

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

## Preamble

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

The framework is designed to:

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

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

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

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

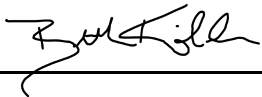
**\*Disclosure.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information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

**DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.**

State/Territory: Florida

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: 

CHIP Program Name(s): Florida KidCare

CHIP Program Type:

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

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

Contact Person/Title: Beth Kidder/ Deputy Secretary for Medicaid

Address: Agency for Health Care Administration

2727 Mahan Drive, Mail Stop 8

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Phone: 850-412-4006 Fax: 850-488-2520

Email: Beth.Kidder@AHCA.Myflorida.com

Submission Date: September 9, 2020

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

## Section I. Snapshot of CHIP Program and Changes

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

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

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

### CHIP Medicaid Expansion Program

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

Does your program require premiums or an enrollment fee?

- NO  
 YES  
 N/A

Enrollment fee amount:

Premium fee amount:

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

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

Yearly Maximum Premium Amount per Family: \$

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

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

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

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

Which delivery system(s) does your program use?

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

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

Enrollees are enrolled through Express Enrollment. Health plan enrollment will be effective the same day the individual's Medicaid is approved. They have 120 days to change to a different plan.

### Separate Child Health Program

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

Does your program require premiums or an enrollment fee?

- NO
- YES
- N/A

Enrollment fee amount:

Premium fee amount: \$15-20

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

Premium Amount From (\$)	Premium Amount To (\$)	From % of FPL	Up to % of FPL
15	15	133	158
20	20	159	200

Yearly Maximum Premium Amount per Family: \$

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

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

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

Families with income up to 158% FPL pay a \$15 monthly family premium. Families with an income from 159% to 200% FPL pay a \$20 monthly family premium. The MediKids and Healthy Kids programs also have non Title XXI full pay programs for families with income over 200% FPL.

Which delivery system(s) does your program use?

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

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

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

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

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

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

**Medicaid Expansion CHIP Program**

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

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

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

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

## Section II Program's Performance Measurement and Progress

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

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### Section IIA: Enrollment And Uninsured Data

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

Program	FFY 2018	FFY 2019	Percent change FFY 2018-2019
CHIP Medicaid Expansion Program	182275	172459	-5.39
Separate Child Health Program	313805	299427	-4.58

- 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	426	42.0	12.6	1.2
1998 - 2000	377	39.6	10.5	1.0
2000 - 2002	426	37.4	10.6	.9
2002 - 2004	393	35.8	9.5	.8
2003 - 2005	431	36.4	10.3	.8
2004 - 2006	455	37.0	10.7	.8
2005 - 2007	509	39.0	12.0	.9
2006 - 2008	498	39.0	11.8	.9
2007 - 2009	518	40.0	12.2	.9
2008 - 2010	466	33.0	11.0	.8
2009 - 2011	422	30.0	10.1	.7
2010 - 2012	373	26.0	809.0	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	309	15.0	7.4	.3
2014	253	14.0	6.0	.3
2015	195	11.0	4.6	.2
2016	166	12.0	3.9	.3
2017	179	12.0	4.1	.3
2018	174	11.0	3.9	.3
Percent change 2017 vs. 2018	-2.8%	N/A	-4.9%	N/A

- A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**
- B. We have not been able to determine a specific reason for the decrease in uninsured children. Please note any comments here concerning ACS data limitations that may affect the reliability or precision of these estimates. **[7500]**

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

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

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

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

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

**[7500]**

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

**[7500]**

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

**[7500]**

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

**[7500]**

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

## Section IIB: State Strategic Objectives And Performance Goals

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

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, data from the previous two years’ annual reports (FFY 2017 and FFY 2018) will be populated with data from previously reported data in CARTS. If you reported data in the two previous years’ reports and you want to update/change the data, please enter that data. If you reported no data for either of those two years, but you now have data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2019).

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

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

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

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

### A. Goal:

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

### B. Type of Goal:

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

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

### **C. Status of Data Reported:**

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

- **Provisional:** Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2019.

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

- **Final:** Check this box if the data you are reporting are considered final for FFY 2019.
- **Same data as reported in a previous year’s annual report:** Check this box if the data you are reporting are the same data that your state reported for the goal in another annual report. Indicate in which year’s annual report you previously reported the data.

### **D. Measurement Specification:**

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

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

#### **HEDIS® Version:**

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

#### **“Other” measurement specification explanation:**

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

### **E. Data Source:**

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

## **F. Definition of Population Included in Measure:**

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

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

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

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

## **G. Deviations from Measure Specification**

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

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

The five types (and examples) of deviations are:

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

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

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

## **H. Date Range: available for 2019 CARTS reporting period.**

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

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

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



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

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

## **J. Explanation of Progress:**

The intent of this section is to allow your state to highlight progress and describe any quality-improvement activities that may have contributed to your progress. Any quality-improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality-improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality-improvement plans. In this section, your state is also asked to set annual performance objectives for FFY 2020, 2021 and 2022. Based on your recent performance on the measure (from FFY 2017 through 2019), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your state set for the year, as well as any quality-improvement activities that have helped or could help your state meet future objectives.

## **K. Other Comments on Measure:**

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

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #1 (Describe)</b> Reduce the number of uninsured children in Florida.</p> <p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Goal #1 (Describe)</b> Reduce the number of uninsured children in Florida</p> <p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Goal #1 (Describe)</b> Reduce the number of uninsured children in Florida.</p> <p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      A new data source has been used that provides a more accurate depiction of the rate of uninsured children in Florida.</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Monthly Florida KidCare enrollment reports produced by the Agency for Health Care Administration</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Monthly Florida KidCare enrollment reports produced by the Agency for Health Care Administration</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      American Community Survey, 2018</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Total number of children enrolled in Florida KidCare as of October 2016</p> <p>Definition of numerator: Increase in the number of children enrolled in the Florida KidCare program from October 2016 through September 2017.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Total number of children enrolled in Florida KidCare as of October 2017</p> <p>Definition of numerator: Increase in the number of children enrolled in the Florida KidCare program from October 2017 through September 2018.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Children under age 19 in the survey</p> <p>Definition of numerator: Children under age 19 in the survey who lack health insurance</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2016 To: (mm/yyyy) 09/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2017 To: (mm/yyyy) 09/2018</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 10/2018 To: (mm/yyyy) 09/2019</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percentage of change in the number of children enrolled in Florida KidCare from October 2016 through September 2017.</p> <p>Numerator: 1693                      Denominator: 2423514                      Rate: 0.1</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percentage of change in the number of children enrolled in Florida KidCare from October 2017 through September 2018.</p> <p>Numerator: 13043                      Denominator: 327363                      Rate: 0.5</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The percentage of children under age 19 years in the survey who lack health insurance in Florida from October 2018 through September 2019.</p> <p>Numerator: 339000                      Denominator: 4488000                      Rate: 7.6</p>

FFY 2017	FFY 2018	FFY 2019
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The 2016 objective was a 2% increase and we achieved a .07% increase. There was a decrease in the number of children with Medicaid coverage during the period which accounted for the low overall Florida KidCare low growth rate.</p> <p><b>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?</b> Retention efforts together with extensive marketing and outreach strategies have helped retain enrollees and increase enrollment.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> There was a 3.98% increase (13043/327363*100=3.98%) in enrollment from December 2016 to December 2017, which is higher than the set Annual Performance Objective of 0.5%. This increase is likely due to an increase in application volume as a result of updated marketing about CHIP programs in Florida and an increase in the number of Medicaid referrals to CHIP, noted at the July 25, 2018 Social Services Estimating Conference for Medicaid &amp; KidCare Caseloads, held by the Florida Office of Economic and Demographic Research.</p> <p><b>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?</b> As reflected in the enrollment changes, increased marketing strategies have bolstered the number of enrollees in CHIP programs.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> Compared to prior-year data from the same source (ACS), the rate has increased.</p> <p><b>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?</b> Improved enrollment processes and aggressive marketing efforts may help improve this metric.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> .5%  <b>Annual Performance Objective for FFY 2019:</b> .5%  <b>Annual Performance Objective for FFY 2020:</b> .5%</p> <p><i>Explain how these objectives were set:</i> Extensive marketing, outreach and retention efforts will result in enrollment growth, but at a more modest rate. As enrollment increases and the number of uninsured children decreases, it becomes more of a challenge to attract families that have never applied before or do not see the value in insurance. For this reason, enrollment increases have slowed, so a lower rate was selected for the objective.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> .5%  <b>Annual Performance Objective for FFY 2020:</b> .5%  <b>Annual Performance Objective for FFY 2021:</b> .5%</p> <p><i>Explain how these objectives were set:</i> The Annual Performance Objectives set for the next three FFYs are moderate for multiple reasons. Forecasts for births are down, leading to lower number of children available to participate in the KidCare program. Additionally, the recent improvement in the US economy is also likely to keep enrollment numbers lower. As family income increases, some families may lose their subsidy but still not be able to afford other insurance.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> 7.0%  <b>Annual Performance Objective for FFY 2021:</b> 6.5%  <b>Annual Performance Objective for FFY 2022:</b> 6.0</p> <p><i>Explain how these objectives were set:</i> As Florida's uninsured rate is higher than the national average, these Annual Performance Objectives will allow Florida to work towards the national average over the next few years.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>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?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>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?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to CHIP Enrollment**

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #1 (Describe)</b> Increase in CHIP enrollment</p>	<p><b>Goal #1 (Describe)</b> Increase in CHIP enrollment</p>	<p><b>Goal #1 (Describe)</b> Increase CHIP enrollment</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Examining the number of Florida KidCare members enrolled in CHIP compared to Medicaid will give a more accurate representation of CHIP enrollment increases from year to year.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Enrollment information from the Florida Kidcare Program Evaluation Report, prepared by the Institute for Child Health Policy at the University of Florida.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Enrollment information from the Florida KidCare Program Evaluation Report, prepared by the Institute for Child Health Policy at the University of Florida.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Total number of children ever enrolled in Florida KidCare from 7/1/16 through 6/30/17.                       Definition of numerator: Total number of Florida KidCare children ever enrolled in CHIP from 7/1/16 through 6/30/17.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Total number of children ever enrolled in Florida KidCare from 1/1/17 through 12/31/17                       Definition of numerator: Total number of Florida KidCare children ever enrolled in CHIP from 1/1/17 through 12/31/17.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Total number of children ever enrolled in Florida KidCare from 1/1/18 through 12/31/18                       Definition of numerator: Total number of Florida KidCare children ever enrolled in CHIP from 1/1/18 through 12/31/18.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 07/2016 To: (mm/yyyy) 06/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The rate of enrollment in CHIP for KidCare members from July 2016 through June 2017.                       Numerator: 294292                      Denominator: 3004413                      Rate: 9.8</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The rate of enrollment in CHIP for KidCare members from January 2017 through December 2017.                       Numerator: 297502                      Denominator: 3036157                      Rate: 9.8</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The rate of enrollment in CHIP for Florida KidCare members from January 2018 through December 2018                       Numerator: 335012                      Denominator: 3002575                      Rate: 11.2</p>



FFY 2017	FFY 2018	FFY 2019
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> As the measure was changed from the previous year, comparison within this report is not possible. However, when utilizing SFY data from 2015-2016, the CHIP enrollment rate is 9.4% of overall KidCare enrollment. The SFY 2016-1027 rate is slightly higher than last year, at 9.8%.</p> <p><b>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?</b> Marketing and outreach efforts have had an impact on the number of children enrolled in CHIP, and this progress must be sustained in order for this rate to continue increasing.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> The rate this year is slightly under the objective set last year, 10%.</p> <p><b>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?</b> Marketing and outreach efforts (e.g.- the updated dental campaign and op-eds distributed throughout the state) have had a positive impact on overall CHIP enrollment this year. This progress must be sustained in order to keep the enrollment rate increasing.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> The rate this year has surpassed the Annual Performance Objective set for this year by more than four percentage points.</p> <p><b>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?</b> Continued marketing and outreach efforts can have a sustained positive impact on CHIP enrollment.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> 10%  <b>Annual Performance Objective for FFY 2019:</b> 10%  <b>Annual Performance Objective for FFY 2020:</b> 10%</p> <p><i>Explain how these objectives were set:</i> A gradual increase as marketing efforts continue will be most effective to meet objectives set for CHIP enrollment.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> 7%  <b>Annual Performance Objective for FFY 2020:</b> 7%  <b>Annual Performance Objective for FFY 2021:</b> 7%</p> <p><i>Explain how these objectives were set:</i> While marketing efforts have been successful this year, producing an almost 10% increase in the enrollment rate, this is not expected for next year. A growth rate of 6.97% is expected, a decrease due to lower forecasted birth rates and improvements in the economy resulting in fewer children needing CHIP coverage.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> 10%  <b>Annual Performance Objective for FFY 2021:</b> 10%  <b>Annual Performance Objective for FFY 2022:</b> 10%</p> <p><i>Explain how these objectives were set:</i> The percentage of children enrolled in CHIP increased compared to both last year rate and the established objective for this year. Based on this increase, but also taking into account prior rates, 9% is a balanced performance objective for subsequent years.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

Objectives Related to CHIP Enrollment (Continued)

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>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?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

Objectives Related to CHIP Enrollment (Continued)

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>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?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to Medicaid Enrollment**

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #1 (Describe)</b> Increase the Medicaid application enrollment rate for children applying with a Florida KidCare application.</p>	<p><b>Goal #1 (Describe)</b> Increase the Medicaid application enrollment rate for children applying with a Florida KidCare application.</p>	<p><b>Goal #1 (Describe)</b> Increase the Medicaid application enrollment rate for children applying with a Florida KidCare application</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Data obtained from the Florida KidCare Program Evaluation prepared by the Institute for Child Health Policy at the University of Florida.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Data obtained from the Florida KidCare Program Evaluation prepared by the Institute for Child Health Policy at the University of Florida.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of children who applied with a Florida KidCare application from July 2016 through June 2017 and referred to Medicaid.                       Definition of numerator: Number of children who applied with a Florida KidCare application from July 2016 through June 2017 who were approved for Medicaid coverage.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of children who applied to Florida KidCare from January 2017 through December 2017 and whose application was referred to Medicaid.                       Definition of numerator: Number of children who applied with a Florida KidCare application from January 2017 through December 2017 who were approved for Medicaid coverage.</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Number of children who applied to Florida KidCare from January 2018 through December 2018 and whose application was referred to Medicaid.                       Definition of numerator: Number of children who applied with a Florida KidCare application from January 2018 through December 2018 who were approved for Medicaid coverage.</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 07/2016 To: (mm/yyyy) 06/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Increase the Medicaid application enrollment rate for children applying with a Florida KidCare application.                       Numerator: 68825                      Denominator: 112724                      Rate: 61.1</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Medicaid enrollment rate for applicant children screened for Medicaid                       Numerator: 66659                      Denominator: 117757                      Rate: 56.6</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Medicaid enrollment rate for applicant children screened for Medicaid                       Numerator: 69267                      Denominator: 126514                      Rate: 54.8</p>

FFY 2017	FFY 2018	FFY 2019
<b>Additional notes on measure:</b>	<b>Additional notes on measure:</b> In 2017, SFY was used. In 2018, CY2017 was used to align with the measurement data in the Florida KidCare annual evaluation reporting. Please note the difference in methodology when comparing year-to-year changes in rates.	<b>Additional notes on measure:</b>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The goal set for this year was 78% and a 61% approval for Medicaid approvals was achieved.</p> <p><b>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?</b> The marketing and outreach activities done by the Florida KidCare partners has helped families complete the application process.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> The rate of 56.6% fell short of the Annual Performance Objective of 63% in the 2017 Annual Report</p> <p><b>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?</b> The marketing and outreach activities completed by the Florida KidCare partners throughout the year have proven successful in helping families to complete the application process, therefore enrolling more children in Medicaid or increasing the number of referrals to CHIP as appropriate.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> The rate of 54.8% fell short of the previously established Annual Performance Objective, which was 60% for this year.</p> <p><b>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?</b> A more global approach to marketing efforts can be utilized instead of direct contact to families who may qualify for Medicaid. In addition, perhaps the application itself can better specify the qualifications for Medicaid to make the process easier to understand, thereby increasing the number of successful application attempts.</p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b> 63%  <b>Annual Performance Objective for FFY 2019:</b> 65%  <b>Annual Performance Objective for FFY 2020:</b> 65%</p> <p><i>Explain how these objectives were set:</i> These goals are more realistic, and have a gradual increase, making them more likely to be achieved.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b> 60%  <b>Annual Performance Objective for FFY 2020:</b> 62%  <b>Annual Performance Objective for FFY 2021:</b> 63%</p> <p><i>Explain how these objectives were set:</i> These goals are realistic with a gradual increase, making them more likely to be achieved.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b> 56%  <b>Annual Performance Objective for FFY 2021:</b> 56%  <b>Annual Performance Objective for FFY 2022:</b> 60%</p> <p><i>Explain how these objectives were set:</i> These goals are adjusted to account for the decreasing trends, making them more realistic to achieve, while also encouraging an increase over time.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Medicaid Enrollment (Continued)**

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



FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>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?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

**Objectives Related to Medicaid Enrollment (Continued)**

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b></p> <p><b>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?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b></p> <p><b>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?</b></p>
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018:</b>  <b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019:</b>  <b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020:</b>  <b>Annual Performance Objective for FFY 2021:</b>  <b>Annual Performance Objective for FFY 2022:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #1 (Describe)</b> Increase the percentage of children with a usual source of care (has a personal doctor who knows them)</p>	<p><b>Goal #1 (Describe)</b> Increase the percentage of children with a usual source of care (has a personal doctor who knows them)</p>	<p><b>Goal #1 (Describe)</b> Increase the percentage of children with a usual source of care (has a personal doctor who knows them)</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS 5.0 survey data</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS 5.0H child survey</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2019  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      responses from the CAHPS survey as part of the KidCare program evaluation.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CAHPS 5.0H child survey</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CAHPS 5.0H child survey</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of children continuously enrolled in the CAHPS survey who report having a personal provider who knows the child.                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of children continuously enrolled in the CAHPS survey who report having a personal provider who knows the child                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of numerator: Number of children continuously enrolled in the CAHPS survey who reported having a personal provider who knows the child                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).                      If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</b></p>

FFY 2017	FFY 2018	FFY 2019
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: Denominator: Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i></p> <p>Numerator: 2121 Denominator: 2322 Rate: 91.3</p>
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 2342 Denominator: 2481 Rate: 94.4</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: 1999 Denominator: 2177 Rate: 91.8</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> This year's rate was 94.4%, which exceeded the goal of 93%.</p> <p><b>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?</b> In managed care plans, members have a medical home by way of being assigned to a primary care provider. This enables them to cultivate a relationship with their primary care provider.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> This year's rate was 91.8%, which did not meet the goal of 93%.</p> <p><b>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?</b> In managed care plans, members have a medical home by way of being assigned to a primary care provider.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> This year's rate of 91.3% fell short of the Annual Performance Objective set last year of 93%</p> <p><b>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?</b> Members have managed care plans, which provides medical homes with the assignment of primary care providers. Having a medical home increases the likelihood of establishing a rapport with a primary care provider, and utilizing that provider for a usual source of care.</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018: 93%</b>  <b>Annual Performance Objective for FFY 2019: 93%</b>  <b>Annual Performance Objective for FFY 2020: 93%</b></p> <p><i>Explain how these objectives were set:</i> As the most recent national benchmark for this CAHPS question was 88%, the current goal of 93% is appropriate.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019: 93%</b>  <b>Annual Performance Objective for FFY 2020: 93%</b>  <b>Annual Performance Objective for FFY 2021: 93%</b></p> <p><i>Explain how these objectives were set:</i> The rates for 2016, 2017, and 2018 were 92.9%, 94.4% and 91.8% respectively. Although we fell slightly short of our goal in 2018, 93% is in line with previous goals and continues to appear achievable.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020: 92%</b>  <b>Annual Performance Objective for FFY 2021: 92%</b>  <b>Annual Performance Objective for FFY 2022: 93%</b></p> <p><i>Explain how these objectives were set:</i> The rates for children who have personal doctors have fallen short of the performance objectives over the past two years. The goals set encourage gradual increases over the subsequent years.</p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FY 2017	FFY 2018	FFY 2019
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:

FY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021: Annual Performance Objective for FFY 2022:</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>



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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:

FFY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021: Annual Performance Objective for FFY 2022:</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<p><b>Goal #1 (Describe)</b> Number of children who had at least one visit with their provider during the past 12 months.</p>	<p><b>Goal #1 (Describe)</b> Number of children who had at least one visit with a primary care physician in the past 12 months</p>	<p><b>Goal #1 (Describe)</b> Achieve a high number of children who had at least one visit with a primary care physician in the past 12 months</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <i>Explanation of Provisional Data:</i>  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2017  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2018  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> 2019  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: Number of CHIP children continuously enrolled who had a visit with a primary care provider during the past year.  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: The number of children continuously enrolled in CHIP who had one or more visits with a primary care provider during the last year  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of numerator: The number of children continuously enrolled in CHIP who had one or more visits with a primary care provider during the last year  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes CHIP population only.  <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).  If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>
<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2016 To: (mm/yyyy) 12/2016</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2017 To: (mm/yyyy) 12/2017</b></p>	<p><b>Date Range:</b>  <b>From: (mm/yyyy) 01/2018 To: (mm/yyyy) 12/2018</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>   Numerator: 84363  Denominator: 91473  Rate: 92</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>   Numerator: 81628  Denominator: 86774  Rate: 94</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS)</i>   Numerator: 87156  Denominator: 93050  Rate: 94</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</b> The goal set for this year was 93%, and our rate was slightly below that at 92%.</p> <p><b>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?</b> For children in managed care programs, having an assigned primary care provider can help ensure annual visits.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</b> The goal set for this year was 93%, which the rate this year exceeded at 94%.</p> <p><b>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?</b> For children in managed care programs, having an assigned primary care provider can help ensure annual visits.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</b> The performance of rate of 94% met the goal from the 2018 Annual Report of 94%.</p> <p><b>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?</b> Children in managed care programs have assigned primary care providers, which can help increase the percentage of children who receive annual visits.</p>

FFY 2017	FFY 2018	FFY 2019
<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2018: 93%</b>  <b>Annual Performance Objective for FFY 2019: 93%</b>  <b>Annual Performance Objective for FFY 2020: 93%</b></p> <p><i>Explain how these objectives were set:</i> As this year's rate was slightly lower, the objective will remain static.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2019: 94%</b>  <b>Annual Performance Objective for FFY 2020: 94%</b>  <b>Annual Performance Objective for FFY 2021: 95%</b></p> <p><i>Explain how these objectives were set:</i> For the most part, the goal of 93% has been met in recent years. A slight increase in the goal for future years seems reasonable given this pattern.</p>	<p><b>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</b></p> <p><b>Annual Performance Objective for FFY 2020: 94%</b>  <b>Annual Performance Objective for FFY 2021: 95%</b>  <b>Annual Performance Objective for FFY 2022: 95%</b></p> <p><i>Explain how these objectives were set:</i> Since the Annual Performance Objective was just met for FFY 2019, the goal is to at least attain the same goal for 2020 and aim for a gradual increase in subsequent years.</p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:

FFY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021: Annual Performance Objective for FFY 2022:</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2017	FFY 2018	FFY 2019
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <i>Explanation of Provisional Data:</i> <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:	<b>Definition of Population Included in the Measure:</b> Definition of numerator: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:
<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>	<b>Date Range:</b> <b>From: (mm/yyyy) To: (mm/yyyy)</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS)</i>  Numerator: Denominator: Rate:



FFY 2017	FFY 2018	FFY 2019
<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>	<p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p> <p><input type="checkbox"/> Denominator, <i>Explain.</i></p> <p><input type="checkbox"/> Other, <i>Explain.</i></p>
<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>	<p><b>Additional notes on measure:</b></p>
<p><b>Other Performance Measurement Data:</b> (<i>If reporting with another methodology</i>)</p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (<i>If reporting with another methodology</i>)</p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (<i>If reporting with another methodology</i>)</p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2017 compare with the Annual Performance Objective documented in your 2016 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2018 compare with the Annual Performance Objective documented in your 2017 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2019 compare with the Annual Performance Objective documented in your 2018 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2018: Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2019: Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2020: Annual Performance Objective for FFY 2021: Annual Performance Objective for FFY 2022:</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

The Florida Healthy Kids Corporation (FHKC) contracts with an external quality review organization (EQRO) to conduct a network access validation assessment using the health and dental plans' network and enrollment. Contractual requirements with the plans were used to define time and distance requirements; however, the EQRO's assessment extended beyond the contractually specified provider types. Year-to-year comparisons will not be available because the network access requirements expanded between the previous report and this report, and FHKC updated the methodology used to determine access.

The 2019 Performance Measure Validation Reports for each of the Medical Health Care plans indicates that over 90% of children and adolescents have access to Primary Care Practitioners.

FHKC's health and dental plans calculated and reported the results of performance measures specific to the Florida Healthy Kids population. FHKC's EQRO validated these results. The performance measures are nationally recognized measures and include many of the measures included in the 2019 Child Core Set. While the Florida Healthy Kids program does not provide EPSDT benefits, the dental-related measures reported in CMS-416 are relevant to the population, and so the dental plans' performance measures are primarily based upon CMS-416 dental services calculations. The dental plans were also asked to calculate a modified version of the dental sealants measure in addition to the nationally recognized version. The modified version excludes enrollees who have had molars previously sealed, restored, or extracted from the denominator.

The 2019 Performance Measure Validation Report for each of the Dental Health Care plans reported at least 59% utilization of any dental service by enrollees continuously enrolled for at least 11 months during 2019.

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]**

FHKC recently reprocedured the health plan contracts. New contracts begin January 1, 2020. These contracts include several provisions aimed at measuring and improving quality and providing FHKC with flexibility to add specific quality initiatives during the contract term.

FHKC is further refining the network access analysis methodology to improve function and data accuracy. Data is expected to be available by early 2021.

FHKC will have the plans report on the same list of performance measures from 2019 in 2020, including the outgoing health plans, to ensure the transition between contracts does not impact the performance measures. Beginning in 2021, the health plans will continue to report on the current performance measures in addition to all applicable measures from the 2020 child core set. "Applicable" measures is specified because FHKC's population includes enrollees ages 5 years through 18 years, which fall outside the age range for some child core set measures. Data is expected to be available in early 2022. FHKC is also retiring the well-child visit Performance Improvement Plan (PIP) for enrollees ages 5 and 6 years, effective January 2020. This PIP will be replaced with a PIP focused on improving rates for screening for depression and follow-up plan for enrollees ages 12 years to 17 years. Data is expected to be available in early 2021.

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

No focused quality studies were conducted.

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]**

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

## Section III: Assessment of State Plan and Program Operation

**Please reference and summarize attachments that are relevant to specific questions**

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

### Section IIIA: Outreach

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

The Florida Healthy Kids Corporation is statutorily required to provide marketing for the entire Florida KidCare program (children's Medicaid and CHIP). The use of data analytics continues to allow the Florida KidCare program to become more targeted in its approach to outreach and advertising.

By combining available public data on the uninsured population, such as the U.S. Census, with known enrollment trends, community outreach partners can focus their work in pockets of targeted counties with the most low-income schools or community health care clinics, allowing them to connect with children most likely to need Florida KidCare coverage.

In addition to leveraging public schools in Florida to reach large pockets of low-income, uninsured children, FHKC has begun engaging and forging partnerships with children's hospitals and community clinics where these children are likely to seek care. This approach provides parents the opportunity of enrolling in coverage and creating a true medical home.

Access to this data also allows FHKC to stretch its advertising dollars to target specific audiences with an end goal of securing completed, online applications.

CHIP enrollment continues to grow steadily, offering some confidence in this approach.

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]**

Paid search marketing and native display advertising, school outreach, and health care outreach. Advertising effectiveness is measured through traditional metrics, such as cost per thousand impressions, cost per thousand clicks, website visits and web application completions, etc. Outreach effectiveness is measured through unique website codes attached to collateral given away at events, which can track website visits and application start/completions. Effectiveness is also measured in the number of community outreach partner trainings completed, which expand the brand's overall outreach footprint, and number of community events worked.

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

Paid search marketing continues to be an effective and cost-effective advertising tool for the program, while person-to-person outreach offers an effective opportunity to overcome language and/or knowledge barriers that may impact a person's likelihood of applying.

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]**

FHKC has recently launched a competitive procurement for a marketing entity to conduct a targeted community outreach and education campaign in an effort to educate and enroll more eligible immigrant families. Confusion surrounding eligibility for the program has paused a period of rapid enrollment growth seen in this population following the elimination of a five-year waiting period for immigrant children in 2016.

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]** 91.1

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

Source: U.S Census Bureau, American Community Survey 2018 1- Year Estimates (Table B27016 – reported figure includes public and private coverage).

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

## Section IIIB: Substitution of Coverage (Crowd-out)

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

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

- No  
 Yes  
 N/A

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

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

To be eligible for Title XXI Florida KidCare, the family income must not exceed 200% of the federal poverty level and the child must be uninsured at the time of enrollment. To prevent crowd-out, applicants who voluntarily cancel their employer-based coverage or private health care coverage in the 60 days prior to application are not eligible for subsidized coverage. Children not eligible due to crowd out policies may participate in the non-subsidized Healthy Kids and MediKids program. Families pay the full cost of the health care coverage which, for the report year, was \$230 per child per month with dental, and \$215 per child per month without dental for Healthy Kids (ages 5 through 18) and \$157 per child per month for MediKids (ages 1 through 4).

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

The following are exceptions to the 60-day waiting period;

- The cost of participation in an employer-sponsored health benefit plan is greater than 5% of the family's income;
- Parent lost a job that provided an employer-sponsored health benefit plan for the child;

- Parent who had health benefit coverage for the child is deceased;
- The child has a medical condition that, without medical care, would cause serious disability, loss of function, or death;
- The employer of the parent canceled health benefits coverage for children;
- The child's health benefits coverage ended because the child reached the maximum lifetime coverage amount;
- The child has exhausted coverage under a COBRA continuation provision;
- The health benefits coverage does not cover the child's health care needs; or
- Domestic violence led to the loss of coverage.

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

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

- No
- Yes
- N/A

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

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

a. Of those found to have had employer sponsored insurance and have been uninsured for only a portion of the state's waiting period, what percent meet the state's exemptions and federally required exemptions to the waiting period [(# individuals subject to the waiting period that meet an exemption/total # of individuals subject to the waiting period)\*100]? **[5]**  
1.12

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

- Yes
- No

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

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

### **Section IIIC: Eligibility**

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

#### **Section IIIC: Subpart A: Eligibility Renewal and Retention**

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

- Yes
- No

If yes,

- a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? [5]
  - 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]  
Two notices are sent. The administrative renewal process is attempted for all families, but if income data is not available, the family is sent a pre-populated renewal form, followed by an auto dial call. If renewal information is incomplete, a missing information letter is mailed, followed by an auto dial call. A reminder letter is mailed one month later, followed by an auto dial call. Upon completion, a renewal complete letter is sent.
  - 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]  
See explanation above. Also, Florida Healthy Kids Corporation provides the contracted managed care plans and dental plans the renewal date for each enrollee on their enrollment files. The plans use this information for their own retention renewal efforts, including special mailings and automated telephone calls
- Other, please explain: [500]  
An administrative renewal process started in November 2014. If electronic data matches are available, that information is used to determine a family's continued eligibility. A letter is sent to the family advising them what information was used in the eligibility determination. If the family agrees with the information, the renewal is complete. If the family disagrees, they are sent a pre-populated renewal form to complete and asked to provide income documentation

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]

The administrative renewal process has greatly simplified the renewal process.

## Section IIIC: Subpart B: Eligibility Data

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

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

Measure	Number	Percent
1. Total number of denials of title XXI coverage	289980	100
a. Total number of procedural denials	61404	21.2
b. Total number of eligibility denials	225839	77.9
i. Total number of applicants denied for title XXI and enrolled in title XIX		
<input type="checkbox"/> (Check here if there are no additional categories)	2737	0.9
c. Total number of applicants denied for other reasons Please indicate: <u>Withdrew, custody</u>		

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

Total number of applicants denied for title XXI and enrolled in title XIX is not tracked.

### Definitions:

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



## Table 2. Redetermination Status of Children

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

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

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

Description	Number	Percent			
1. Total number of children who are enrolled in title XXI and eligible to be redetermined	211672	100%			
2. Total number of children screened for redetermination for title XXI	211672	100	100%		
3. Total number of children retained in title XXI after the redetermination process	202531	95.68	95.68		
4. Total number of children disenrolled from title XXI after the redetermination process	9141	4.32	4.32	100%	
a. Total number of children disenrolled from title XXI for failure to comply with procedures	56			0.61	
b. Total number of children disenrolled from title XXI for failure to meet eligibility criteria	8809			96.37	100%
i. Disenrolled from title XXI because income too high for title XXI (If unable to provide the data, check here <input type="checkbox"/> )	7223				82
ii. Disenrolled from title XXI because income too low for title XXI (If unable to provide the data, check here <input type="checkbox"/> )	1541				17.49
iii. Disenrolled from title XXI because application indicated access to private coverage or obtained private coverage (If unable to provide the data or if you have a title XXI Medicaid Expansion and this data is not relevant check here <input type="checkbox"/> )	15				0.17
iv. Disenrolled from title XXI for other eligibility reason(s) Please indicate: Custody (If unable to provide the data check here <input type="checkbox"/> )	30				0.34
c. Total number of children disenrolled from title XXI for other reason(s) Please indicate: Voluntary cancellation for other insurance Withdrew Other (Generic) (Check here if there are no additional categories <input type="checkbox"/> )	276			3.02	

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

#### Definitions:

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

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

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

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

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

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

Description	Number	Percent			
1. Total number of children who are enrolled in title XIX and eligible to be redetermined	1893890	100%			
2. Total number of children screened for redetermination for title XIX	1412085	74.56	100%		
3. Total number of children retained in title XIX after the redetermination process	1368309	72.25	96.9		
4. Total number of children disenrolled from title XIX after the redetermination process	43776	2.31	3.1	100%	
a. Total number of children disenrolled from title XIX for failure to comply with procedures	36870			84.22	
b. Total number of children disenrolled from title XIX for failure to meet eligibility criteria	5384			12.3	100%
i. Disenrolled from title XIX because income too high for title XIX (If unable to provide the data, check here <input type="checkbox"/> )	293				5.44
ii. Disenrolled from title XIX for other eligibility reason(s) Please indicate: (If unable to provide the data check here <input type="checkbox"/> )	5091				94.56
c. Total number of children disenrolled from title XIX for other reason(s) Please indicate: (Check here if there are no additional categories <input type="checkbox"/> )	1522			3.48	

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

**Definitions:**

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

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

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

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

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

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

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

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

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

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

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

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>1. Total number of children newly enrolled in title XIX in the second quarter of FFY 2018</b>	48473	100%	24665	100%	10332	100%	9579	100%	3897	100%
<b>Enrollment status 6 months later</b>										
2. Total number of children continuously enrolled in title XIX	45727	94.33	23740	96.25	9580	92.72	8830	92.18	3577	91.79
3. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	240	0.5	146	0.59	43	0.42	30	0.31	21	0.54
3.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
4. Total number of children disenrolled from title XIX	2506	5.17	779	3.16	709	6.86	719	7.51	299	7.67
4.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
<b>Enrollment status 12 months later</b>										
5. Total number of children continuously enrolled in title XIX	41997	86.64	22439	90.98	8736	84.55	7715	80.54	3107	79.73
6. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	978	2.02	529	2.14	186	1.8	176	1.84	87	2.23
6.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
7. Total number of children disenrolled from title XIX	5498	11.34	1697	6.88	1410	13.65	1688	17.62	703	18.04
7.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
<b>Enrollment status 18 months later</b>										
8. Total number of children continuously enrolled in title XIX	32832	67.73	19019	77.11	6280	60.78	5372	56.08	2161	55.45

Table 3a. Duration Measure, Title XIX	All Children Ages 0-16		Age Less than 12 months		Ages 1-5		Ages 6-12		Ages 13-16	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
9. Total number of children with a break in title XIX coverage but re-enrolled in title XIX	2968	6.12	1262	5.12	788	7.63	664	6.93	254	6.52
9.a. Total number of children enrolled in CHIP (title XXI) during title XIX coverage break (If unable to provide the data, check here <input checked="" type="checkbox"/> )										
10. Total number of children disenrolled from title XIX	12673	26.14	4384	17.77	3264	31.59	3543	36.99	1482	38.03
10.a. Total number of children enrolled in CHIP (title XXI) after being disenrolled from title XIX (If unable to provide the data, check here <input checked="" type="checkbox"/> )										

**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
<b>1. Total number of children newly enrolled in title XXI in the second quarter of FFY 2018</b>	34309	100%	0	100%	9520	100%	17157	100%	7632	100%
<b>Enrollment status 6 months later</b>										
2. Total number of children continuously enrolled in title XXI	23929	69.75	0		6915	72.64	11803	68.79	5211	68.28
3. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	2837	8.27	0		729	7.66	1464	8.53	644	8.44
3.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )	29	0.08	0		4	0.04	5	0.03	20	0.26
4. Total number of children disenrolled from title XXI	7543	21.99	0		1876	19.71	3890	22.67	1777	23.28
4.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )	2116	6.17	0		528	5.55	1121	6.53	467	6.12
<b>Enrollment status 12 months later</b>										
5. Total number of children continuously enrolled in title XXI	18132	52.85	0		5338	56.07	8849	51.58	3945	51.69
6. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	3762	10.97	0		981	10.3	1926	11.23	855	11.2
6.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )	251	0.73	0		72	0.76	136	0.79	43	0.56
7. Total number of children disenrolled from title XXI	12415	36.19	0		3201	33.62	6382	37.2	2832	37.11
7.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )	4914	14.32	0		1418	14.89	2497	14.55	999	13.09
<b>Enrollment status 18 months later</b>										
8. Total number of children continuously enrolled in title XXI	12561	36.61	0		3757	39.46	6155	35.87	2649	34.71
9. Total number of children with a break in title XXI coverage but re-enrolled in title XXI	5772	16.82	0		1422	14.94	2947	17.18	1403	18.38
9.a. Total number of children enrolled in Medicaid (title XIX) during title XXI coverage break (If unable to provide the data, check here <input type="checkbox"/> )	610	1.78	0		146	1.53	341	1.99	123	1.61
10. Total number of children disenrolled from title XXI	15976	46.57	0		4341	45.6	8055	46.95	3580	46.91
10.a. Total number of children enrolled in Medicaid (title XIX) after being disenrolled from title XXI (If unable to provide the data, check here <input type="checkbox"/> )	5878	17.13	0		1759	18.48	2938	17.12	1181	15.47



## Definitions:

1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2018” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.
2. The total number of children that were continuously enrolled in title XXI for 6 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who were continuously enrolled through the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who were continuously enrolled through the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who were continuously enrolled through the end of August 2018
3. The total number who had a break in title XXI coverage during 6 months of enrollment (regardless of the number of breaks in coverage) but were re-enrolled in title XXI by the end of the 6 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and re-enrolled in title XXI by the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and re-enrolled in title XXI by the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and re-enrolled in title XXI by the end of August 2018
  - 3.a. From the population in #3, provide the total number of children who were enrolled in title XIX during their break in coverage.
4. The total number who disenrolled from title XXI, 6 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were disenrolled by the end of June 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were disenrolled by the end of July 2018
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were disenrolled by the end of August 2018
  - 4.a. From the population in #4, provide the total number of children who were enrolled in title XIX in the month after their disenrollment from title XXI.
5. The total number of children who were continuously enrolled in title XXI for 12 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of December 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of January 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of February 2019
6. The total number of children who had a break in title XXI coverage during 12 months of enrollment (regardless of the number of breaks in coverage), but were re-enrolled in title XXI by the end of the 12 months, is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and who disenrolled and then re-enrolled in title XXI by the end of December 2018
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and who disenrolled and then re-enrolled in title XXI by the end of January 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and who disenrolled and then re-enrolled in title XXI by the end of February 2019
  - 6.a. From the population in #6, provide the total number of children who were enrolled in title XIX during their break in coverage.
7. The total number of children who disenrolled from title XXI 12 months after their enrollment month is defined as the sum of:
  - the number of children with birthdates after July 2001, who were enrolled in January 2018 and were disenrolled by the end of December 2018
  - + the number of children with birthdates after August 2001, who were enrolled in February 2018 and were disenrolled by the end of January 2019
  - + the number of children with birthdates after September 2001, who were enrolled in March 2018 and were disenrolled by the end of February 2019
  - 7.a. From the population in #7, provide the total number of children, who were enrolled in title XIX in the month after their disenrollment from title XXI.
8. The total number of children who were continuously enrolled in title XXI for 18 months is defined as the sum of:
  - the number of children with birthdates after July 2001, who were newly enrolled in January 2018 and were continuously enrolled through the end of June 2019
  - + the number of children with birthdates after August 2001, who were newly enrolled in February 2018 and were continuously enrolled through the end of July 2019
  - + the number of children with birthdates after September 2001, who were newly enrolled in March 2018 and were continuously enrolled through the end of August 2019

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

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

## Section IIID: Cost Sharing

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

a. Cost sharing is tracked by:

Enrollees (shoebox method)

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

The Florida Healthy Kids Corporation contracted third party administrator calculates each family's 5 percent cost-sharing limit and includes this dollar amount in eligibility approval notices to families.

Florida Healthy Kids is the only Title XXI program component that charges copayments. Cost sharing for Florida Healthy Kids children is tracked by enrollees through the shoebox method. The health plans track the copayments paid by families and provide this information upon request. Since the health plans do not know what the family premium is or the family's income, they cannot calculate the 5 percent cost-sharing limit. When the family has met the 5 percent limit, they contact the Florida Healthy Kids Corporation and provide documentation of their expenditures. The Florida Healthy Kids Corporation notifies the health plan when a family has reached the 5 percent cost-sharing limit, and the plan no longer charges copayments. The health plan is required to notify providers that the child should no longer be charged copayments.

For Florida Healthy Kids, there is no cost sharing for dental services provided under the dental plan.

- 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]**

Health plans notify providers that no cost sharing should be charged for these enrollees in a variety of ways, including notification through the provider portal, notification during eligibility and enrollment confirmations, and letters to providers. The health plan confirms this information upon request, such as via telephone, if a provider has any concerns. Upon request, the Florida Healthy Kids Corporation will issue a letter to the family that can be used at providers' offices as proof of cost sharing exemption. The health plan may also issue a new identification card that indicates zero copayments.

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]**

0

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]**

N/A

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

### **Section III E: Employer sponsored insurance Program (including Premium Assistance)**

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

Yes, please answer questions below.

No, skip to Program Integrity subsection.

Check all that apply and complete each question for each authority

Purchase of Family Coverage under the CHIP state plan (2105(c)(3))

Additional Premium Assistance Option under CHIP state plan (2105(c)(10))

Section 1115 Demonstration (Title XXI)

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

Parents and Caretaker Relatives

Pregnant Women

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

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

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

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

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

Number of childless adults ever-enrolled during the reporting period

Number of adults ever-enrolled during the reporting period

Number of children ever-enrolled during the reporting period

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

Children  
Parents

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

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

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

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

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

<b>Population</b>	<b>State</b>	<b>Employer</b>	<b>Employee</b>
<b>Child</b>			
<b>Parent</b>			

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

	<b>Low</b>	<b>High</b>
<b>Children</b>		
<b>Parent</b>		

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.

<b>Income level of</b>	<b>From</b>	<b>To</b>
<b>Children</b>	% of FPL <b>[5]</b>	% of FPL <b>[5]</b>
<b>Parents</b>	% of FPL <b>[5]</b>	% of FPL <b>[5]</b>

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

- Yes
- No

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

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

- Yes
- No

22. Can you cap enrollment for your program?

- Yes  
 No

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

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

### Section III F: Program Integrity

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

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

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

Please explain: **[7500]**

The Title XXI Florida KidCare programs do not have a separate written plan for fraud and abuse prevention and investigation; however, subsections 409.814(9) and (10), Florida Statutes, address fraud in the Title XXI programs. As the central processor for eligibility for the non-Medicaid components of the Florida KidCare program, the Florida Healthy Kids Corporation has an eligibility review unit. This unit researches eligibility issues and responds to inquiries regarding an individual child's eligibility. Requests for such reviews come from the managed care organizations, external entities or individuals, or anonymous reports.

Florida Statute 409.814(9) and (10)

"(9) Subject to paragraph (4)(b) and s. 624.91(4), the Florida KidCare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 days after the date of notice, to discuss and resolve the matter. The program shall make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.

(10) The following individuals may be subject to prosecution in accordance with s. 414.39: (a) An applicant obtaining or attempting to obtain benefits for a potential enrollee under the Florida KidCare program when the applicant knows or should have known the potential enrollee does not qualify for the Florida KidCare program. (b) An individual who assists an applicant in obtaining or attempting to obtain benefits for a potential enrollee under the Florida KidCare program when the individual knows or should have known the potential enrollee does not qualify for the Florida KidCare program."

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

- Yes  
 No

Please Explain: **[500]**

The Florida Healthy Kids health and dental plans are contractually required to maintain written policies and procedures to safeguard against, identify, and investigate fraud and abuse. The policies and procedures are submitted to FHKC annually and are included in the external quality review organization's compliance assessment activities.

2. For the reporting period, please report the  
0 Number of fair hearing appeals of eligibility denials  
0 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

- 0 Number of cases investigated  
0 Number of cases referred to appropriate law enforcement officials

Provider Billing

- 0 Number of cases investigated  
0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

- 0 Number of cases investigated  
0 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]**



As part of their fraud and abuse policies and procedures, the Florida Healthy Kids managed care plans are required to investigate potential fraud and abuse and refer cases to law enforcement, as appropriate.

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

## Section III G: Dental Benefits:

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

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

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

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

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
<b>Total Individuals Enrolled for at Least 90 Continuous Days<sup>1</sup></b>	257712	0	9618	35020	61847	86821	64406
<b>Total Enrollees Receiving Any Dental Services<sup>2</sup> [7]</b>	125075	0	1815	12687	34386	46575	29612
<b>Total Enrollees Receiving Preventive Dental Services<sup>3</sup> [7]</b>	116958	0	1696	11929	32826	43961	26546

<sup>1</sup> **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.

<sup>2</sup> **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.

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

FFY 2019	Total (All age groups)	<1 year	1 – 2 years	3 – 5 years	6 – 9 years	10–14 years	15–18 years
<b>Total Enrollees Receiving Dental Treatment Services<sup>4</sup> [7]</b>	44425	0	137	2957	13404	16232	11695

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<sup>5</sup>? [7]  
9723

2. Does the state provide supplemental dental coverage?

- Yes  
 No

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

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

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

<sup>4</sup> **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.

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

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

## Section IIIH: CHIPRA CAHPS Requirement:

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

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

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

- Yes  
 No

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

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

### If No, Explain Why:

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

- Service not covered  
 Population not covered  
 Entire population not covered  
 Partial population not covered  
Explain the partial population not covered:  
 Data not available  
Explain why data not available  
 Budget constraints  
 Staff constraints  
 Data inconsistencies/accuracy  
Please explain:  
 Data source not easily accessible  
Select all that apply:  
 Requires medical record review  
 Requires data linkage which does not currently exist  
 Other:  
 Information not collected.  
Select all that apply:  
 Not collected by provider (hospital/health plan)  
 Other:  
 Other:

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

**Definition of Population Included in the Survey Sample:**

Definition of population included in the survey sample:

- Denominator includes CHIP (Title XXI) population only.
  - Survey sample includes CHIP Medicaid Expansion population.
  - Survey sample includes Separate CHIP population.
  - Survey sample includes Combination CHIP population.

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

**Which Version of the CAHPS® Survey was Used?**

- CAHPS® 5.0.
- CAHPS® 5.0H.
- Other. Explain:

**Which Supplemental Item Sets were Included in the Survey?**

- No supplemental item sets were included
- CAHPS Item Set for Children with Chronic Conditions
- Other CAHPS Item Set. Explain:

**Which Administrative Protocol was Used to Administer the Survey?**

- NCQA HEDIS CAHPS 5.0H administrative protocol
- HRQ CAHPS administrative protocol
- Other administrative protocol. Explain:

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

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

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

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

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

Yes, please answer questions below.

No, please skip to Section IV.

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

HSI Program	Population Served by HSI Program	Number of Children Served by HSI Program	Percent of Low-income Children Served by HSI Program <sup>6</sup>
<p>The Comprehensive School Health Services and Full Service School Programs provide nursing assessments, health counseling, health screening, referral and follow-up of abnormal screening results and health problems, case management, administration of medication and treatments, health education to promote health, reduce risky behaviors and teen pregnancy, and coordination of additional services in high-risk, medically underserved schools</p>	<p>Public school students in 441 schools with high rates of teen birth, substance abuse and other high-risk behaviors in 46 Florida counties receive Comprehensive School Health service. Public School students in 436 schools in high-risk, medically underserved communities in 66 Florida counties receive Full Service School services.</p>	<p>720,747</p>	<p>100%</p>

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

<sup>6</sup> 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.

in the first column, and include a metric used to measure that program’s impact in the second column. In the third column, please provide the outcomes for metrics reported in the second column. States that are already reporting to CMS on such measures related to their HSI program(s) do not need to replicate that reporting here and may skip to Section IV.

HSI Program	Metric	Outcome
School Health Services	<p>Students screened in grade levels mandated by Florida Administrative Code Rule 64F-6.003 for:</p> <ul style="list-style-type: none"> <li>• Vision: Screen 95% or more of students in grades kindergarten (KG), 1, 3 and 6</li> <li>• Hearing: Screen 95% or more of students in grades KG, 1 and 6</li> <li>• Scoliosis: Screen 95% or more of students in grade 6 <ul style="list-style-type: none"> <li>• Growth and development: Screen 95% or more of students in grades 1, 3 and 6</li> </ul> </li> </ul>	<p>Number and percent of students screened for:</p> <ul style="list-style-type: none"> <li>• Vision: 806,427 (99.35%)</li> <li>• Hearing: 593,273 (98.89%)</li> <li>• Scoliosis: 200,813 (98.30%)</li> <li>• Growth and development: 603,765 (97.82%)</li> </ul> <p>Source: Florida Department of Health, Health Management System (screenings, referrals and outcomes entered at the county health departments level between July 1, 2018 and June 30, 2019.</p>

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



## Section IV. Program financing for State Plan

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

(Note: This reporting period equals federal fiscal year 2019. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED CHIP PLAN

<b>Benefit Costs</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Insurance payments	967507145	1060086017	1133984764
Managed Care			
Fee for Service			
<b>Total Benefit Costs</b>	967507145	1060086017	1133984764
(Offsetting beneficiary cost sharing payments)	-33497101	-36439386	-38999677
<b>Net Benefit Costs</b>	\$ 934010044	\$ 1023646631	\$ 1094985087

<b>Administration Costs</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Personnel			
General Administration	4146745	3529332	3641408
Contractors/Brokers (e.g., enrollment contractors)	25394113	28417260	29605099
Claims Processing			
Outreach/Marketing costs	1200000	1200000	1200000
Other (e.g., indirect costs)	13317120	15293141	15864965
Health Services Initiatives			
<b>Total Administration Costs</b>	44057978	48439733	50311472
<b>10% Administrative Cap (net benefit costs ÷ 9)</b>	103778894	113738515	121665010

	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>Federal Title XXI Share</b>	935130836	906234603	968119181
<b>State Share</b>	42937186	165851761	177177378
<b>TOTAL COSTS OF APPROVED CHIP PLAN</b>	978068022	1072086364	1145296559

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

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

3. Did you experience a short fall in CHIP funds this year? If so, what is your analysis for why there were not enough federal CHIP funds for your program? **[1500]**  
 No

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

**A. Managed Care**

Year	Number of Eligibles	PMPM (\$)
2019	4393021	\$220
2020	4668827	\$227
2021	4892579	\$232

**A. Fee For Service**

Year	Number of Eligibles	PMPM (\$)
2019	0	\$
2020		\$
2021		\$

Enter any Narrative text related to Section IV below. **[7500]**  
 the \$PMPM for 2019 is \$220.24, for 2020 it's \$227.06, and for 2021 it's \$231.78. The template did not allow me to enter any decimals.

## Section V: Program Challenges and Accomplishments

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

The Florida Legislature remains supportive of the role CHIP plays in making affordable, quality healthcare services available to uninsured, low income children and families. From a fiscal perspective, the process includes a robust review of enrollment, projected enrollment, revenues and expenses. Specifically, the Florida KidCare Social Services Estimating Conference (SSEC) convenes several times each year. Representatives from the Executive Office of the Governor, the Florida Legislature, and the Division of Economic and Demographic Research evaluate the program's enrollment and expenditures and make recommendations for the state's annual legislative budget. Each year, the Florida Legislature considers the recommendations of the SSEC. Historically, the Florida Legislature has appropriated sufficient funds to meet the needs of the program.

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

Florida has experienced an increase in the rate of uninsured children; increases have occurred for the most recent two reporting years.

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

The Florida Healthy Kids Corporation's advocacy at the federal level helped gain support for the passage of the Bipartisan Budget Act of 2018, which included CHIP funding for 10 years through FY 2027. The Corporation's advocacy also led to the passage of a provision allowing states to have CHIP look alike, full-pay plans that are exempt from ACA requirements.

During the 2019 Florida legislative session, the Florida Healthy Kids Corporation's advocacy contributed to the passage of state funding that allowed the Florida Healthy Kids Corporation to utilize this federal authority to "combine" subsidized and full-pay risk pools. The result is full-pay children plans will have no deductibles or coinsurance, and lower copays. The expectation is this will incentivize enrollment, which could lead to an estimated increase of as many 20,000 insured children.

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]**

Florida's CHIP program is subject to a \$1 million lifetime benefit maximum limit per child per Florida Statutes. The Corporation is advocating for the elimination of this lifetime limit with bills filed within the Florida Senate and House of Representatives to repeal this maximum during the 2020 legislative session.

The most significant changes to the CHIP program are pursuant to the Bipartisan Budget Act of 2018 enabling a CHIP look-a-like full pay plan which begins January 1, 2020. These changes are intended to reduce the uninsured rate of children in Florida.

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

