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

State/Territory: **TX**

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: **Dee Budgewater**

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

CHIP Program Type:

☐ CHIP Medicaid Expansion Only

☒ Separate Child Health Program Only

☐ Combination of the above

Reporting Period: **2018** **(Note: Federal Fiscal Year 2018 starts 10/1/2017 and ends 9/30/2018)**

Contact Person/Title: **Dee Budgewater, Deputy Associate Commissioner**

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Submission Date: **3/7/2019**

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

Section I. Snapshot of CHIP Program and Changes

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

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

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

CHIP Medicaid Expansion Program
Upper % of FPL (federal poverty level) fields are defined as <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

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: 50
Premium fee amount: 0
If premiums are tiered by FPL, please breakout by FPL.

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

Yearly Maximum Premium Amount per Family: $

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

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

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

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

The enrollment fee structure is as follows:
Less than 151% of FPL up to 151% of FPL- regardless of family size, the premium is a $0 yearly fee.
152% of FPL up to 186% of FPL - regardless of family size, the premium is a $35 yearly fee.
187% of FPL up to 201% of FPL- regardless of family size, the premium is a $50 yearly fee.

Which delivery system(s) does your program use?

☒ Managed Care
☐ Primary Care Case Management
☐ Fee for Service

Please describe which groups receive which delivery system: **[500]**
All CHIP services are delivered through managed care medical and dental plans.

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 2018, please include only 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)	☐	☐	☐	☐	☒	☐

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

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

Medicaid Expansion CHIP Program

Topic	List change and why the change was made

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

Topic	List change and why the change was made
b) CHIP PPS state plan amendment	
c)	

Separate Child Health Program

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

Topic	List change and why the change was made
q) Pregnant Women State Plan Expansion	
r) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
s) Other – please specify	
a) CHIP Parity state plan amendment	CHIP parity state plan amendment was submitted as it relates to the Mental Health Parity and Addiction Equity Act of 2008.
b) CHIP PPS state plan amendment	CHIP PPS state plan amendment was submitted.
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 2017	FFY 2018	Percent change FFY 2017-2018
CHIP Medicaid Expansion Program	363878	354474	-2.58
Separate Child Health Program	774021	782113	1.05

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

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

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number (In Thousands)	Std. Error	Rate	Std. Error
1996 - 1998	1,084	74.1	18.1	1.2
1998 - 2000	973	70.2	16.3	1.1
2000 - 2002	1,013	65.2	15.9	.9
2002 - 2004	967	63.4	14.9	.9
2003 - 2005	927	58.3	14.0	.8
2004 - 2006	943	57.0	14.0	.8
2005 - 2007	955	58.0	13.9	.8
2006 - 2008	925	57.0	13.4	.8
2007 - 2009	874	55.0	12.2	.7
2008 - 2010	828	38.0	11.4	.5
2009 - 2011	813	38.0	11.2	.5
2010 - 2012	808	36.0	11.1	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	604	18.0	8.3	.2
2014	527	19.0	7.1	.3
2015	450	20.0	6.0	.3
2016	436	16.0	5.7	.2
2017	462	18.0	6.0	.2
Percent change 2016 vs. 2017	6.0%	N/A	5.3%	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]**
Based on analysis of data reported by the two most recent ACS's, for 2016 and 2017, there was an unexpected increase in the number of low-income children in Texas and an accompanying decrease in the number of low-income children enrolled in private insurance. These factors, in combination with a slight decrease in the number of children enrolled in Medicaid and CHIP due to increased income levels, could have contributed to the increase in the number of low-income uninsured children in the state.

B. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. **[7500]**
The ACS is a large demographic survey that generally produces reliable estimates for a number of demographic, socioeconomic and program participation parameters. However, since those estimates are derived from sample data they are subject to a certain amount of statistical error/variance. For example, the ACS-based estimate for the number of Texas children enrolled in Medicaid/CHIP tends to run 10-13% lower compared to the actual number of children that are actually enrolled. This could potentially result in a higher estimate for the number of low-income children than are uninsured.

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

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

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

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

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

B. What is your state's assessment of the reliability of the estimate? Please provide standard errors, confidence intervals, and/or p-values if available.
[7500]

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

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

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

Section IIB: State Strategic Objectives And Performance Goals

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

- Reducing the number of uninsured children

- CHIP enrollment

- Medicaid enrollment

- Increasing access to care

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years' annual reports (FFY 2016 and FFY 2017) 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 2018).

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:

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

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

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

C. Status of Data Reported:

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2018.

  > **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 2018.

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

D. Measurement Specification:

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

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

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

"Other" measurement specification explanation:

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

E. Data Source:

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

F.   Definition of Population Included in Measure:

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

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

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

G.   Deviations from Measure Specification

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

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

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

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

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

H.   Date Range: available for 2018 CARTS reporting period.

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

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

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

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

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

J. Explanation of Progress:

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children's immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2019, 2020 and 2021. Based on your recent performance on the measure (from FFY 2016 through 2018), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

K. Other Comments on Measure:

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

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

FFY 2016	FFY 2017	FFY 2018
Goal #1 (Describe) The state compares annual data on the number of CHIP income-eligible children that participate in CHIP to the estimated number of CHIP income-eligible children that remain uninsured in the state. The goal is to decrease the rate of uninsured children over time as much as possible	**Goal #1** (Describe) The state compares annual data on the number of CHIP income-eligible children that participate in CHIP to the estimated number of CHIP income-eligible children that remain uninsured in the state. The goal is to decrease the rate of uninsured children over time as much as possible.	**Goal #1** (Describe) The state compares annual data on the number of CHIP income-eligible children that participate in CHIP to the estimated number of CHIP income-eligible children that remain uninsured in the state. The goal is to decrease the rate of uninsured children over time as much as possible.
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:* 1) U.S. Census Bureau. 2015 American Community Survey (ACS); 2) Texas CHIP program enrollment files; and 3) Population projections data by age group from the Texas Demographic Center.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☒ Other. *Specify:* 1) U.S. Census Bureau. 2016 American Community Survey (ACS); 2) Texas CHIP program enrollment files; and 3) Population projections data by age group from the Texas Demographic Center.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify:* ☒ Other. *Specify:* 1) U.S. Census Bureau. 2017 American Community Survey (ACS); 2) Texas CHIP program enrollment files.; and 3) Population projections data by age group from the Texas Demographic Center
Definition of Population Included in the Measure: Definition of denominator: This is the estimated number of Texas children under age 19 meeting the income eligibility criteria* for the CHIP program as of September 2016, regardless of whether they were enrolled in the program. CHIP income eligibility criteria: children with incomes at or below 200% of FPL based on net (countable) income and Medicaid-income eligible children from families that exceed Texas' Medicaid income limits. Definition of numerator: This is the estimated number of children that were CHIP income-eligible but remained uninsured as of September 2016. This number is the difference between the denominator and the number enrolled in the Texas CHIP program.	**Definition of Population Included in the Measure:** Definition of denominator: This is the estimated number of otherwise uninsured Texas children under age 19 meeting the income eligibility criteria for the CHIP program as of September 2017, regardless of whether they were enrolled in the program. CHIP income eligibility criteria: children with incomes at or below 201% of FPL above the Medicaid income level. Definition of numerator: This is the estimated number of children that were CHIP income-eligible but remained uninsured as of September 2017. This number is the difference between the denominator and the number enrolled in the Texas CHIP program.	**Definition of Population Included in the Measure:** Definition of denominator: This is the estimated number of otherwise uninsured Texas children under age 19 meeting the income eligibility criteria for the CHIP program as of September 2018, regardless of whether they were enrolled in the program. CHIP income eligibility criteria: children with incomes at or below 201% of FPL above the Medicaid income level. Definition of numerator: This is the estimated number of children that were CHIP income-eligible but remained uninsured as of September 2018. This number is the difference between the denominator and the number enrolled in the Texas CHIP program.

FFY 2016	FFY 2017	FFY 2018
Date Range: **From: (mm/yyyy)** 10/2015 **To: (mm/yyyy)** 09/2016	**Date Range:** **From: (mm/yyyy)** 10/2016 **To: (mm/yyyy)** 09/2017	**Date Range:** **From: (mm/yyyy)** 10/2017 **To: (mm/yyyy)** 09/2018
Performance Measurement Data: Described what is being measured: This measure describes the extent to which the health insurance coverage needs of children who may be eligible for CHIP are not being met. Numerator: 89000 Denominator: 463000 Rate: 19.2	**Performance Measurement Data:** Described what is being measured: This measure describes the extent to which the health insurance coverage needs of children who may be eligible for CHIP are not being met. Numerator: 87000 Denominator: 490000 Rate: 17.8	**Performance Measurement Data:** Described what is being measured: This measure describes the extent to which the health insurance coverage needs of children who may be eligible for CHIP are not being met. Numerator: 94000 Denominator: 484000 Rate: 19.4
Additional notes on measure:	**Additional notes on measure:**	**Additional notes/comments on measure:** In prior years, the Texas Demographic Center (TDC) provided the Medicaid/CHIP Services program with an estimated percentage for undocumented children in calculating performance. In FFY 2018, TDC provided an estimated total number of children under age 18 who are unauthorized.

FFY 2016	FFY 2017	FFY 2018
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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** Although the overall number of low-income children served by CHIP during FFY 2018 was higher than in FFY 2017, there was a trend towards lower monthly participation levels during the last four months of the fiscal year.
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**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?** The Appointment Availability Study involves the CHIP program and benefits CHIP enrollees. This quality initiative is intended to improve member access to health care providers. Pay-for-Quality (P4Q) HHSC revised the methodology and measures for calendar year 2018 with the goal of simplifying the program, allowing MCO's to track their performance and predict losses, rewarding high performance and improvement, and promoting transformation and innovation leading to better health outcomes. Performance Improvement Projects (PIPs) Texas CHIP health plans are currently implementing a total of 36 PIPs. Four health plans are collaborating with DSRIP providers. 2017-2018 PIP topics include asthma, behavioral health, preventive dental services, and increasing the rate of well child visits. In addition, HHSC uses the 3M potentially preventable events (PPEs) which are a set of quality measures to assess Medicaid and CHIP managed care organization (MCO) performance."

FFY 2016	FFY 2017	FFY 2018
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:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021**: *Explain how these objectives were set:*
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 2016	FFY 2017	FFY 2018
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 2016	FFY 2017	FFY 2018
Explanation of Progress:	**Explanation of Progress:**	**Explanation of Progress:**
How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?	**How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?**	**How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?**
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**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.	**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 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:**	**Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:**
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 Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIA, Questions 2 and 3) (Continued)

FFY 2016	FFY 2017	FFY 2018
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:**

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

Objectives Related to CHIP Enrollment

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

Objectives Related to CHIP Enrollment (Continued)

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

Objectives Related to CHIP Enrollment (Continued)

FFY 2016	FFY 2017	FFY 2018
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:**

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

Objectives Related to Medicaid Enrollment

FFY 2016	FFY 2017	FFY 2018
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:

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

Objectives Related to Medicaid Enrollment (Continued)

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

Objectives Related to Medicaid Enrollment (Continued)

FFY 2016	FFY 2017	FFY 2018
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:**

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

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

FFY 2016	FFY 2017	FFY 2018
Goal #1 *(Describe)* Increase the percentage of CHIP enrollees with good access to urgent care.	**Goal #1** *(Describe)* Increase the percentage of CHIP enrollees with good access to urgent care.	**Goal #1** *(Describe)* Increase the percentage of CHIP enrollees with good access to urgent care.
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*: CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 4 is used to determine enrollee access to urgent care.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain*: CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 4 is used to determine enrollee access to urgent care.	**Measurement Specification:** ☐ HEDIS. *Specify HEDIS® Version used:* ☒ Other. *Explain*: CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 4 is used to determine enrollee access to urgent care.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 4 is used to determine enrollee access to urgent care.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 4 is used to determine enrollee access to urgent care.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 4 is used to determine enrollee access to urgent care.
Definition of Population Included in the Measure: Definition of numerator: Responses of "usually" or "always" to CAHPS 4 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: All caregivers asked CAHPS 4 and gave a valid response (excluding "Refused" or "Don't Know".	**Definition of Population Included in the Measure:** Definition of numerator: Responses of "usually" or "always" to CAHPS 4. 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: All caregivers asked CAHPS 4 and gave a valid response (excluding "Refused" or "Don't Know".	**Definition of Population Included in the Measure:** Definition of numerator: Responses of "usually" or "always" to CAHPS 4. 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: All caregivers asked CAHPS 4 and gave a valid response (excluding "Refused" or "Don't Know".

FFY 2016	FFY 2017	FFY 2018
Date Range: **From: (mm/yyyy)** 11/2014 **To: (mm/yyyy)** 08/2015	**Date Range:** **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 09/2016	**Date Range:** **From: (mm/yyyy)** 11/2016 **To: (mm/yyyy)** 08/2017
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.* ☐ 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: 3334 Denominator: 4000 Rate: 83.4 Additional notes on measure: CAHPS Health Plan Survey 5.0H, Child Version – Question CAHPS 4 "In the last 6 months, when your child needed care right away, how often did you get care as soon as you needed?" The rate represents the percentage of caregivers who responded "usually" or "always". Rates are based on random pull of 411 from full biennial CHIP survey dataset. Rates are weighted by plan code (to account for original sampling strategy) and any needed weight corrections for potential non-response bias.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 78 Denominator: 87 Rate: 89.7 Additional notes on measure: CAHPS Health Plan Survey 5.0H, Child Version – Question CAHPS 4 "In the last 6 months, when your child needed care right away, how often did you get care as soon as you needed?" The rate represents the percentage of caregivers who responded "usually" or "always". Rates are based on simple random sample of 411 collected for this year. Only weight corrections for potential non-response bias were necessary.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 2596 Denominator: 2743 Rate: 94.6 Additional notes on measure: CAHPS Health Plan Survey 5.0H, Child Version – Question CAHPS 4 "In the last 6 months, when your child needed care right away, how often did you get care as soon as you needed?" The rate represents the percentage of caregivers who responded "usually" or "always". Rates are based on a random pull of 411 full biennial CHIP completed surveys. Rates are weighted by plan code (to account for original sampling strategy) and weight corrections for potential non-response bias for race/ethnicity.

FFY 2016	FFY 2017	FFY 2018
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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** The percent of CHIP enrollees with good access to urgent care has increased from 89.7 percent to 94.7 percent. The FFY 2017 denominator was 87. The 5 percent increase is within the margin of error. **What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** The Appointment Availability Study involves the CHIP program and benefits CHIP enrollees. This quality initiative is intended to improve member access to health care providers. Pay-for-Quality (P4Q) HHSC revised the methodology and measures for calendar year 2018 with the goal of simplifying the program, allowing MCO's to track their performance and predict losses, rewarding high performance and improvement, and promoting transformation and innovation leading to better health outcomes. Performance Improvement Projects (PIPs) Texas CHIP health plans are currently implementing a total of 36 PIPs. Four health plans are collaborating with DSRIP providers. 2017-2018 PIP topics include asthma, behavioral health, preventive dental services, and increasing the rate of well child visits. In addition, HHSC uses the 3M potentially preventable events (PPEs) which are a set of quality measures to assess Medicaid and CHIP managed care organization (MCO) performance.

FFY 2016	FFY 2017	FFY 2018
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:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:** Information for this goal is obtained from the Established Enrollee Survey. The Texas EQRO contractor, the Institute for Child Health Policy, University of Florida, administers telephone surveys to caregivers of children enrolled in CHIP, on a biennial basis.

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

FY 2016	FFY 2017	FFY 2018
Goal #2 (Describe) Increase the percent of CHIP enrollees who have a usual source of care.	**Goal #2** (Describe) Increase the percent of CHIP enrollees who have a usual source of care.	**Goal #2** (Describe) Increase the percent of CHIP enrollees who have a usual source of care.
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:* CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 30 is used to determine percent of enrollees with a usual source of care.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used:* ☒ Other. *Explain:* CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 30 is used to determine percent of enrollees with a usual source of care.	**Measurement Specification:** ☐ HEDIS. *Specify HEDIS® Version used:* ☒ Other. *Explain:* CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 30 is used to determine percent of enrollees with a usual source of care.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify:* ☐ Other. *Specify:* CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®).	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify:* ☐ Other. *Specify:* CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®).	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify:* ☐ Other. *Specify:* CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
Definition of Population Included in the Measure: Definition of numerator: Responses of "yes" to CAHPS 30: "Does your child have a personal doctor?" 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: All caregivers asked CAHPS 30 who gave a valid response (excluding "Refused" or "Don't Know".	**Definition of Population Included in the Measure:** Definition of numerator: Responses of "yes" to CAHPS 30: "Does your child have a personal doctor?" 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: All caregivers asked CAHPS 30 who gave a valid response (excluding "Refused" or "Don't Know".	**Definition of Population Included in the Measure:** Definition of numerator: Responses of "yes" to CAHPS 30: "Does your child have a personal doctor?" 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: All caregivers asked CAHPS 30 who gave a valid response (excluding "Refused" or "Don't Know".
Date Range: **From: (mm/yyyy)** 11/2014 **To: (mm/yyyy)** 08/2015	**Date Range:** **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 09/2016	**Date Range:** **From: (mm/yyyy)** 11/2016 **To: (mm/yyyy)** 08/2017

FY 2016	FFY 2017	FFY 2018
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.* ☐ 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 note/comments on measure:**
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 16063 Denominator: 17520 Rate: 91.7 Additional notes on measure: CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 30. The rate represents the percentage of caregivers who responded "Yes". Rates are based on random pull of 411 from full biennial CHIP survey dataset. Rates are weighted by plan code (to account for original sampling strategy) and any needed weight corrections for potential non-response bias.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 394 Denominator: 415 Rate: 94.9 Additional notes on measure: CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 30. The rate represents the percentage of caregivers who responded "Yes". Rates are based on simple random sample of 411 collected for this year. Only weight corrections for potential non-response bias were necessary.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 9063 Denominator: 10664 Rate: 84.9 Additional notes on measure: CAHPS 5.0H The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H question CAHPS 30. The rate represents the percentage of caregivers who responded "Yes". Rates are based on a random pull of 411 full biennial CHIP completed surveys. Rates are weighted by plan code (to account for original sampling strategy) and weight corrections for potential non-response bias for race/ethnicity.

FY 2016	FFY 2017	FFY 2018
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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** The percent of CHIP enrollees who have a usual source of care has decreased from 94.9 percent to 84.9 percent. The CHIP Core data is based on 411 randomly selected respondents. Looking at the whole CHIP sample of 5,000 respondents for the year, the rate was closer to 88%. The lower number of responses simply increases the variability.

FY 2016	FFY 2017	FFY 2018
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**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?** The Appointment Availability Study involves the CHIP program and benefits CHIP enrollees. This quality initiative is intended to improve member access to health care providers. Pay-for-Quality (P4Q) HHSC revised the methodology and measures for calendar year 2018 with the goal of simplifying the program, allowing MCO's to track their performance and predict losses, rewarding high performance and improvement, and promoting transformation and innovation leading to better health outcomes. Performance Improvement Projects (PIPs) Texas CHIP health plans are currently implementing a total of 36 PIPs. Four health plans are collaborating with DSRIP providers. 2017-2018 PIP topics include asthma, behavioral health, preventive dental services, and increasing the rate of well child visits. In addition, HHSC uses the 3M potentially preventable events (PPEs) which are a set of quality measures to assess Medicaid and CHIP managed care organization (MCO) performance."
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:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019**: A**nnual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*

FY 2016	FFY 2017	FFY 2018
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:** Information for this goal is obtained from the Established Enrollee Survey. The Texas external quality review organization (EQRO) contractor, the Institute for Child Health Policy, University of Florida, administers telephone surveys to caregivers of children enrolled in CHIP, on a biennial basis.

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

FFY 2016	FFY 2017	FFY 2018
Goal #3 *(Describe)* Increase the percentage of discharges for members six years of age and older who were hospitalized for selected mental health disorders and who had an outpatient visit or partial hospitalization within 30 days.	**Goal #3** *(Describe)* Increase the percentage of discharges for members six years of age and older who were hospitalized for selected mental health disorders and who had an outpatient visit or partial hospitalization within 30 days.	**Goal #3** *(Describe)* Increase the percentage of discharges for members six years of age and older who were hospitalized for selected mental health disorders and who had an outpatient visit or partial hospitalization within 30 days.
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:* 2016 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2017 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify HEDIS® Version used:* 2018 ☐ Other. *Explain:*
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* Two data sources were used to calculate the quality of care indicators: member level enrollment information and member level health care claims/encounter data. The enrollment files contained information about the member's age, gender, the MCO, and program in which the member is enrolled per month. Member-level claims/encounter data contained CPT, ICD10-CM, and POS codes, and other information necessary to calculate the quality of care indicators.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* Two data sources were used to calculate the quality of care indicators: member level enrollment information and member level health care claims/encounter data. The enrollment files contained information about the member's age, gender, the MCO, and program in which the member is enrolled per month. Member-level claims/encounter data contained CPT, ICD10-CM, and POS codes, and other information necessary to calculate the quality of care indicators.

FFY 2016	FFY 2017	FFY 2018
Definition of Population Included in the Measure: Definition of numerator: Members who had a follow-up visit with a mental health practitioner within 30 days after discharge 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: Members eligible for Follow-Up After Hospitalization for Mental Illness (FUH) Measure.	**Definition of Population Included in the Measure:** Definition of numerator: Members who had a follow-up visit with a mental health practitioner within 30 days after discharge. 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: Members eligible for Follow-Up After Hospitalization for Mental Illness (FUH) Measure.	**Definition of Population Included in the Measure:** Definition of numerator: Members who had a follow-up visit with a mental health practitioner within 30 days after discharge. 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 denominator: Members eligible for Follow-Up After Hospitalization for Mental Illness (FUH) Measure.
Date Range: **From: (mm/yyyy)** 01/2015 **To: (mm/yyyy)** 12/2015	**Date Range:** **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 12/2016	**Date Range:** **From: (mm/yyyy)** 01/2017 **To: (mm/yyyy)** 12/2017
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 600 Denominator: 1048 Rate: 57.3	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 712 Denominator: 1162 Rate: 61.3	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 767 Denominator: 1379 Rate: 55.6
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: This measure reports on the percent of CHIP enrollees six years of age and older who were hospitalized for mental illness and who had an outpatient visit, an intensive outpatient encounter, or a partial hospitalization with a physician provider during the measurement period.	**Additional notes on measure**: Percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.	**Additional notes/comments on measure:** Percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.
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:

FFY 2016	FFY 2017	FFY 2018
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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** From 2017 to 2018, the percentage of discharges for members six years of age and older who were hospitalized for selected mental health disorders and who had an outpatient visit or partial hospitalization follow-up visit with a mental health practitioner within 30 days decreased by nearly 6 percentage points. The decrease may be due to the fact that CHIP had new enrollees who were more likely to have mental health related admissions and less likely to have follow-ups.

FFY 2016	FFY 2017	FFY 2018
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	**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?** The Appointment Availability Study involves the CHIP program and benefits CHIP enrollees. This quality initiative is intended to improve member access to health care providers. Pay-for-Quality (P4Q) HHSC revised the methodology and measures for calendar year 2018 with the goal of simplifying the program, allowing MCO's to track their performance and predict losses, rewarding high performance and improvement, and promoting transformation and innovation leading to better health outcomes. Performance Improvement Projects (PIPs) Texas CHIP health plans are currently implementing a total of 36 PIPs. Four health plans are collaborating with DSRIP providers. 2017-2018 PIP topics include asthma, behavioral health, preventive dental services, and increasing the rate of well child visits. In addition, HHSC uses the 3M potentially preventable events (PPEs) which are a set of quality measures to assess Medicaid and CHIP managed care organization (MCO) performance.
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:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019:** **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2016	FFY 2017	FFY 2018
Goal #1 (Describe) Increase the percentage of members ages 13-19 years old who received one or more well-care visits during the specified timeframe.	**Goal #1** (Describe) Increase the percentage of members ages 13-19 years old who received one or more well-care visits during the specified timeframe.	**Goal #1** (Describe) Increase the percentage of members ages 13-19 years old who received one or more well-care visits during the specified timeframe.
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: 2016
	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:* 2016 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2017 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify HEDIS® Version used:* 2018 ☐ Other. *Explain:*
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* This measure followed HEDIS specifications, with 411 targeted medical records per CHIP health plan.	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* This measure followed HEDIS specifications, with 411 targeted medical records per CHIP health plan.	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* This measure followed HEDIS specifications, with 411 targeted medical records per CHIP health plan.
Definition of Population Included in the Measure: Definition of numerator: Members ages 13-19 years old who received one or more well-care visits during specified timeframe. 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: Members eligible for Adolescent Well-Care Visits (AWC) measure.	**Definition of Population Included in the Measure:** Definition of numerator: Members ages 13-19 years old who received one or more well-care visits during specified timeframe. 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: Members eligible for Adolescent Well-Care Visits (AWC) measure.	**Definition of Population Included in the Measure:** Definition of numerator: Members ages 13-19 years old who received one or more well-care visits during specified timeframe. 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: Members eligible for Adolescent Well-Care Visits (AWC) measure.
Date Range: **From: (mm/yyyy)** 01/2015 **To: (mm/yyyy)** 12/2015	**Date Range:** **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 12/2016	**Date Range:** **From: (mm/yyyy)** 01/2017 **To: (mm/yyyy)** 12/2017

FFY 2016	FFY 2017	FFY 2018
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 0 Denominator: 0 Rate: 64.46	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0 Denominator: 0 Rate: 67.2	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0 Denominator: 0 Rate: 65.9
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: Numerators and denominators are not shown because the Weighted State Rates are the sum of weighted MCO rates, accounting for proportional membership meeting denominator inclusion criteria. The denominator inclusion criteria are the HEDIS specifications for the denominator for that particular measure.	**Additional notes on measure:** Numerators and denominators are not shown because the Weighted State Rates are the sum of weighted MCO rates, accounting for proportional membership meeting denominator inclusion criteria. The denominator inclusion criteria are the HEDIS specifications for the denominator for that particular measure.	**Additional notes/comments on measure:** Numerators and denominators are not shown because the Weighted State Rates are the sum of weighted MCO rates, accounting for proportional membership meeting denominator inclusion criteria. The denominator inclusion criteria are the HEDIS specifications for the denominator for that particular 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:

FFY 2016	FFY 2017	FFY 2018
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?**	**Explanation of Progress:** **How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** The rate of adolescent CHIP members who had an Adolescent Well-Care Preventive Visits has decreased since 2017 from 67.2 percent to 65.9 percent. The decrease is within the statistical margin of error.
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?** The Appointment Availability Study involves the CHIP program and benefits CHIP enrollees. This quality initiative is intended to improve member access to health care providers. Pay-for-Quality (P4Q) HHSC revised the methodology and measures for calendar year 2018 with the goal of simplifying the program, allowing MCO's to track their performance and predict losses, rewarding high performance and improvement, and promoting transformation and innovation leading to better health outcomes. Performance Improvement Projects (PIPs) Texas CHIP health plans are currently implementing a total of 36 PIPs. Four health plans are collaborating with DSRIP providers. 2017-2018 PIP topics include asthma, behavioral health, preventive dental services, and increasing the rate of well child visits. In addition, HHSC uses the 3M potentially preventable events (PPEs) which are a set of quality measures to assess Medicaid and CHIP managed care organization (MCO) performance.

FFY 2016	FFY 2017	FFY 2018
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:*	**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.** **Annual Performance Objective for FFY 2019**: **Annual Performance Objective for FFY 2020:** **Annual Performance Objective for FFY 2021:** *Explain how these objectives were set:*
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 2016	FFY 2017	FFY 2018
Goal #2 (Describe) Increase the percentage of CHIP members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	**Goal #2** (Describe) Increase the percentage of CHIP members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	**Goal #2** (Describe) Increase the percentage of CHIP members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.
Type of Goal: ☒ New/revised. *Explain:* ☐ Continuing. ☐ Discontinued. *Explain:* In consultation with Texas EQRO, the previous " Access to specialist referral" measure (CAHPS 4.0 Supplemental Item R1) and "Access to specialist appointments" measure (CAHPS 5.0H 46 question) have been replaced with HEDIS W34 "Well-Child Visits in the 3rd, 4th, 5th & 6th Years of Life" to track the CHIP State Plan section 9.2, performance goal B.	**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:* 2016 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used:* 2017 ☐ Other. *Explain:*	**Measurement Specification:** ☒ HEDIS. *Specify HEDIS® Version used:* 2018 ☐ Other. *Explain:*
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* This measure followed HEDIS specifications, with 411 targeted medical records per CHIP health plan.	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* This measure followed HEDIS specifications, with 411 targeted medical records per CHIP health plan.	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. *Specify:* ☒ Other. *Specify:* This measure followed HEDIS specifications, with 411 targeted medical records per CHIP health plan.

FFY 2016	FFY 2017	FFY 2018
Definition of Population Included in the Measure: Definition of numerator: Members who had at least one well-child visit with a PCP during the measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members eligible for Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) measure.	**Definition of Population Included in the Measure:** Definition of numerator: Members who had at least one well-child visit with a PCP during the measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members eligible for Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) measure.	**Definition of Population Included in the Measure:** Definition of numerator: Members who had at least one well-child visit with a PCP during the measurement year. Definition of denominator: ☒ Denominator includes CHIP population only. ☐ Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded: Members eligible for Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) measure.
Date Range: **From: (mm/yyyy)** 01/2015 **To: (mm/yyyy)** 12/2015	**Date Range:** **From: (mm/yyyy)** 01/2016 **To: (mm/yyyy)** 12/2016	**Date Range:** **From: (mm/yyyy)** 01/2017 **To: (mm/yyyy)** 12/2017
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 0 Denominator: 0 Rate: 80.1	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0 Denominator: 0 Rate: 79.7	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS)* Numerator: 0 Denominator: 0 Rate: 78.7
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: Numerators and denominators are not shown because the Weighted State Rates are the sum of weighted MCO rates, accounting for proportional membership meeting denominator inclusion criteria. The denominator inclusion criteria are the HEDIS specifications for the denominator for that particular measure.	**Additional notes on measure:** Numerators and denominators are not shown because the Weighted State Rates are the sum of weighted MCO rates, accounting for proportional membership meeting denominator inclusion criteria. The denominator inclusion criteria are the HEDIS specifications for the denominator for that particular measure.	**Additional notes/comments on measure:** Numerators and denominators are not shown because the Weighted State Rates are the sum of weighted MCO rates, accounting for proportional membership meeting denominator inclusion criteria. The denominator inclusion criteria are the HEDIS specifications for the denominator for that particular 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:

FFY 2016	FFY 2017	FFY 2018
Explanation of Progress:	**Explanation of Progress:**	**Explanation of Progress:**
How did your performance in 2016 compare with the Annual Performance Objective documented in your 2015 Annual Report?	**How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?**	**How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?** The number of children 3 to 6 years of age in CHIP Preventive Care for Children who had a well-care visit decreased since 2017 from 79.7 percent to 78.7 percent.
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?** The Appointment Availability Study involves the CHIP program and benefits CHIP enrollees. This quality initiative is intended to improve member access to health care providers. Pay-for-Quality (P4Q) HHSC revised the methodology and measures for calendar year 2018 with the goal of simplifying the program, allowing MCO's to track their performance and predict losses, rewarding high performance and improvement, and promoting transformation and innovation leading to better health outcomes. Performance Improvement Projects (PIPs) Texas CHIP health plans are currently implementing a total of 36 PIPs. Four health plans are collaborating with DSRIP providers. 2017-2018 PIP topics include asthma, behavioral health, preventive dental services, and increasing the rate of well child visits. In addition, HHSC uses the 3M potentially preventable events (PPEs) which are a set of quality measures to assess Medicaid and CHIP managed care organization (MCO) performance.

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

   Texas uses MCO Report Cards to measure   and report on access, quality and member outcomes for the CHIP population. Texas provides CHIP members MCO report cards, which provide information on outcome and process measures related to the CHIP population. These report cards are available on HHSC's webpage and are included in enrollment packets to aid members in choosing an MCO. Each item on the report card is assigned between one and five stars. The report cards provide information on individual measures, composite scores of related items, and one overall score for each MCO. The report cards are separated by service delivery area so members have information that is specific to them. These are completed on a calendar year basis. The most recent information available from the report cards uses calendar year 2017 data. The average overall rating for the CHIP MCOs was 3 out of 5 stars. "Children and teens get regular checkups" had the highest average score of 3.5 stars and "Children get medicine for asthma" had the lowest average score of 2.5 stars.

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]**

   HHSC does not have CHIP-specific strategies of this kind at this time.

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]**

   HHSC does not have CHIP-specific strategies of this kind at this time.

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]**

   HHSC does not have CHIP-specific strategies of this kind at this time.

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]**

   HHSC' strategies have remained largely the same as in prior years. Due to funding, implementation of these strategies did not occur in FFY 2018. Funding is available for FFY 2019, and HHSC is preparing to resume outreach activities accordingly.

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]**

   In past years, methods have focused on the use of radio, outdoor, and digital communications. Effectiveness has been based on measuring media gross impressions statewide.

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

   Historically in Texas, although digital allowed for a wider reach and the ability to target audiences, using a combination of communications allowed the campaign to reach rural remote communities.

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

   ☐ Yes
   ☒ No

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

5. What percentage of children below 200 percent of the federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? **[5]** 80

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

   The estimate is based on a comparison of enrollment figures derived from Texas' Medicaid/CHIP program administrative records against projections of the potentially eligible population extrapolated from Texas-specific demographic data contained in the U.S. Census Bureau's 2017 American Community Survey and in population projections obtained from the Texas Demographic Center/Office of the State Demographer at the University of Texas at San Antonio.

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

CHIP outreach strategies were not implemented in FFY 2018 due to a lack of funding. Funding is available for FFY 2019, and HHSC is preparing to resume outreach activities accordingly. The contractor HHSC used previously for CHIP outreach activities tracked the effectiveness of outreach efforts.

However, HHSC has since brought the outreach function in-house, and is still determining the best way to measure effectiveness under this new structure.

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

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

   Children under age 19 at or below 201% FPL. It does not apply to CHIP perinatal.

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

   The premium paid by the family for coverage of the child under the group health plan exceeds 5% of household income.
   The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a QHP through the Marketplace because the ESI in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B-2(c)(3)(v).
   The cost of family coverage that includes the child exceeded 9.5% of the household income.
   The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan.
   A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA).

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

   ☒ No
   ☐ Yes
   ☐ N/A

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

7. What percent of individuals screened for CHIP eligibility cannot be enrolled because they have group health plan coverage? **[5]** .14

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

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

☐ Yes
☒ No

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

Enter any Narrative text related to Section IIIB below. **[7500]**
Question 5 Continued:

The child has special health care needs.

The child lost coverage due to the death or divorce of a parent.

Termination of continuation coverage under COBRA where the termination is based upon the expiration of the period of coverage (usually 18 months).

The child is no longer covered by the Texas Employee Retirement System.

The child loses CHIP eligibility from another state.

The Texas Health and Human Services Commission (HHSC) determines that good cause exists based on information provided by the applicant or information otherwise obtained by HHSC.

Question 2(a)

HHSC's eligibility system does not specify the type of TPR the screened child had. Because the HHSC eligibility system does not specify the type of TPR, Texas cannot provide an exact number of exemptions given to children who had employee sponsored insurance. Instead, Texas has provided the total number of exemptions for FFY 2018. In federal fiscal year 2018, 166 individuals were found exempt from the 90-day enrollment waiting period. The following breaks out these exemptions by type.

Exemption Type:	Total Clients:
Monthly Premium Amount greater than 5% Household Income	92
Parent's job ended due to layoff or business closing	53
Medicaid coverage ended	8
Change in parent's marital status	7
Involuntary Loss	5
Parent's COBRA or ERS coverage ended	1

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]**
     Individuals are sent a renewal packet during the ninth month of their current 12-month certification period, followed by a reminder notice in the eleventh month if the renewal form has not been returned by that time. Individuals can choose to receive these notices via regular mail or electronically.

   - 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]**
     The reminder notice is mailed to the individual on the first day of the eleventh month of their current 12-month certification period. The individual can choose to receive this notice via regular mail or electronically.

   ☐ 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]**

   HHSC has not evaluated these strategies.

Section IIIC: Subpart B: Eligibility Data

Table 1. Data on Denials of Title XXI Coverage in FFY 2018

States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2018. Please enter the data requested in the table below and the template will tabulate the requested percentages.

If you are unable to provide data in this section due to the single streamlined application, please note this in the response to question 2.

Measure	Number	Percent
1. Total number of denials of title XXI coverage	145192	100
a. Total number of procedural denials	19939	13.7
b. Total number of eligibility denials	106514	73.4
i. Total number of applicants denied for title XXI and enrolled in title XIX	0	
☐ (Check here if there are no additional categories) c. Total number of applicants denied for other reasons Please indicate: Failed identity requirements, failed to keep appointment	18739	12.9

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

   The data in the table are based on unduplicated counts for the year. Individuals may apply/reapply more than once during the year, but they are only counted once. For 1.b.i.: HHSC is unable to provide this data. Texas uses a single application for Medicaid and CHIP and, once an individual is determined eligible for a program's benefits, HHSC's eligibility system does not track the programs for which the individual was found ineligible.

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 2018. 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 2018 (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 2018 (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 2018.

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	434430	100%				
2. Total number of children screened for redetermination for title XXI	309660	71.28	100%			
3. Total number of children retained in title XXI after the redetermination process	264735	60.94	85.49			
4. Total number of children disenrolled from title XXI after the redetermination process	44925	10.34	14.51	100%		
a. Total number of children disenrolled from title XXI for failure to comply with procedures	12305				27.39	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	26681				59.39	100%
i Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here ☐)	21176					79.37
ii Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here ☐)	0					
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 ☐)	10					0.04
iv Disenrolled from title XXI for other eligibility reason(s) Please indicate: individual did not meet program requirements; no eligible member; eligibility denied (If unable to provide the data check here ☐)	5495					20.6
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: failure to return recertification packet; eligibility denied; blank (Check here if there are no additional categories ☐)	5939				13.22	

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

The data in the table are based on unduplicated client counts for the year. Individuals may apply/reapply more than once during the year, but they are only counted once. Texas uses a single application for Medicaid and CHIP and, once an individual is determined eligible for benefits in one program, HHSC's eligibility system does not track the other programs for which the individual was found ineligible. As a result CHIP recipient who is eligible for redetermination but who is found eligible for another program will not show up in the count of children with CHIP redeterminations or in the count of children screened for CHIP redeterminations.

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) 2018, 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 2018 (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 2018.
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 2018. 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 2018 (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	3483284	100%				
2. Total number of children screened for redetermination for title XIX	1404814	40.33	100%			
3. Total number of children retained in title XIX after the redetermination process	1211065	34.77	86.21			
4. Total number of children disenrolled from title XIX after the redetermination process	193749	5.56	13.79	100%		
a. Total number of children disenrolled from title XIX for failure to comply with procedures	57227				29.54	
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria	121563				62.74	100%
i. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here ☐)	86260					70.96
ii. Disenrolled from title XIX for other eligibility reason(s) Please indicate: 12 month med coverage ended; individual not certified-does not meet program requirement; no eligible members (If unable to provide the data check here ☐)	35303					29.04
c. Total number of children disenrolled from title XIX for other reason(s) Please indicate: excess resources; eligibility denied (Check here if there are no additional categories ☐)	14959				7.72	

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

   The data in the table are based on unduplicated client counts for the year. Individuals may apply/reapply more than once during the year, but they are only counted once. During FY2014, Texas initiated an auto-renewal process for Medicaid redeterminations. These transactions do not appear in

the source files used for this table. Medicaid programs without a renewal option were excluded from the analysis (e.g. transitional Medicaid, emergency Medicaid, presumptive eligibility programs, Newborns to a mother on Medicaid (TP45), and programs for former foster care youth).

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) 2018, 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 2018 (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 2018.
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 2018. 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 2018 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).
    b. The "total number of children disenrolled for failure to meet eligibility criteria" is defined as the total number of children disenrolled from title XIX for no longer meeting one or more of their state's Medicaid eligibility criteria (i.e., income too high, etc.).
    c. The "total number of children disenrolled for other reason(s)" is defined as the total number of children disenrolled from title XIX for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b.
        The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XIX (line 4).

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

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

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 identify newly enrolled children in the second quarter of FFY 2018 (January, February, and March of 2018) for the FFY 2018 CARTS report. This same cohort of children will be reported on in the FFY 2019 CARTS report for the 12 and 18 month status of children newly identified in quarter 2 of FFY 2018 If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary.**

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

Instructions: For this measure, please identify newly enrolled children in both title XIX (for Table 3a) and title XXI (for Table 3b) in the second quarter of FFY 2018, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2018 must have birthdates after July 2001 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2018 must have birthdates after August 2001, and children enrolled in March 2018 must have birthdates after September 2001. Each child newly enrolled during this time frame needs a unique identifier or "flag" so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional "flag" or unique identifier may not be necessary. Please follow the child based on the child's age category at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span)

Please enter the data requested in the tables below, and the template will tabulate the percentages. In the FFY 2018 report you will only enter data on line 1 about the total children newly enrolled, and lines 2-4a related to the 6-month enrollment status of children identified on line 1. Line 1 should be populated with data on the children newly-enrolled in January, February, and March 2018. Lines 2-4a of the tables should also be populated with information about these same children 6 months later (as of June 2018 for children first identified as newly enrolled in January 2018, as of July 2018 for children identified as newly enrolled in February 2018, and as of August 2018 for children identified as newly enrolled in March 2018). **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. These tables track a child's enrollment status over time, so for data reported at each milestone (6, 12, and 18 months), there should always be the same total number of children accounted for. That is, regardless of how the enrollment numbers are distributed between line 2-10 in the continuously enrolled, break in coverage but re-enrolled, and disenrolled categories and across the age category columns at each time period, the total number of children accounted for in each time period should add up to the number in line 1, column 2 "All Children Ages 0-16."

Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the totals because they are subsets of their respective rows. The system will not move to the next section of the report until all applicable sections of the table for the reporting year are complete and sum correctly to line 1.

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

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

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

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2018	220859	100%	60662	100%	58444	100%	70950	100%	30803	100%
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XIX	210541	95.33	58183	95.91	55524	95	67701	95.42	29133	94.58
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	2077	0.94	539	0.89	613	1.05	616	0.87	309	1
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☒)										
4. Total number of children disenrolled from title XIX	8241	3.73	1940	3.2	2307	3.95	2633	3.71	1361	4.42
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 ☒)										
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XIX										
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX										
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here ☐)										
7. Total number of children disenrolled from title XIX										
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 ☐)										

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

Definitions:

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

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

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

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

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

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

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

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

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

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

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

Specify how your "newly enrolled" population is defined:

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

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

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2018	82236	100%	51	100%	25634	100%	39766	100%	16785	100%

Table 3b. Duration Measure, Title XXI	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Enrollment status 6 months later										
2. Total number of children continuously enrolled in title XXI	64851	78.86	39	76.47	19233	75.03	31785	79.93	13794	82.18
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	746	0.91	1	1.96	341	1.33	318	0.8	86	0.51
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☒)										
4. Total number of children disenrolled from title XXI	16639	20.23	11	21.57	6060	23.64	7663	19.27	2905	17.31
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 ☒)										
Enrollment status 12 months later										
5. Total number of children continuously enrolled in title XXI										
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)										
7. Total number of children disenrolled from title XXI										
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here ☐)										
Enrollment status 18 months later										
8. Total number of children continuously enrolled in title XXI										
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI										
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here ☐)										
10. Total number of children disenrolled from title XXI										
10.a Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here ☐)										

Definitions:

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

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

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

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

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

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

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

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

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

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

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

Section IIID: Cost Sharing

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

   a. Cost sharing is tracked by:

   ☒ Enrollees (shoebox method)

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

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

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

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

   The CHIP administrative services contractor confirms the notification from the family when the family is near their cap on out-of-pocket information. The CHIP administrative services contractor then notifies the member's health and dental plan who then issues a new membership card that indicates no cost-sharing is required through the end of that member's enrollment period. In addition to seeing the member's membership cards, providers can also access a toll-free line operated by the CHIP administrative services contractor that provides eligibility information.

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]**

   24

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

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

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

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

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

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

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)

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)

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

      ☐ Parents and Caretaker Relatives
      ☐ Pregnant Women

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

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

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

      ☐ Yes
      ☐ No

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

☐ Yes
☐ No

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

☐ Yes
☐ No

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

☐ Yes
☐ No

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

☐ Yes
☐ No

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

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

    Number of childless adults ever-enrolled during the reporting period

    Number of adults ever-enrolled during the reporting period

    Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2018.

        Children
        Parents

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

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

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

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

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

Population	State	Employer	Employee
Child			
Parent			

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

	Low	High
Children		
Parent		

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

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

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

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

☐ Yes
☐ No

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

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

☐ Yes
☐ No

22. Can you cap enrollment for your program?

☐ Yes
☐ No

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

Enter any Narrative text related to Section 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 written plan that has safeguards and establishes methods and procedures for:

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

    Please explain: **[7500]**

    Regarding prevention, HHSC Office of the Inspector General (OIG) has written policies and procedures pertaining to the placement of providers on prepayment review. Regarding investigations and referrals of fraud and abuse, HHSC-OIG follows rules published in the Texas Administrative Code as well as its own policies and procedures.

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

    ☒ Yes
    ☐ No

    Please Explain: **[500]**

    MCOs must submit a written fraud, waste, and abuse compliance plan to HHSC OIG for approval prior to contracting with HHSC.

2. For the reporting period, please report the

    <u>4814</u> 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

     Number of cases referred to appropriate law enforcement officials

    Provider Billing

    <u>2037</u> Number of cases investigated

    <u>484</u> Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

<u>49</u> Number of cases investigated

<u>5</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]**

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

☒ Yes

☐ No

Please Explain: **[500]**

The statistics above are generated by HHSC-OIG, as the OIG has the ultimate responsibility for investigating fraud, waste, and abuse of providers in the Medicaid program. However, CHIP services are administered under managed care. HHSC contracts with multiple managed care organizations (MCOs) and Dental Maintenance Organizations (DMOs) to administer CHIP services.

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

Question 6 continued. In order to ensure integrity of Medicaid and CHIP services under the managed care arrangement, HHSC, by administrative rule, requires the MCOs and DMOs to have Special Investigative Units (SIUs) to investigate allegations of fraud, waste, and abuse. Each respective MCO and DMO must have a fraud, waste, and abuse plan that outlines how it will identify potential provider and beneficiary fraud, waste, and abuse as it relates to CHIP. These fraud, waste, and abuse plans are submitted to HHSC for review and approval. Additionally, the MCOs and DMOs are required to refer any allegations of fraud, waste, and abuse to HHSC-IG for further investigation. MCOs and DMOs submit a monthly log of all investigative activity to HHSC-OIG and to the Attorney General's Medicaid Fraud Control Unit.

Regarding question #2, the CHIP Request for Review (RFR) unit is a specialized group of HHSC staff administratively categorized the same as Medicaid fair hearings staff. RFR handles CHIP requests for review (CHIP appeals) and retroactive CHIP coverage requests. A request for review is any expression of dissatisfaction with an adverse action - denial of eligibility, an untimely eligibility determination, termination of enrollment, or when CHIP and CHIP perinatal households do not agree with period of coverage. The data provided in question #2 are for all RFRs received by the RFR unit.

Regarding question #3, HHSC Office of the Inspector General (OIG) does not track CHIP provider credentialing and disenrollment investigations related to fraud and abuse, although all OIG investigations

for fraud, waste, and abuse have the capability of identifying issues related to provider enrollment and review of enrollment documentation is part of a typical investigation. Providers are re-credentialed every three years. MCOs must provide credentialing data to the state's EQRO annually, including the following:

•   Description of process of credentialing and re-credentialing providers and included how background checks are performed. (Not applicable if NCQA-accredited for credentialing.)

•   Number of providers and facilities credentialed during measurement period.

•   Number of requests for initial credentialing denied, with reasons.

•   Number of providers and facilities re-credentialed during this measurement period.

•   Number of requests for re-credentialing denied, with reasons.

•   Number of providers who were reduced, suspended, or had privileges terminated by the health plan, with reasons.

•   Number of providers who chose to appeal reduction, suspension, or termination of privileges, with outcome(s) of the appeal(s).

Regarding question #4, the numbers reported are solely based on investigative work performed by the State. HHSC OIG does not rely on contractors to perform the functions; however, the State contracts with managed care health plans to conduct fraud, waste, and abuse investigations. This work is done by the health plans' Special Investigations Units (SIUs). Upon completion of an SIU Audit where fraud, waste, and abuse is suspected, the SIU must refer the case to the State. HHSC OIG does not provide an answer to #5 because it does not rely on contractors to perform the functions noted in the questions above, however their SIU work can be the basis or initiation of work that leads to the State's reporting results. The explanation provided in question #6 explains oversight of the managed care health plans' SIUs.

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 2018	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]	571993	55	39608	88488	141070	180556	122216
Total Enrollees Receiving Any Dental Services[2] [7]	346387	9	22241	53731	91546	112440	66420
Total Enrollees Receiving Preventive Dental Services[3] [7]	333235	6	20687	51542	88262	109450	63288

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

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

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

FFY 2018	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
Total Enrollees Receiving Dental Treatment Services[4] [7]	127454	0	521	11715	38753	46347	30118

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]**
20401

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]**

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

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

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

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

Section IIIH: CHIPRA CAHPS Requirement:

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

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

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

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

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

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

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

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

Definition of Population Included in the Survey Sample:

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

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

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

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

Which Administrative Protocol was Used to Administer the Survey?
☐ NCQA HEDIS CAHPS 5.0H administrative protocol
☐ HRQ CAHPS administrative protocol
☒ Other administrative protocol. Explain: Generally follow NCQA HEDIS specifications for CAHPS 5.0H, with modification to data collection protocol using Computer Assisted Telephone Interviews (CATI).

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

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

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

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

☐ Yes, please answer questions below.

☒ No, please skip to Section IV.

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

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program[6]

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

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

the third column, please provide the outcomes for metrics reported in the second column. Reporting on outcomes is optional 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

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

Section IV. Program financing for State Plan

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-federal funds).
(Note: This reporting period equals federal fiscal year 2018. 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	2018	2019	2020
Insurance payments			
Managed Care	933801718	970959421	1043342396
Fee for Service			
Total Benefit Costs	933801718	970959421	1043342396
(Offsetting beneficiary cost sharing payments)	-4641682	-6035978	-6387789
Net Benefit Costs	$ 929160036	$ 964923443	$ 1036954607

Administration Costs	2018	2019	2020
Personnel	20579597	22170934	21690543
General Administration	18951167	20416584	19974206
Contractors/Brokers (e.g., enrollment contractors)	16687676	22025125	25443884
Claims Processing			
Outreach/Marketing costs	240456	259049	253436
Other (e.g., indirect costs)	3518323	3790381	3708252
Health Services Initiatives			
Total Administration Costs	59977219	68662073	71070321
10% Administrative Cap (net benefit costs ÷ 9)	103240004	107213716	115217179

	2018	2019	2020
Federal Title XXI Share	927118349	968779704	932070569
State Share	62018906	64805812	175954359
TOTAL COSTS OF APPROVED CHIP PLAN	989137255	1033585516	1108024928

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]** Rebates

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 shortfall experienced related to insufficient federal CHIP.

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 ($)
2018	410747	$158
2019	403975	$165
2020	424304	$171

A. Fee For Service

Year	Number of Eligibles	PMPM ($)
2018		$
2019		$
2020		$

Enter any Narrative text related to Section IV below. **[7500]**
Congress passed the Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable (Healthy Kids) Act on January 22, 2018, which extended CHIP funding through federal fiscal year (FFY) 2023. Following the passing of the Healthy Kids Act, Congress passed the Advancing Chronic Care, Extenders, and Social Services (ACCESS) Act on February 8, 2018, which further extended CHIP funding until 2027. In addition the Patient Protection & Affordable Care Act also increases the federal CHIP match rate by 23 percentage points from October 1, 2015 through September 30, 2019 and 11.5 percentage points from October 1, 2019 - September 30, 2020.

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]**

   Agency changes remain subject to the maintenance of effort (MOE) requirements in the Affordable Care Act. Benefits and eligibility were maintained at the same level as the previous fiscal year.

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

   Texas CHIP has been operating steadily, without changes to eligibility, cost-sharing or benefits.

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

   Texas CHIP has been operating steadily.

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]**

   • State Plan Amendment to add MH/SUD in CHIP Perinatal benefits as required by the SUPPORT Act.

   • Development of an updated CHIP communications toolkit.

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