operation of a prevention program, including.

    - Development of a written policy and referral process to be used to administer the prevention program

    - Development of a written procedure for determining which cases will be selected for referral to the prevention program service provider

    - Periodic validation of the selection criteria for the prevention program to ensure the selection criterion is error-prone

•   Complete all prevention activities within recommended timeframes.

2.   Fraud Investigation Services

•   Conduct investigations of all allegations of public assistance fraud referred by the public or local agencies.

•   Develop a work plan for all case investigations and for documentation according to the guidelines of the local District Attorney's office for use in case prosecutions.

•   Document all cases referred from each agency, citing the investigative activities, documentation, findings, actual administrative costs, and the recommendation for investigative disposition.

•   Provide testimony in court, administrative hearings, and such other situations as necessary for the determination of public assistance fraud or intentional program violation.

3.   Fraud Administrative Functions

•   Pursue appropriate administrative actions on all cases referred for prevention or investigation.

• Pursue appropriate actions on all cases referred to the fraud program to obtain a full repayment of the overpayment.

• Refer cases of suspected public assistance fraud to the appropriate service provider responsible for the prevention, investigation, prosecution, and collection of overpayments activities.

• Provide testimony in court, administrative hearings, and such other situations as necessary for the determination of public assistance fraud or intentional program violation.

• Ensure that contracted prevention and fraud investigation program service providers meet the Wisconsin Department of Regulation and Licensing requirements for private detectives.

• Collect and provide to DHS, information necessary to develop, test, and implement additional fraud control activities, as well as records necessary to meet state and federal reporting requirements.

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

☒ Yes ☐ No

Please Explain: **[500]**

HMOs must submit a compliance plan that includes written procedures, a description & designation of a compliance officer and compliance committee. It must also describe: the training requirements for compliance officer & employees; the enforcement standards & disciplinary guidelines; the plan's internal monitoring & auditing procedures; and how the plan will provide a prompt response to detected problems. The plan must also provide the name & contact information of the Compliance Officer.

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

   <u>0</u> Number of cases investigated

   <u>0</u> Number of cases referred to appropriate law enforcement officials

   Provider Billing

   <u>2096</u> Number of cases investigated

   <u>22</u> Number of cases referred to appropriate law enforcement officials

   Beneficiary Eligibility

   <u>16281</u> Number of cases investigated

   <u>0</u> 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]**

For prevention of beneficiary eligibility fraud, local county and tribal agencies are allowed to contract out for fraud prevention services. Local agencies are responsible for monitoring their contractors. The state Medicaid agency monitors performance based on what is entered in the Fraud Investigation Tracking Screens in CARES (the eligibility system). In November of 2016, the counties as well as the state Medicaid agency staff utilize a new tracking system BRITS. As part of the local agencies' Fraud Prevention Plan that they submit to the state, they must include information about their contractor, including their org chart, process flow, agreements with providers and proof that they are certified investigators.

For prevention of provider fraud, the state Medicaid agency performs post pay reviews of providers. In addition, the state Medicaid agency has contracts with vendors including a Recovery Audit Contractor, External Quality Review Organization as well as an Advanced Fraud Analytic Vendor and has a Joint Operating Agreement with the Unified Program Integrity Contractor. The state Medicaid agency has regular meetings with contractors that perform program integrity work and additionally reviews the work products of these contractors before collecting any identified overpayments.

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]**

Section IIIG: Dental Benefits:

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

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

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

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

FFY 2017	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]	54379	2	3659	6411	15411	18854	10042
Total Enrollees Receiving Any Dental Services[2] [7]	25378	0	524	2622	8645	9441	4146
Total Enrollees Receiving Preventive Dental Services[3] [7]	23510	0	441	2467	8252	8783	3567
Total Enrollees Receiving Dental Treatment Services[4] [7]	9987	0	31	728	3409	3697	2122

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

[2] **Total Enrollees Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in a separate CHIP program or the separate CHIP part of a combination program for at least 90 continuous days who received at least one dental service by or under the supervision of

a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999 or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

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

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

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

   b. **For the age grouping that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth[5]? [7]**
    2715

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

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

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

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

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

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

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:
Survey includes Medicaid and CHIP population combined.

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

Which Supplemental Item Sets were Included in the Survey?
☒ No supplemental item sets were included
☐ CAHPS Item Set for Children with Chronic Conditions
☐ Other CAHPS Item Set. Explain:

Which Administrative Protocol was Used to Administer the Survey?
☒ NCQA HEDIS CAHPS 5.0H administrative protocol
☐ AHRQ CAHPS administrative protocol
☐ Other administrative protocol. Explain:

Enter any Narrative text related to Section IIIH below. **[7500]**
Attached is the report on the 2016 CAHPS results for children.

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

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

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

 Title XXI funds?

       ☒ Yes, please answer questions below.

       ☐ No, please skip to Section IV.

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

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program[1]

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

PoisonHelp 10/2016	Children under age 19	1887	unknown
PoisonHelp 11/2016	Children under age 19	1806	unknown
PoisonHelp 12/2016	Children under age 19	1697	unknown
PoisonHelp 01/2017	Children under age 19	1775	unknown
PoisonHelp 02/2017	Children under age 19	1590	unknown
PoisonHelp 03/2017	Children under age 19	1761	unknown
PoisonHelp 04/2017	Children under age 19	1764	unknown
PoisonHelp 05/2017	Children under age 19	1911	unknown
PoisonHelp 06/2017	Children under age 19	1856	unknown
PoisonHelp 07/2017	Children under age 19	1974	unknown
PoisonHelp 08/2017	Children under age 19	1896	unknown
PoisonHelp 09/2017	Children under age 19	1845	unknown

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

HSI Program	Metric	Outcome
PoisonHelp 10/2016	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	61.07%
PoisonHelp 11/2016	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	61.98%
PoisonHelp 12/2016	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	59.10%
PoisonHelp 01/2017	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	60.00%
PoisonHelp 02/2017	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	59.00%
PoisonHelp 03/2017	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	60.90%
PoisonHelp 04/2017	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	60.34%

HSI Program	Metric	Outcome
PoisonHelp 05/2017	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	59.98%
PoisonHelp 06/2017	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	58.49%
PoisonHelp 07/2017	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	59.66%
PoisonHelp 08/2017	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	58.70%
PoisonHelp 09/2017	Percentage of all calls that have used the service that are for children under age 19. Calculated monthly.	59.17%

Enter any Narrative text related to Section III I below. **[7500]**
PoisonHelp is the only HSI using Title XXI funds that Wisconsin operated in FFY 2017. Each month of PoisonHelp was reported on a separate line for questions 2 and 3 in order show the monthly data for this program.

Below is monthly data on the expenses for PoisonHelp:
10/2016 - Children $105,028.23; Adults $66,957.58; Total $171,985.81
11/2016 - Children $123,284.19; Adults $75,625.45; Total $198,909.64
12/2016 - Children $119,595.83; Adults $82,593.53; Total $202,192.36
01/2017 - Children $110,793.02; Adults $74,215.72; Total $185,008.74
02/2017 - Children $100,937.47; Adults $70,142.98; Total $171,080.45
03/2017 - Children $129,344.33; Adults $83,043.74; Total $212,388.07
04/2017 - Children $121,092.39; Adults $79,724.18; Total $200,816.57
05/2017 - Children $113,553.09; Adults $75,765.16; Total $189,318.25
06/2017 - Children $122,874.04; Adults $87,202.96; Total $210,077.00
07/2017 - Children $117,518.27; Adults $79,461.73; Total $196,980.00
08/2017 - Children $133,406.69; Adults $93,861.95; Total $227,268.64
09/2017 - Children $120,407.71; Adults $83,086.81; Total $203,494.52

Section IV. Program financing for State Plan

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-federal funds).
(Note: This reporting period equals federal fiscal year 2017. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED CHIP PLAN

Benefit Costs	2017	2018	2019
Insurance payments	50805	51979	52651
Managed Care	116783070	119483696	121028243
Fee for Service	120682368	123473166	125069284
Total Benefit Costs	237516243	243008841	246150178
(Offsetting beneficiary cost sharing payments)	-37502018	-38369258	-38865251
Net Benefit Costs	$ 200014225	$ 204639583	$ 207284927

Administration Costs	2017	2018	2019
Personnel	0	0	0
General Administration	10697807	11527653	11764924
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	0	0	0
Outreach/Marketing costs	0	0	0
Other (e.g., indirect costs)	0	0	0
Health Services Initiatives	1581785	1581785	1581785
Total Administration Costs	12279592	13109438	13346709
10% Administrative Cap (net benefit costs ÷ 9)	22223803	22737731	23031659

	2017	2018	2019
Federal Title XXI Share	199471270	204988928	207702622
State Share	12822547	12760093	12929014
TOTAL COSTS OF APPROVED CHIP PLAN	212293817	217749021	220631636

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 ($)
2017	106469	$
2018	107534	$
2019	108609	$

A. Fee For Service

Year	Number of Eligibles	PMPM ($)
2017	14172	$
2018	14313	$
2019	14456	$

Enter any Narrative text related to Section IV below. **[7500]**
PMPMs are calculated using the annual Total Program costs, dividing by the total number of eligible, then dividing by 12 to get the monthly per member cost. Because Wisconsin carves all drug costs out of managed care, we calculate an overall PMPM, which is more representative of actual costs than looking at managed care separately.

2017: Total CHIP Members 120,641; PMPM $146.64
2018: Total CHIP Members 121,847; PMPM $148.92
2019: Total CHIP Members 123,065; PMPM $149.40

Member counts are higher than previously reported, because the member counts include CHIPRA eligible—in previous years, CHIPRA enrollment was left out of this report. Including the CHIPRA count, drives down the PMPM cost.

The Federal TXIX Share and State Share for Federal Fiscal Year 2019 calculations used enhanced FMAP from 2018, because FMAP 2019 has not been released.

Section V: Program Challenges and Accomplishments

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

   The Department continued to operate BadgerCare Plus program.

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

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

   BadgerCare Plus continued to enroll families without any major cuts in the eligibility and services.

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

   No changes are planned for next fiscal year.

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