

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

## **Preamble**

Section 2108(a) of the Act provides that the State and Territories \*must assess the operation of the 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 SCHIP 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.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

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

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

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

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

State/Territory: \_\_\_\_\_ **CO** \_\_\_\_\_  
(Name of State/Territory)

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

Signature: \_\_\_\_\_  
**Lisa A. Strunk**

SCHIP Program Name(s): **All, Colorado** \_\_\_\_\_

SCHIP Program Type:

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

Reporting Period: **2007** \_\_\_\_\_ *Note: Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07.*

Contact Person/Title: **Lisa A. Strunk/Statistical Analyst** \_\_\_\_\_

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Submission Date: **12/31/2007** \_\_\_\_\_

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

## SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program				Separate Child Health Program					
	* Upper % of FPL are defined as <b>Up to and Including</b>									
Eligibility					From		% of FPL conception to birth		% of FPL *	
	From		% of FPL for infants		% of FPL *	From	0	% of FPL for infants	200	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	0	% of FPL for children ages 1 through 5	200	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	0	% of FPL for children ages 6 through 16	200	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	0	% of FPL for children ages 17 and 18	200	% of FPL *

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? <b>[1000]</b>	<input type="checkbox"/>	Yes - Please describe below:  For which populations (include the FPL levels) <b>[1000]</b>  Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period <b>[1000]</b>  Brief description of your presumptive eligibility policies <b>[1000]</b>
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long?	<input type="checkbox"/>	Yes, for whom and how long?

	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
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Does your State Plan contain authority to implement a waiting list?	Not applicable		<input type="checkbox"/>	No
			<input checked="" type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program on-line?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes – please check all that apply	<input checked="" type="checkbox"/>	Yes – please check all that apply
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input checked="" type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input type="checkbox"/>	Electronic signature is required
			<input type="checkbox"/>	No Signature is required
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a face-to-face interview during initial application	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			3	
			To which groups (including FPL levels) does the period of uninsurance apply? <b>[1000]</b>  The period of uninsurance applies to those groups between 0% and 200% of the federal poverty level (FPL).  List all exemptions to imposing the period of uninsurance <b>[1000]</b>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
			If yes, what database? <b>[1000]</b>	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			12	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
			A child is continuously eligible for 12 months of coverage, unless he or she moves out of the State or receives private insurance.	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
			25	
	Premium amount		Premium amount	
			Yearly cap	
If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)		

		\$25/year for one child or \$35/year for two or more children. Children in families with incomes below 151% of the FPL pay no annual enrollment fee. Children in families with incomes between 151% of FPL and 200% of FPL pay \$25 for one child and \$35 for two or more children annually.
<input type="checkbox"/>	N/A	<input type="checkbox"/> N/A

Does your program impose copayments or coinsurance?	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Does your program impose deductibles?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Does your program require an assets test?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	If Yes, please describe below	
	If Yes, please describe below	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Does your program require income disregards?	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
	If Yes, please describe below	
	If Yes, please describe below The State's income disregards include: day and elder care expenses; child support payments; alimony payments; health insurance premiums; and, expenses for medical services, prescriptions, or durable medical equipment incurred within 90 days of application.	
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> We send out form to family with their information pre-completed and ask for confirmation	<input checked="" type="checkbox"/> We send out form to family with their information pre-completed and ask for confirmation

	<input type="checkbox"/> We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/> We send out form but do not require a response unless income or other circumstances have changed
<input type="checkbox"/>	N/A	<input type="checkbox"/> N/A

Enter any Narrative text below. [7500]

**Comments on Responses in Table:**

Is there an assets test for children in your Medicaid program?  Yes  No  N/A

Is it different from the assets test in your separate child health program? If yes, please describe in the narrative section below the asset test in your program.  Yes  No  N/A

Are there income disregards for your Medicaid program?  Yes  No  N/A

Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program.  Yes  No  N/A

Is a joint application used for your Medicaid and separate child health program?  Yes  No  N/A

7. Indicate what documentation is required at initial application

	<u>Self-Declaration</u>	<u>Documentation Required</u>
<u>Income</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Citizenship</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Insured Status</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. 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 appropriate column.

	<b>Medicaid Expansion SCHIP Program</b>			<b>Separate Child Health Program</b>		
	Yes	No Change	N/A	Yes	No Change	N/A
Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Benefit structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Eligibility expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other – please specify						
Cash Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. For each topic you responded yes to above, please explain the change and why the change was made, below:

Applicant and enrollee protections	
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Process to State Law)	
Application	In July 2007, the Department added additional questions and revised the format of the joint application.
Application documentation requirements	During the 2007 Colorado State Legislative session, S.B. 07-211 lifted the requirement for SCHIP clients ages 18 to 19 to verify their lawful presence.
Benefit structure	Beginning July 1, 2007, the dental benefits (administered by Delta Dental Plan of Colorado) cap increased from \$500 to \$600 for families.
Cost sharing (including amounts, populations, & collection process)	
Crowd out policies	
Delivery system	
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
Eligibility levels / target population	
Assets test in Medicaid and/or SCHIP	
Income disregards in Medicaid and/or SCHIP	
Eligibility redetermination process	
Enrollment process for health plan selection	
Family coverage	
Outreach	
Premium assistance	

	The Department currently provides care for pregnant women through the Adult Prenatal Coverage Waiver. In early 2006, the Department worked with the Centers for Medicare and Medicaid Services (CMS) to renew the waiver that was set to expire in October 2006. As part of the waiver renewal process, the Colorado General Assembly authorized the premium assistance program developed by the State through S.B. 07-186. The program began enrolling clients beginning in January 2007.
Prenatal Eligibility Expansion	
Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
Other – please specify	
a. Cash Accounting	During the 2007 Colorado State Legislative session, S.B. 07-133 was passed which required the Department to use a cash system of accounting for the Old Age Pension (OAP) Health and Medical Care Programs, the CHP+ program, and clawback provisions of the federal Medicare Modernization Act (MMA) drug plan effective January 1, 2007. The SCHIP program recognizes payments and costs according to the date of payment rather than when the service was incurred.
b.	
c.	

Enter any Narrative text below. **[7500]**

The earned income disregards are applied to the gross wages of each individual who is employed in the following order: 1) Deduct the employment expense disregard of \$90; and 2) deduct dependent care disregard. A dependent is defined as a dependent child or adult included in the Medicaid required household. The employed person is allowed a dependent care deduction of the actual verified amount of the dependent care expenses of up to \$175 per month per each dependent two years and older; up to \$200 per month per dependent less than two years old.

## **SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS**

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This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

### **SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES**

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent 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 2007). Additional instructions for completing each row of the table are provided below.

#### **If Data Not Reported, Please Explain Why:**

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

Population not covered: Check this box if your program does not cover the population included in the measure.

Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.

Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.

Other: Please specify if there is another reason why your state cannot report the measure.

#### **Status of Data Reported:**

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

Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

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 in another annual report. Indicate in which year's annual report you previously reported the data.

**Measurement Specification:**

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

**Data Source:**

For each performance measure, please indicate the source of data – 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). If another data source was used, please explain the source.

**Definition of Population included in the Measure:**

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

**Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.**

**Year of Data:**

Please report the year of data for each performance measure. The year (or months) should correspond to the *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.

**Performance Measurement Data (HEDIS® or Other):**

In this section, please report the numerators, denominators, and 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 HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

**Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.**

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). 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. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

**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. 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 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), 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.

**Other Comments on Measure:**

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

**NOTE: Please do not reference attachments in this table. 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.**

**MEASURE: Well Child Visits in the First 15 Months of Life**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <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.  <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.  <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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2005 HEDIS Aggregate Report for Child Health Plan Plus Division</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2006 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2007 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  The HEDIS measures uses both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  The HEDIS measures uses both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  The HEDIS measures uses both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)</p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 21 Denominator: 244 Rate: 8.6</p> <p><u>4 visits</u> Numerator: Denominator: Rate:</p> <p><u>1 visit</u> Numerator: Denominator: Rate:</p> <p><u>2 visits</u> Numerator: Denominator: Rate:</p> <p><u>6+ visits</u> Numerator: 69 Denominator: 244 Rate: 28.3</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Only reported for 0 and 6+ visits.</p>	<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)</p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 36 Denominator: 278 Rate: 12.9</p> <p><u>4 visits</u> Numerator: Denominator: Rate:</p> <p><u>1 visit</u> Numerator: Denominator: Rate:</p> <p><u>5 visits</u> Numerator: Denominator: Rate:</p> <p><u>2 visits</u> Numerator: Denominator: Rate:</p> <p><u>6+ visits</u> Numerator: 73 Denominator: 278 Rate: 26.3</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Only reported for 0 and 6+ visits.</p>	<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)</p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 17 Denominator: 180 Rate: 9.4</p> <p><u>4 visits</u> Numerator: Denominator: Rate:</p> <p><u>1 visit</u> Numerator: Denominator: Rate:</p> <p><u>5 visits</u> Numerator: Denominator: Rate:</p> <p><u>2 visits</u> Numerator: Denominator: Rate:</p> <p><u>6+ visits</u> Numerator: 37 Denominator: 180 Rate: 20.6</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Only reported for 0 and 6+ visits.</p>
<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** This is the third year that data for HEDIS measures were collected and calculated for Colorado's SCHIP program and can be compared with HEDIS measures collected in 2006. The third year of HEDIS performance measures for SCHIP observed improvements from the 2006 report. Although increases were observed, when rates were compared to the national HEDIS 2006 Medicaid 50th percentile, there was still room for improvement for the health plans in most of the performance measure results. The well-child visits in the first 15 months of life zero visits measure experienced a lower rate of no visits which is indicative of improved care. Therefore, performance is marked by falling below the 50th percentile rather than above. Yet, both Colorado Access and the Managed Care Network (MCN) exceeded the national HEDIS 2006 Medicaid 50th percentile. Both health plans' rates declined from the previous year, meaning their performance improved somewhat.

**Are there any quality improvement activities that contribute to your progress?** New reporting requirements will be added to the Managed Care Organizations' contract requirements.

**Annual Performance Objective for FFY 2008:** To increase the number of Well-Child Visits for the First 15 Months of Life by 3% over the next year and to decrease the number of children with zero visits by 4% over the next year.

**Annual Performance Objective for FFY 2009:** To increase the number of Well-Child Visits for the First 15 Months of Life by 5% over the next year and to decrease the number of children with zero visits by 6% over the next year.

**Annual Performance Objective for FFY 2010:** To increase the number of Well-Child Visits for the First 15 Months of Life by 7% over the next year and to decrease the number of children with zero visits by 7% over the next year.

*Explain how these objectives were set:* The baseline data year for the Colorado SCHIP HEDIS measures in 2005, employing data collected over calendar year 2004. This is the third year in which the Colorado SCHIP program has reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 and 2007 HEDIS report.

**Other Comments on Measure:** The sources of raw data for the Colorado SCHIP HEDIS performance measures were generated by the State Managed Care Network (MCN) and the four HMOs participating in the SCHIP program. HSAG collected the raw MCO data and contracted with a NCQA certified software vendor to calculate the HEDIS measures. The HMO staff populated the data fields on these templates, and forwarded them back to HSAG. HSAG then reviewed both sets of data for accuracy and reasonability.

**MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30)  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <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.  <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.  <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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2005 HEDIS Aggregate Report Child Health Plan Plus Division.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2006 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2007 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  The HEDIS measures uses both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  The HEDIS measures uses both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  The HEDIS measures uses both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>
<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular</p>

<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.	medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.	medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.
<b>Year of Data:</b> 2004	<b>Year of Data:</b>	<b>Year of Data:</b> 2006
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  <u>Percent with 1+ visits</u>  Numerator: 2370  Denominator: 4896  Rate: 48.4</p> <p>Additional notes on measure: Percent with 1+ visits (adolescents) is numerator 3022 and the denominator is 9044 with a corresponding rate of 33.4.</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Percent with 1+ visits  Numerator: 1418  Denominator: 4216  Rate: 33.6</p> <p>Additional notes on measure: Percent with 1+ visits (adolescents) is numerator 1640 and the denominator is 7736 with a corresponding rate of 21.2.</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Percent with 1+ visits  Numerator: 1550  Denominator: 2838  Rate: 54.6</p> <p>Additional notes on measure: Percent with 1+ visits (adolescents) is numerator 2604 and denominator is 6526 with a corresponding rate of 39.9.</p>

Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> For the Well-Child Visits in Children in the 3rd, 4th, 5th, and 6th Years of Life measure, the Colorado SCHIP program’s weighted average of 54.6% fell between the national HEDIS 2006 Medicaid 10th and 25th percentiles. The Colorado SCHIP weighted average did, however, increase by 21.0% from 2006 to 2007. For the Adolescent Well-Care Visits measure, the Colorado SCHIP program’s weighted average exceeded the 50th percentile, and two of the health plans (Colorado Access and Kaiser) reported rates above the national HEDIS 2006 Medicaid 75th percentile. An improvement of 18.7% was observed for the Colorado SCHIP weighted average for the Adolescent Well-Care Visits measure.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> New reporting requirements will be added to the Managed Care Organizations’ contract requirements.</p> <p><b>Annual Performance Objective for FFY 2008:</b> To continue increasing Well-Care Visits in Children the 3rd, 4th, 5th, and 6th Years of Life, and Adolescent Well-Care by 3% over the next year.</p> <p><b>Annual Performance Objective for FFY 2009:</b> To continue increasing Well-Care Visits in Children the 3rd, 4th, 5th, and 6th Years of Life, and Adolescent Well-Care by 5% over the next two years.</p> <p><b>Annual Performance Objective for FFY 2010:</b> To continue increasing Well-Care Visits in Children the 3rd, 4th, 5th, and 6th Years of Life, and Adolescent Well-Care by 6% over the next three years.</p> <p><i>Explain how these objectives were set:</i> The baseline data year for the Colorado SCHIP HEDIS measures in 2005, employing data collected over calendar year 2004. This is the third year in which the Colorado SCHIP program has reported HEDIS measures as collected and calculated by the program’s EQRO and can now be compared with the 2006 and 2007 HEDIS report.</p>		
<p><b>Other Comments on Measure:</b> The sources of raw data for the Colorado SCHIP HEDIS performance measures were generated by the State Managed Care Network (MCN) and the four HMOs participating in the SCHIP program. HSAG collected the raw MCO data and contracted with a NCQA certified software vendor to calculate the HEDIS measures. The HMO staff populated the data fields on these templates, and forwarded them back to HSAG. HSAG then reviewed both sets of data for accuracy and reasonability.</p>		

**MEASURE: Use of Appropriate Medications for Children with Asthma**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <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.  <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.  <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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2005 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2006 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2007 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  The HEDIS measures uses both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  The HEDIS measures uses both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  The HEDIS measures uses both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006

**Use of Appropriate Medications for Children with Asthma (continued)**

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator: 108                      Denominator: 140                      Rate: 77.1</p> <p><u>10-17 years</u>                      Numerator: 180                      Denominator: 250                      Rate: 72</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 300                      Denominator: 406                      Rate: 73.9</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator: 139                      Denominator: 173                      Rate: 80.3</p> <p><u>10-17 years</u>                      Numerator: 240                      Denominator: 344                      Rate: 69.8</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 398                      Denominator: 551                      Rate: 72.2</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator: 59                      Denominator: 61                      Rate: 96.7</p> <p><u>10-17 years</u>                      Numerator: 108                      Denominator: 119                      Rate: 90.8</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 177                      Denominator: 191                      Rate: 92.7</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** Within the Colorado SCHIP program, three of the health plans (Denver Health, Kaiser, and Rocky Mountain Health Plan) did not have enough members in the eligible population to report rates for the Use of Appropriate Medications for People with Asthma measure. For the age cohorts that Colorado Access and the State Managed Care Network could report, all rates improved from the previous 2006 Annual Report. For the two age groups reported above, the State Managed Care Network saw increases of more than 20% from 2006 to 2007. Additionally, the Colorado SCHIP weighted averages also increased by a minimum of 12%. The rates for the State Managed Care Network, Colorado Access, and the Colorado SCHIP weighted average all exceeded the national HEDIS 2006 Medicaid 50th percentile.

**Are there any quality improvement activities that contribute to your progress?** New reporting requirements will be added to the Managed Care Organizations' contract requirements.

**Annual Performance Objective for FFY 2008:** To continue increasing Use of Appropriate Medications for Children with Asthma for ages 5 to 9 and ages 10 to 17 by 2% over the next year.

**Annual Performance Objective for FFY 2009:** To continue increasing Use of Appropriate Medications for Children with Asthma for ages 5 to 9 and ages 10 to 17 by 3% over the next year.

**Annual Performance Objective for FFY 2010:** To continue increasing Use of Appropriate Medications for Children with Asthma for ages 5 to 9 and ages 10 to 17 by 4% over the next year.

*Explain how these objectives were set:* The baseline data year for the Colorado SCHIP HEDIS measures in 2005, employing data collected over calendar year 2004. This is the third year in which the Colorado SCHIP program has reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 and 2007 HEDIS report.

**Other Comments on Measure:** The sources of raw data for the Colorado SCHIP HEDIS performance measures were generated by the State Managed Care Network (MCN) and the four HMOs participating in the SCHIP program. HSAG collected the raw MCO data and contracted with a NCQA certified software vendor to calculate the HEDIS measures. The HMO staff populated the data fields on these templates, and forwarded them back to HSAG. HSAG then reviewed both sets of data for accuracy and reasonability.

**MEASURE: Children's Access to Primary Care Practitioners**

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <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.  <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.  <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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      2005 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      2006 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      The HEDIS measures use both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      The HEDIS measures use both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      The HEDIS measures use both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>	<p><b>Definition of Population Included in the Measure:</b>            Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).            Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>
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<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> All of Kaiser Permanente and Rocky Mountain Health Plan rates exceeded the national HEDIS 2006 Medicaid 50th percentile for the Children and Adolescent’s Access to Primary Care Practitioners measure. The State Managed Care Network’s performance for the two younger age groups, 12 to 24 Months and 25 Months to 6 years, was lower than the other health plans’ rates by 15%. Additionally, the Colorado SCHIP program’s weighted average was below the national HEDIS 2006 Medicaid 50th percentile for these two age groups. The weighted averages for all the age groups did, however, increase from 2006 to 2007. The increases ranged from 6.1% to 15.1%.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> New reporting requirements will be added to the Managed Care Organizations’ contract requirements.</p> <p><b>Annual Performance Objective for FFY 2008:</b> To increase both Children’s and Adolescent’s Access to Primary Care Practitioners for ages 12 to 24 months and ages 25 months to 6 years by 4% over the next year, and to increase access to primary care practitioners for ages 7 to 11 and ages 12 to 19 years of age by 3% over the next year.</p> <p><b>Annual Performance Objective for FFY 2009:</b> To increase both Children’s and Adolescent’s Access to Primary Care Practitioners for ages 12 to 24 months and ages 25 months to 6 years by 5% over the next year, and to increase access to primary care practitioners for ages 7 to 11 and ages 12 to 19 years of age by 4% over the next year.</p> <p><b>Annual Performance Objective for FFY 2010:</b> To increase both Children’s and Adolescent’s Access to Primary Care Practitioners for ages 12 to 24 months and ages 25 months to 6 years by 6% over the next year, and to increase access to primary care practitioners for ages 7 to 11 and ages 12 to 19 years of age by 5% over the next year.</p> <p><i>Explain how these objectives were set:</i> The baseline data year for the Colorado SCHIP HEDIS measures in 2005, employing data collected over calendar year 2004. This is the third year in which the Colorado SCHIP program has reported HEDIS measures as collected and calculated by the program’s EQRO and can now be compared with the 2006 and 2007 HEDIS report.</p>																																																								

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Comments on Measure:</b> The sources of raw data for the Colorado SCHIP HEDIS performance measures were generated by the State Managed Care Network (MCN) and the four HMOs participating in the SCHIP program. HSAG collected the raw MCO data and contracted with a NCQA certified software vendor to calculate the HEDIS measures. The HMO staff populated the data fields on these templates, and forwarded them back to HSAG. HSAG then reviewed both sets of data for accuracy and reasonability.</p>		

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4<sup>th</sup> quarter data report (submitted in October) in the SCHIP 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 SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	69997	83246	18.93

Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

Extensive marketing and outreach continued in 2007. A cornerstone of the SCHIP enrollment strategy is marketing and community outreach with the goal of increasing program enrollment and promoting statewide program awareness. Key to the success of the SCHIP outreach strategy includes seven regional outreach coordinators (ROCs) which provide training to families, counties, and community partners. The ROCs act as liaisons between communities and the State to promote the SCHIP program in all regions of the State. The addition of the premium assistance program to Colorado's SCHIP program has helped to increase the number of children with access to health insurance and health care.

The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. 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. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

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	Std. Error	Rate	Std. Error
1996 - 1998	87	18.5	8.2	1.7
1998 - 2000	92	19.2	7.9	1.6
2000 - 2002	106	14.3	8.8	1.1

2002 - 2004	114	14.7	9.5	1.2
2003 - 2005	110	17.9	9.0	1.4
2004 - 2006	115	19.0	9.3	1.5
Percent change 1996-1998 vs. 2004-2006	32.2%	NA	13.4%	NA

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

Colorado employment dynamics have a direct impact on health insurance coverage as most people obtain their health insurance through their employer. Since 2004, Colorado's overall employment level has risen from 2.2 million jobs in 2005 to 2.3 million jobs in 2006, a 2.4% increase. Additionally, most of this employment growth is contributed to strong growth in the high-end, service-sector employment. As a result, people receiving benefits from their employers are more likely to have health insurance coverage and benefits coverage. In addition to static population growth, Colorado's employment growth is contributing to the decline in the uninsured population. There has also been a shift in the number of children living in working poor or low-income families. The numbers of children living in working poor families fell from 77,250 in 2003 to 69,479 in 2004. The current 2004 rate of 6.9% is lower than the national 2004 average of 9.7%. Also, approximately 20,000 fewer children in 2004 are living in working low-income families with a current rate of 25.8% in 2004 compared to the national average of 26.8%. The combination of the factors listed above are contributing to the trend of Colorado's uninsured children.

Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

The State would like to note two limitations with the CPS data that might impact the reliability or precision of the estimates. First, to calculate uninsured children by federal poverty level, CPS data counts the income of everyone in the primary or extended family. For example, when two related families live in the same household, the CPS data includes the income of the extended family. However, when determining Medicaid and SCHIP eligibility, the State only counts the income of the primary family. The State is concerned that this difference in methodology may skew the data and underestimate the uninsured. Second, the State is concerned that the clustering of data, as a result of sampling entire households, may lead to underestimated standard errors. When CPS samples by household instead of sampling one person per household, clustering occurs since people in the household are more likely to have the same insurance.

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.

Data source(s)	Current Population Survey, Colorado State Demography Office, Governor's Office of State Planning and Budgeting
Reporting period (2 or more points in time)	1997-2006 data
Methodology	In 2006, the State developed an appropriate methodology to forecast the number of uninsured CHP+ eligibles. First, a regression enrollment analysis was employed with the following independent variables projected by the Office of State Planning and Budgeting and the Colorado State Demographers Office: Colorado's unemployment rate, per capita income, and Colorado's population of children under 19 years of age. After a review of the results, the regression was weakened by both autocorrelation (the error terms are correlated for these regression equations) and few historical data points. Using a similar methodology and employing the Seemingly Unrelated Regression (SUR) approach to remove the autocorrelation among the error terms, the State attempted the same regression equation methodology with CPS Survey data. Because the unemployment rate, population under 19, and the per capita income rate projections were relatively stable, this regression analysis suggests a reliable methodology for projecting CHP+ eligibles.
Population (Please include ages and income levels)	Colorado population data 1997:3,995,923,1998:4,102,491,1999:4,215,984,2000:4,301,261,2001:4,446,928,2002:4,521,824,2003:4,586,761,2004:4,653,023,2005:4,722,755,2006:4,813,536
Sample sizes	1997-1999:n=88,000,1998-2000:n=92,000,1999-2001:n=105,000,2000-2002:n=106,000,2001-2003:n=103,000,2002-2004:n=114,000,2003-2005:n=110,000,2004-2006:n=115,000
Number and/or rate for two or more points in time	1999-2000 46,222,2000-2001 39,852,2001-2002 29,314,2002-2003 36,926,2003-2004 39,448,2004-2005 53,430,2005-2006 50,142,2006-2007 49,931
Statistical significance of results	As the State employed CPS data as favored by CMS, the statistical significance of the results are commensurate with the CPS results. This is true at the 10%, 5%, and 1% level of significance.

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

The State divided the number of uninsured children from 0% to 200% of the FPL by the total number of children from 0% to 200% of the FPL. Calculating the uninsured rate using the State's method ensures the same units in both the numerator and the denominator which is a preferable method for comparison purposes.

What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

The State believes the methodology described above is a more accurate portrayal of the uninsured rate in Colorado since the assumptions of the methodology are tailored to State eligibility rules and the standard errors are adjusted appropriately. Additionally, the State used the appropriate CPS formulas for calculating the standard errors for both the uninsured numbers and the uninsured rates for each individual data years.

What are the limitations of the data or estimation methodology?

The State believes that this is an appropriate way to determine the uninsured population and uninsured rates for children less than 19 years of age and under 200% of the FPL. However, the data must be interpreted with caution as the Census Bureau has acknowledged that the uninsured number could be inflated because the Bureau reports as "uninsured" those adults and children who are eligible for Medicaid and SCHIP, but are not enrolled. Additionally, many people may not be aware that they or their children are covered by a health insurance program, either private or government, if they have not used

covered services recently. As a result, they may fail to properly report their insurance coverage. Thus, the Census Bureau survey data must be interpreted with caution as a result of the issues stated above.

How does your State use this alternate data source in SCHIP program planning?

The State believes that using alternate data sources is an important way to focus SCHIP program planning for its appropriate areas of need. The State enrollment rates that are reported for each of Colorado's 64 counties and the overall statewide enrollment rate are used to target marketing and outreach strategies. The ultimate goal of the marketing and outreach strategy is to increase CHP+ program enrollment and to promote statewide program awareness.

How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

It is difficult for the State to estimate the number of children enrolled in Medicaid as a result of SCHIP outreach and enrollment activities, as eligibility for both programs are determined at a single point in time via the Colorado Benefits Management System (CBMS). CBMS is an information technology system which replaced six existing systems that collected data and determined eligibility for cash assistance, social services, and health-related programs including Medicaid and SCHIP. This system employs a uniform, rules-based system to determine eligibility, and eligible clients are immediately placed into their respective programs as opposed to having to reapply on differing forms or at differing locations. It is also difficult to determine what portion of clients seeking direct medical assistance that are enrolled in SCHIP or Medicaid, as the medical assistance site that enrolls walk-in clients employs CBMS for eligibility determination purposes as well and client eligibility for Medicaid is determined before SCHIP eligibility in accordance with federal law.

## SECTION IIC: 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 SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. 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
- SCHIP 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, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent 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 2007).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, 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 in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not report elsewhere in Section II.**

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

### **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 SCHIP 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 13<sup>th</sup> birthday."

### **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.

### **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 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

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.

### **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, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

### **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 SCHIP 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.

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

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care, please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

### **Year of Data:**

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.

**Performance Measurement Data:**

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). 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. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

**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. 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 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), 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.

**Other Comments on Measure:**

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> To decrease the number of uninsured children from families with incomes up to 200% of the federal poverty level by 50%.</p>	<p><b>Goal #1 (Describe)</b> To decrease the number of uninsured children from families with incomes up to 200% of the federal poverty level by 50%.</p>	<p><b>Goal #1 (Describe)</b> To decrease the number of uninsured children from families with incomes up to 200% of the federal poverty level by 50%.</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.  <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.  <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.  <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 checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CPS Survey data is used in this measure.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CPS survey data is used for this measure.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CPS survey data is used for this measure.</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Total number of eligible children who are uninsured under 19 years of age.</p> <p>Definition of numerator: Total unduplicated number of children ever enrolled during the year.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Total number of eligible children who are uninsured under 19 years of age.</p> <p>Definition of numerator: Total unduplicated number of children ever enrolled during the year.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Total number of eligible children who are uninsured under 19 years of age.</p> <p>Definition of numerator: Total unduplicated number of children ever enrolled during the year.</p>
<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The rate of SCHIP eligible children enrolled in the program.</p> <p>Numerator: 59530                      Denominator: 170245                      Rate: 35</p> <p>Additional notes on measure: The enrollment cap was removed on June 30, 2004 and new enrollments into the program were suspended and the rate of SCHIP eligible children enrolled in the program fell to 53.7%. On July 1, 2006, the Department lifted the Medicaid asset test for children and families. Those children who are enrolled in the SCHIP program solely because of the asset test will continue</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The rate of SCHIP eligible children enrolled in the program.</p> <p>Numerator: 69997                      Denominator: 169913                      Rate: 41.2</p> <p>Additional notes on measure: The program began a comprehensive marketing and outreach strategy in April 2006. The ultimate goal of the marketing and outreach strategy is to increase SCHIP program enrollment and to promote statewide awareness of the program. The SCHIP program also had data reporting program changes beginning in September 2004. As a result, a number of enrollment</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The rate of SCHIP eligible children enrolled in the program.</p> <p>Numerator: 83246                      Denominator: 173617                      Rate: 47.9</p> <p>Additional notes on measure: The goal of the marketing and outreach strategy is to increase SCHIP program enrollment and to promote statewide program awareness. The State will continue working with its public and private partners to develop strategies that will address Governor Bill Ritter's "Colorado Promise", which strives to insure all Coloradans by the year 2010. As a result of these important initiatives,</p>

FFY 2005	FFY 2006	FFY 2007
to move to the Medicaid program as their participation becomes available for renewal which creates a gradual change in membership.	reports were generated beginning in February 2006.	CHP+ enrollment has increased during FFY 2007.
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> This is not reported since this is the first year that Annual Performance Objectives were set.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> The program began a comprehensive marketing and outreach strategy in April 2006. The ultimate goal of the marketing and outreach strategy is to increase SCHIP program enrollment and to promote statewide awareness of the program. The SCHIP program also had data reporting program changes beginning in September 2004. As a result, a number of enrollment reports were generated beginning in February 2006 making it easier to assess program enrollment.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> The program reached its Annual Performance Objective set forth in FFY 2006 to increase the rate of eligible children enrolled in the program by 6% during the year.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> The ultimate goal of the marketing and outreach strategy is to increase CHP+ program enrollment and to promote statewide program awareness. The Department will continue working with its public and private partners to develop strategies that will address Governor Bill Ritter’s “Colorado Promise”.</p>
	<p><b>Annual Performance Objective for FFY 2007:</b> To increase the rate of eligible children enrolled in the program by 6% during the year.</p> <p><b>Annual Performance Objective for FFY 2008:</b> To increase the rate of eligible children enrolled in the program by 8% during the year.</p> <p><b>Annual Performance Objective for FFY 2009:</b> To increase the rate of eligible children enrolled in the program by 10% during the year.</p> <p><i>Explain how these objectives were set:</i> These objectives were set using baseline data beginning in FFY 2005 and estimating annual percentage increases from the baseline estimate.</p>	<p><b>Annual Performance Objective for FFY 2008:</b> To increase the rate of eligible children enrolled in the program by 7% during the year.</p> <p><b>Annual Performance Objective for FFY 2009:</b> To increase the rate of eligible children enrolled in the program by 9% during the year.</p> <p><b>Annual Performance Objective for FFY 2010:</b> To increase the rate of eligible children enrolled in the program by 11% during the year.</p> <p><i>Explain how these objectives were set:</i> These objectives were set using baseline data beginning in FFY 2005 and estimating annual percentage increases from the baseline estimate.</p>
<b>Other Comments on Measure:</b>	<p><b>Other Comments on Measure:</b> From 2004 to 2005 enrollment, Colorado SCHIP grew 4.0% and estimated eligibility increased 13%. During this time period, the percentage of total SCHIP eligible children enrolled in the program fell as a result of State budget constraints. Since FFY 2003, the Colorado SCHIP program was also forced to cease marketing efforts over this period. The enrollment cap was lifted on June 30, 2004.</p>	<p><b>Other Comments on Measure:</b> From 2005 to 2006, enrollment in Colorado’s SCHIP program grew 18.7% and estimated eligibility fell 0.2%. Extensive marketing and outreach efforts began in April 2006 and have continued to be an important of the SCHIP enrollment strategy. From 2006 to 2007, enrollment in Colorado’s SCHIP program grew 17.8% and estimated eligibility increased 2.2%.</p>

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

FFY 2005	FFY 2006	FFY 2007
<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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<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 IIB, Questions 2 and 3) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to SCHIP Enrollment**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2005	FFY 2006	FFY 2007
<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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2005	FFY 2006	FFY 2007
<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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b> <b>Annual Performance Objective for FFY 2010:</b>  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Medicaid Enrollment**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 233"><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p data-bbox="751 289 1226 315"><b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="751 344 1125 370"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 233"><b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="1373 289 1848 315"><b>Annual Performance Objective for FFY 2010:</b></p> <p data-bbox="1373 344 1747 370"><i>Explain how these objectives were set:</i></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 2005	FFY 2006	FFY 2007
<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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 233"><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p data-bbox="751 293 1226 318"><b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="751 347 1125 371"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 233"><b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="1373 293 1848 318"><b>Annual Performance Objective for FFY 2010:</b></p> <p data-bbox="1373 347 1747 371"><i>Explain how these objectives were set:</i></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 2005	FFY 2006	FFY 2007
<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. <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. <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. <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>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 233"><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p data-bbox="751 302 1226 326"><b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="751 358 1125 383"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 233"><b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="1373 302 1848 326"><b>Annual Performance Objective for FFY 2010:</b></p> <p data-bbox="1373 358 1747 383"><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (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. <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. <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. <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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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 denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</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 Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<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. <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. <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. <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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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 denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</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 Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<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. <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. <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. <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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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 denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b></p> <p>Numerator: Denominator: 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: Denominator: 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: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</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 Use of Preventative Care (Immunizations, Well Child Care)**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> To increase well-child visits in the first 15 months of life.</p>	<p><b>Goal #1 (Describe)</b> To increase well-child visits in the first 15 months of life.</p>	<p><b>Goal #1 (Describe)</b> To increase well-child visits in the first 15 months of life.</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>                      Began as a result of HEDIS measures.</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.  <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.  <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.  <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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      2005 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      2007 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      The HEDIS measures use both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      The HEDIS measures use both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      The HEDIS measures use both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: The numerator in the HEDIS rate measures are those clients who received a particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 21</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 36</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 17</p>

FFY 2005	FFY 2006	FFY 2007
Denominator: 244 Rate: 8.6  Additional notes on measure: The above rate is reported for 0 visits. The numerator for 6 or more visits is 69 and the corresponding denominator is 244 with an appropriate rate of 28.3%.	Denominator: 278 Rate: 12.9  Additional notes on measure: The above rate is reported for 0 visits. The numerator for 6 or more visits is 73 and the corresponding denominator is 278 with an appropriate rate of 26.3%.	Denominator: 180 Rate: 9.4  Additional notes on measure: The above rate is reported for 0 visits. The numerator for 6 or more visits is 37 and the corresponding denominator is 180 with an appropriate rate of 20.8%.
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> This was the second year that the data for HEDIS measures were collected and calculated for Colorado’s SCHIP program and can be compared with HEDIS measures collected in 2005. The second year of HEDIS performance measures for SCHIP experienced improvements mixed with some reductions in performance. Specifically, for the well-child visits for the first 15 months of life measure, Colorado Access exceeded the national Medicaid 50th percentile for the six or more visit rate. The MCN’s rate for the six or more visits numerator experienced a large decline, with performance below the 10th percentile. Additionally, the National HEDIS 2005 Medicaid 50th percentile can be compared with the 2005 Colorado CHP+ average rates. The National Medicaid rate for zero visits was 2.1%, a 6.5% decrease compared with the 8.6% zero visits rate for Colorado CHP+. Overall, the 2007, 2008, and 2009 performance objective is to decrease the number of zero visits rate and increase the number of six or more visits rate.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> New reporting requirements will be added to the Managed Care Organizations’ contract requirements.</p>	<b>Explanation of Progress:</b>  <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> This is the third year that data for HEDIS measures were collected and calculated for Colorado’s SCHIP program and can be compared with HEDIS measures collected in 2006. The third year of HEDIS performance measures for SCHIP observed improvements from the 2006 report. Although increases were observed, when rates were compared to the national HEDIS 2006 Medicaid 50th percentile, there was still room for improvement for the health plans in most of the performance measure results. The well-child visits in the first 15 months of life zero visits measure experienced a lower rate of no visits which is indicative of improved care. Therefore, performance is marked by falling below the 50th percentile rather than above. Yet, both Colorado Access and the Managed Care Network (MCN) exceeded the national HEDIS 2006 Medicaid 50th percentile. Both health plans’ rates declined from the previous year, meaning their performance improved somewhat.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> New reporting requirements will be added to the Managed Care Organizations’ contract requirements.</p>

FFY 2005	FFY 2006	FFY 2007
	<p><b>Annual Performance Objective for FFY 2007:</b> To increase the number of Well-Child Visits in the first 15 months of life by 3% over the next year and to decrease the number of children with 0 visits by 3% over the next year.</p> <p><b>Annual Performance Objective for FFY 2008:</b> To increase the number of Well-Child Visits in the first 15 months of life by 5% over the next year and to decrease the number of children with 0 visits by 5% over the next two years.</p> <p><b>Annual Performance Objective for FFY 2009:</b> To increase the number of Well-Child Visits in the first 15 months of life by 6% over the next year and to decrease the number of children with 0 visits by 6% over the next three years.</p> <p><i>Explain how these objectives were set:</i> The baseline data year for the Colorado SCHIP HEDIS measures was 2005, employing data collected over calendar year 2004. This was the first year in which the Colorado SCHIP program had reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 HEDIS report.</p>	<p><b>Annual Performance Objective for FFY 2008:</b> To increase the number of Well-Child Visits in the first 15 months of life by 3% over the next year and to decrease the number of children with 0 visits by 3% over the next year.</p> <p><b>Annual Performance Objective for FFY 2009:</b> To increase the number of Well-Child Visits in the first 15 months of life by 5% over the next year and to decrease the number of children with 0 visits by 5% over the next two years.</p> <p><b>Annual Performance Objective for FFY 2010:</b> To increase the number of Well-Child Visits in the first 15 months of life by 7% over the next year and to decrease the number of children with 0 visits by 6% over the next three years.</p> <p><i>Explain how these objectives were set:</i> The baseline data year for the Colorado SCHIP HEDIS measures was 2005, employing data collected over calendar year 2004. This was the first year in which the Colorado SCHIP program had reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 and 2007 HEDIS report.</p>
<p><b>Other Comments on Measure:</b> The National Medicaid rate for zero visits was 2.1%, a 6.5% decrease compared with the 8.6% zero visits rate for Colorado CHP+. The National Medicaid rate for six or more visits was 46.4%, a 18.1% increase compared with the 28.3% reported for the Colorado CHP+ 2005 average rate. The 2007, 2008, and 2009 performance objective is to decrease the number of zero visits rate and increase the number of six or more visits rate.</p>	<p><b>Other Comments on Measure:</b> The National Medicaid rate for zero visits was 2.1%, a 6.5% decrease compared with the 8.6% zero visits rate for Colorado CHP+. The National Medicaid rate for six or more visits was 46.4%, a 18.1% increase compared with the 28.3% reported for the Colorado CHP+ 2005 average rate. The 2007, 2008, and 2009 performance objective is to decrease the number of zero visits rate and increase the number of six or more visits rate.</p>	<p><b>Other Comments on Measure:</b> The 2007 zero visits rate was 9.5%, a 26.4% decrease compared to the 12.9% zero visits rate reported for 2006. The 2007 six or more visits rate was 20.8%, a 20.9% decrease compared to the 26.3% six or more visits rate reported for 2006. The 2008, 2009, and 2010 performance objective is to decrease the number of zero visits rate and increase the number of six or more visits rate.</p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b> To increase well-child visits in the third, fourth, fifth, and sixth years of life, and adolescent well-care visits.</p>	<p><b>Goal #2 (Describe)</b> To increase well-child visits in the third, fourth, fifth, and sixth years of life, and adolescent well-care visits.</p>	<p><b>Goal #2 (Describe)</b> To increase well-child visits in the third, fourth, fifth, and sixth years of life, and adolescent well-care visits.</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>                      Began as a result of HEDIS measures.</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.  <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.  <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.  <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>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      2005 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      2006 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      2007 HEDIS Aggregate Report for Child Health Plan Plus Division.</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      The HEDIS measures use both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      The HEDIS measures use both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      The HEDIS measures use both claims and medical record data. It is important to note that the Managed Care Network and one other health plan reported all rates using the administrative-only method of data collection; the other three HMOs used the hybrid method for data collection on applicable measures.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 2370 Denominator: 4896 Rate: 48.4</p> <p>Additional notes on measure: Adolescents have a numerator of 3022 and a denominator of 9044 with a corresponding rate of 33.4. These measures (both children and adolescents) are included in the third through sixth years of life.</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 1418 Denominator: 4216 Rate: 33.6</p> <p>Additional notes on measure: Adolescents have a numerator of 1640 and a denominator of 7736 with a corresponding rate of 21.2. These measures (both children and adolescents) are included in the third through sixth years of life.</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 1550 Denominator: 2838 Rate: 54.6</p> <p>Additional notes on measure: Adolescents have a numerator of 2604 and a denominator of 6526 with a corresponding rate of 39.9. These measures (both children and adolescents) are included in the third through sixth years of life.</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>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>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 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> For the Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life measure, the HMO performance was generally around the national Medicaid 25th percentile, with a small range of rates. Kaiser Foundation Health Plan of Colorado demonstrated high performance, with the reported rate just below the national Medicaid 90th percentile. Improved performance was seen for all of the HMOs for this measure. The rate for the MCN declined by half of last year's reported rate. The 2006 SCHIP program weighted average was below the national Medicaid 10th percentile. Additionally, the National HEDIS 2005 Medicaid 50th percentile can be compared with the 2005 Colorado SCHIP average rates. Overall, the 2007, 2008, and 2009 performance objective is to decrease the number of zero visits rate and increase the number of six or more visits rate.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> New reporting requirements will be added to the Managed Care Organizations' contract requirements.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> For the Well-Child Visits in Children in the 3rd, 4th, 5th, and 6th Years of Life measure, the Colorado SCHIP program's weighted average of 54.6% fell between the national HEDIS 2006 Medicaid 10th and 25th percentiles, and none of the health plans exceeded the 50th percentile. The Colorado SCHIP weighted average did, however, increase by 21.0% from 2006 to 2007. For the Adolescent Well-Care Visits measure, the Colorado SCHIP program's weighted average exceeded the 50th percentile, and two of the health plans (Colorado Access and Kaiser) reported rates above the national HEDIS 2006 Medicaid 75th percentile. An improvement of 18.7% was observed for the Colorado SCHIP weighted average for the Adolescent Well-Care Visits measure.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> New reporting requirements will be added to the Managed Care Organizations' contract requirements.</p>

FFY 2005	FFY 2006	FFY 2007
	<p><b>Annual Performance Objective for FFY 2007:</b> To continue increasing Well-Care Visits for the 3rd, 4th, 5th, and 6th years of life, and adolescent well-care by 3% over the next year.</p> <p><b>Annual Performance Objective for FFY 2008:</b> To continue increasing Well-Care Visits for the 3rd, 4th, 5th, and 6th years of life, and adolescent well-care by 5% over the next two years.</p> <p><b>Annual Performance Objective for FFY 2009:</b> To continue increasing Well-Care Visits for the 3rd, 4th, 5th, and 6th years of life, and adolescent well-care by 7% over the next three years.</p> <p><i>Explain how these objectives were set:</i> The baseline data year for the Colorado SCHIP HEDIS measures was 2005, employing data collected over calendar year 2004. This was the first year in which the Colorado SCHIP program had reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 HEDIS report.</p>	<p><b>Annual Performance Objective for FFY 2008:</b> To continue increasing Well-Care Visits for the 3rd, 4th, 5th, and 6th years of life, and adolescent well-care by 3% over the next year.</p> <p><b>Annual Performance Objective for FFY 2009:</b> To continue increasing Well-Care Visits for the 3rd, 4th, 5th, and 6th years of life, and adolescent well-care by 5% over the next two years.</p> <p><b>Annual Performance Objective for FFY 2010:</b> To continue increasing Well-Care Visits for the 3rd, 4th, 5th, and 6th years of life, and adolescent well-care by 7% over the next three years.</p> <p><i>Explain how these objectives were set:</i> The baseline data year for the Colorado SCHIP HEDIS measures was 2005, employing data collected over calendar year 2004. This was the first year in which the Colorado SCHIP program had reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 and 2007 HEDIS report.</p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b> Most rates were calculated using the administrative reporting method, as opposed to the hybrid review method, which used claims data as opposed to encounter data. It was the conclusion of the Department's EQRO (HSAG) that although some inferences about the Colorado SCHIP program could be made employing their 2005 HEDIS Aggregate Report, the performance measure results should not be considered a true baseline measurement.</p>	<p><b>Other Comments on Measure:</b> The sources of the raw data for the Colorado SCHIP HEDIS performance measures were generated by the State Managed Care Network (MCN) and the four HMOs participating in the SCHIP program. The State contracted with an EQRO (Health Services Advisory Group-HSAG) to generate its first annual HEDIS report (2005). HSAG also developed a data submission template which it distributed to each of the HMOs. HSAG then reviewed both sets of data for accuracy and reasonability.</p>

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

FFY 2005	FFY 2006	FFY 2007
<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. <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. <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. <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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</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 denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</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>

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

After issuing a request for proposals for an External Quality Review Organization (EQRO), the State entered into a contract with the Health Services Advisory Group (HSAG) in December 2004. The contract requires HSAG to collect and calculate HEDIS measures for the State's self-funded network. The contractor also collected HEDIS measures from the participating HMOs in Colorado's SCHIP+ program.

A compilation report from HSAG was sent to the State in September 2007.

The following HEDIS performance measures were calculated:

- Well-Child Visits in the First 15 Months of Life,
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life, and Adolescent Well-Child Visits,
- Use of Appropriate Medications for People with Asthma,
- Children's and Adolescent's Access to Primary Care Practitioners,
- Appropriate Treatment of Children with Upper Respiratory Infection, and
- Appropriate Testing for Children with Pharyngitis.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

The State continues to generate and collect an improved and larger sample size for future HEDIS measurement purposes. With the comprehensive marketing and outreach strategy beginning in April 2006, the State anticipates the ability to collect more consistent and larger data sets based on a stable enrolled SCHIP population with a natural growth and attrition rate. The quality improvement activities include adding quality measures to the Managed Care Organizations' contracts effective July 1, 2008 and the program will be tracking the length of time it takes for clients to get into see a provider. Additionally, quarterly reporting will be required of the Managed Care Organizations and will be a part of the Managed Care Organizations' contract requirements. An annual compilation will also be submitted by the Managed Care Organizations and it is expected that this will give the SCHIP program areas that the Managed Care Organizations need to improve upon.

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

N/A

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

The Colorado SCHIP Marketing and Outreach Annual Report summarizes the successes of the comprehensive statewide SCHIP marketing campaign that includes advertising, media relations and community outreach. The second annual report provides a general overview of the program's marketing activities and an evaluation of the effectiveness of the marketing and outreach campaign.

The colorful and catchy advertising campaign, Keeping Colorado Kids Healthy, was broadcast widely using various advertising mediums in Spanish and English throughout Colorado. The focus of media relations is to earn free media exposure in order to increase awareness of SCHIP. During FFY 2007, SCHIP information was featured in 191 print stories, one radio interview, 30 television stories and on 28 Internet news or publication sites.

The outreach strategy of the campaign provides the foundation for the marketing efforts. ROCs offer a local presence for the program, visiting with people daily to answer questions about the program and offer appropriate SCHIP resources – contact information for current and potential members and marketing materials and training opportunities for professionals. The Team attended nearly 200 community events, including 35 9Health Fairs, and facilitated 186 educational training presentations to build awareness and understanding for CHP+ and the CHP+ Prenatal Care Program. A vast number of partnerships were established and maintained with a wide variety of community organizations already serving Colorado families. Collaborations increase the ability of the campaign to engage and educate families and pregnant women who need the SCHIP program for quality and routine health care services.

Attractive educational materials were created featuring original photographs of Colorado children, teenagers and a pregnant mother. The message of “Keeping Colorado kids healthy throughout the seasons” was featured throughout the campaign materials along with key messages regarding CHP+ and pertinent contact information for families. There was also a bilingual brochure developed for the ESI Program, CHP+ at Work.

MAXIMUS initiated the production of a bilingual newsletter for CHP+ members, a CHP+ fact sheet for legislators and media and a bilingual Medicaid/CHP+ brochure. In collaboration with the State of Colorado and key partners, the SCHIP Marketing and Outreach Team is looking forward to enhancing and expanding this dynamic campaign to achieve the goals of the CHP+ program – increase enrollment numbers and retain current members. Through our collaborative efforts, Colorado will ensure all of our children have the health insurance they need to access routine and quality medical care.

Enter any Narrative text below **[7500]**.

## SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

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Please reference and summarize attachments that are relevant to specific questions

### OUTREACH

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

Extensive marketing and outreach continued in FFY 2007. The marketing and outreach strategy included advertising, media relations and outreach. Television, radio, and print advertisements ran during the year with the campaign theme "Keeping Colorado kids healthy throughout the seasons". A main focus of the advertising campaign was to reach the ethnically diverse and geographically remote areas of Colorado. Media relations activities included monthly English and Spanish columns sent to over 200 publications highlighting health and safety tips. These columns were picked up by over 56 community papers. Lt. Governor Barbara O'Brien became the CHP+ spokesperson in January 2007 and quotations were used in all columns. Additionally, a monthly CHP+ newsletter was sent to over 1,000 community partners that supported outreach efforts in communicating new CHP+ policies and procedures.

Key to the success of the CHP+ outreach strategy was seven statewide CHP+ Regional Outreach Coordinators (ROCs). These coordinators act as liaisons between the community organizations and the Colorado SCHIP program and are responsible for providing training to families, counties, providers, and community partners. They attended events and continually serve as a conduit between the Department and the communities. Partnerships in the community have been built with schools, faith based organizations, Head Start programs, child care centers, counties, private providers, and community health centers to name a few.

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? **Would you consider this a best practice? [7500]**

The State has found that community health centers, school districts, churches, and child care centers have been effective forms of outreach to low-income, uninsured children. Additionally, the Internet is a recognized marketing medium that is growing in popularity and accessibility for Colorado working families. The English and Spanish application is posted on [www.chcpf.state.co.us](http://www.chcpf.state.co.us) and [www.CHPplus.org](http://www.CHPplus.org). The outreach strategy will continue to provide and promote training for professionals to help families with the application, present to other community-based organizations to promote membership for various coalitions and committees. The State has measured the marketing and outreach strategy by tracking enrollment, incoming SCHIP applications, website hits, and application downloads monitored on the SCHIP website. Through these measures, the State has the ability to measure the effectiveness of the marketing and outreach strategy.

Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **[7500]**

The State utilizes the seven Regional Outreach Coordinators (ROCs) stationed around the State to reach hard-to-reach populations. They act as liaisons between the community organizations and the SCHIP program, work with organizations to increase their understanding of the program, and provide training to various organizations to enroll children and pregnant women. The State has measured the marketing and outreach strategy by tracking incoming SCHIP applications, enrollment, and application downloads monitored on the SCHIP website. Through these measures, the State has the ability to measure the effectiveness of the marketing and outreach strategy.

Colorado continues to use a variety of strategies to reach families who speak languages other than

English. A main focus of the SCHIP advertising campaign was to reach the ethnically diverse and geographically remote areas of Colorado. During FFY 2007, the program partnered with both Native American and Latino populations across the state. More than 30% of the advertising campaign was directed to the Latino audience. Additionally, client communications are written in English and Spanish. These strategies are critical to reaching those for whom English is not their primary language.

What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). [7500]

Colorado SCHIP estimates that 102,130 children were eligible for the program during FFY 2007, including already enrolled children. This estimate of eligible but uninsured children is derived from the Federal Current Population Survey of the Census Bureau, and included Colorado children at or below 200% of the FPL, but not Medicaid eligible. The current SCHIP enrollment rates represent 51% of the estimate eligible children.

#### **SUBSTITUTION OF COVERAGE (CROWD-OUT)**

***States with a separate child health program up to and including 200% of FPL must complete question 1.***

Is your state's eligibility level up to and including 200 percent of the FPL?

- Yes
- No
- N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. [7500]

To be eligible for Colorado's SCHIP program, an eligible person shall not have had health insurance coverage through an employer where the employer contributes at least 50% of the premium cost for the individual within the three months prior to application.

***States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.***

Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

- Yes
- No
- N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. [7500]

***States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.***

Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- Yes  
 No  
 N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.). **[7500]**

***All States must complete the following 3 questions***

Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

An applicant must be without insurance for three months unless the employer paid less than 50 percent of the cost of coverage or coverage was lost due to a change in or loss of employment.

All applicants are asked a series of questions to assess current coverage and previous employer coverage and cost. Currently, we coordinate with the State Managed Care Network and our four HMOs to monitor and measure the effectiveness of our policies.

At the time of application, what percent of applicants are found to have insurance? **[7500]**

This data is not currently available.

Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

This data is not currently available.

**COORDINATION BETWEEN SCHIP AND MEDICAID**

***(This subsection should be completed by States with a Separate Child Health Program)***

Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

Yes, the same redetermination/renewal form is used for both SCHIP and Medicaid, and is mailed to clients enrolled in the program prior to the end of their coverage (80 days for SCHIP).

Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

The eligible children are moved from one program to the other via the Colorado Benefits Management System (CBMS), a rules-based eligibility computer program.

Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

No, SCHIP is a managed care based program consisting of the State Managed Care Network, and four participating HMOs. Medicaid is a fee-for-service based program with two participating HMOs.

For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

N/A

## ELIGIBILITY REDETERMINATION AND RETENTION

What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

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]**

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]**

Sends targeted mailings to selected populations

Please specify population(s) (e.g., lower income eligibility groups) **[500]**

Holds information campaigns

Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]***

A pre-printed reenrollment packet is sent to the client; it is a combined Medicaid and SCHIP application.

Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment  
*please describe: **[500]***

Other, *please explain: **[500]***

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 most effective strategy for client retention and reenrollment has been simplified reenrollment via pre-printed forms mailed to the enrollees 80 days prior to the end of their coverage, coupled with the use of CBMS for eligibility determination.

What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? **[500]**

This data is not available.

Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- Yes
- No
- N/A

When was the monthly report or assessment last conducted? **[7500]**

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. **[7500]**.

**Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP**

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

**COST SHARING**

Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

No.

Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? **[7500]**

No.

If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? **[7500]**

N/A

**EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION**

Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

- Yes, please answer questions below.

No, skip to Program Integrity subsection.

### Children

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

- Family Coverage Waiver under the State Plan
- SCHIP Section 1115 Demonstration
- Medicaid Section 1115 Demonstration
- Health Insurance Flexibility & Accountability Demonstration

### Adults

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

- Family Coverage Waiver under the State Plan
- SCHIP Section 1115 Demonstration
- Health Insurance Flexibility & Accountability Demonstration
- Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

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

- Parents and Caretaker Relatives
- Childless Adults
- Pregnant Women

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, etc.) **[7500]**

Colorado's SCHIP premium assistance program provides families with SCHIP eligible children a subsidy each month to purchase qualified employer sponsored insurance or ESI. The upper income limit for the program is 200% of federal poverty level. The goals of the program include:

-Enrollment of family members in a single plan that has reasonable levels of cost sharing and adequate benefits for their children;

-Assist employees and increase the enrollment of dependents in order to stabilize employment enabling employers to have a competitive advantage, while at the same time protecting their current premium rates and risk pool; and

-Provide increased employer health plan enrollment without additional administrative burdens and avoid threats to financial viability.

Additionally, the employer's plan must cover preventative services including well-baby and well-child examinations, age appropriate immunizations, and emergency care. The program also requires that the employer's plan cover inpatient hospital services. For an employer's plan to qualify for the subsidy, the employer must contribute at least 50% of the premium cost. Once a child is determined eligible, the family will enroll in their employer's health plan. The family is required to provide

verification of enrollment prior to receiving the subsidy. The subsidy does not exceed the current CHP+ monthly premium. During the first year of operation, the premium assistance program has had a fixed monthly premium of \$100 per CHP+ eligible child. Children will receive a 12 month eligibility span based on the date the ESI plan begins. For example of the ESI plan begins January 1, 2007, the child will be eligible until December 31, 2007. The family will be required to reapply using the current CHP+ redetermination process.

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

The benefit package that the ESI program uses includes the services that are covered by the employer's health plan. The requirements for the employer's health plan are that it must cover preventative services including well baby and child examinations, age appropriate immunizations, and emergency care. The program also requires that the employer's plan cover inpatient hospital services.

Are there any minimum coverage requirements for the benefit package? **[7500]**

The minimum coverage requirement for the employer's plan to qualify for the subsidy is that the employer must contribute at least 50% of the premium cost.

Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

No, the program does not offer wrap-around coverage for benefits.

Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

No, the family is responsible for paying any remaining monthly costs for the employer's health plan after the subsidy and any deductibles, co-pays and co-insurance that the employer's health plan requires.

8. 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
<u>69</u>	Number of adults ever-enrolled during the reporting period
<u>238</u>	Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

N/A

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

Maintenance of member information continues to be a challenge. The ESI program constantly needs to update whether the member has the same address, is still employed and has access to insurance,

employer contribution amounts, and the new rates for insurance each year so that the program can generate accurate premium assistance payments.

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

The ESI program continues to increase enrollment using automated methods to verify insurance which ensures that premium payments are accurate. As of September 2007, the ESI program has enrolled 107 children and 64 adults. During the program's first year of operation, the ESI program developed an extensive database which continues to provide us with relevant payment and client information. The database is also capable of generating extensive participation and payment reports which greatly improves our successful family enrollment in cost-effective ESI.

12. 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]**

The State will continue to focus on improving access to and enrollment in the ESI program, developing a partnership between employers, health insurers, and the State to maximize public and private resources, and designing and implementing efficient and effective solutions.

13. 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]**

While children continue to be the primary beneficiaries of the program, adults also benefit by obtaining access to health insurance incidentally. This will prove beneficial for the Colorado Promise and health care reform populations that have access to ESI and are uninsured.

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)** **[7500]**

The total state expenditures is \$54,264 for providing coverage under Colorado's ESI program during FFY 2007.

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State:                    100

Employer:                \_\_\_\_\_

Employee:                \_\_\_\_\_

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

For an employer's plan to qualify for the subsidy, the employer must contribute at least 50% of the premium cost.

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

The program does not employ a cost effectiveness test at the individual level, however the currently established maximum for our premium assistance program is set at \$100 per child up to the employee's contribution amount. The \$100 maximum is less than the self-funded network blended rate as well as the HMO contracted blended rate. The program employ's reporting mechanisms to track program cost effectiveness as compared to the regular SCHIP program.

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

To be eligible for Colorado's SCHIP program, an eligible person shall not be covered under a group health plan or under any type of health insurance coverage or currently have or have had within the three months prior to application, comparable health coverage through an employer where the employer contributes at least fifty percent of the premium cost for the individual.

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

No, the ESI program does not have a waiting list.

**PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS (I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS))**

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

- (1) prevention
- (2) investigation
- (3) referral of cases of fraud and abuse?

Please explain: **[7500]**

Yes, the Colorado SCHIP program has developed a program integrity statement in the SCHIP State Plan. The program integrity provisions are also outlined in both the joint SCHIP application and the program's provider contracts.

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

1 \_\_\_\_\_ 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:

SCHIP

Medicaid and SCHIP Combined

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

Yes, please answer question below.

No

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

Each contractor's responsibilities are outlined in their contract. A contract manager in SCHIP is assigned to each contractor and is responsible for managing the corresponding contract and verifying that they are complying according to their specific contract.

Enter any Narrative text below. **[7500]**

The average amount each entity pays towards coverage of the beneficiary under Colorado's ESI program is the following:

State: Up to \$100 per child up to the maximum of the employees contribution.

Employer: For an employer's plan to qualify for the subsidy, the employer must contribute at least 50% of the premium cost.

Employee: The employee pays the difference if any between the ESI subsidy program and the employer contribution.

## 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 = Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED SCHIP PLAN

	2007	2008	2009
<b>Benefit Costs</b>			
Insurance payments	0	0	0
Managed Care	78477561	100907249	112919366
Fee for Service	0	0	0
<b>Total Benefit Costs</b>	78477561	100907249	112919366
(Offsetting beneficiary cost sharing payments)	-285418	-312877	-327767
<b>Net Benefit Costs</b>	\$ 78192143	\$ 100594372	\$ 112591599

### Administration Costs

Personnel	672615	672615	672615
General Administration	0	0	0
Contractors/Brokers (e.g., enrollment contractors)	829026	824365	824365
Claims Processing	0	0	0
Outreach/Marketing costs	985680	985680	985680
Other (e.g., indirect costs) HIPAA compliance, Colorado Benefits Management System (eligibility determination system), Colorado SCHIP internal cost allocation, State wide internal cost allocation, Colorado SCHIP legal fund, SCHIP percent of CBMS fund, and Tobacco settlement oversight.	2552028	2419831	2419831
Health Services Initiatives	0	0	0
<b>Total Administration Costs</b>	5039349	4902491	4902491
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	8688016	11177152	12510178

<b>Federal Title XXI Share</b>	54100470	68572961	76371159
<b>State Share</b>	29131022	36923902	41122931

<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	83231492	105496863	117494090
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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 SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

No, the program was fully funded during FFY 2007.

4. In the table 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 cost rounded to a whole number. If you have SCHIP 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.

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	49366	\$ 132	57863	\$ 135	63336	\$ 138
Fee for Service		\$		\$		\$

Enter any Narrative text below. **[7500]**

## SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
* Upper % of FPL are defined as Up to and Including									
Children	From		% of FPL to	% of FPL *	From		% of FPL to	% of FPL *	
Parents	From		% of FPL to	% of FPL *	From		% of FPL to	% of FPL *	
Childless Adults	From		% of FPL to	% of FPL *	From		% of FPL to	% of FPL *	
Pregnant Women	From		% of FPL to	% of FPL *	From	0	% of FPL to	200	% of FPL *

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

\_\_\_\_\_ Number of **children** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **parents** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

3134 \_\_\_\_\_

\_\_\_\_\_ Number of **childless adults** ever enrolled during the reporting period in the demonstration

What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. [1000]

The children of pregnant women enrolled in Colorado's SCHIP program are automatically enrolled in SCHIP at birth. Additionally, having pregnant women in SCHIP not only increases expected prenatal care, but ensures that their children have at least 12 months of health insurance coverage. At the end of their first year, the children can renew their coverage if still eligible.

Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
<b>Benefit Costs for Demonstration Population #1 (e.g., children)</b>					
Insurance Payments	0	0	0	0	0
Managed care per member/per month rate @ # of eligibles	16538944 1151	16369724 1011	19751892 1078	22677866 1149	26040861 1225
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #1</b>	16538944	16369724	19751892	22677866	26040861

**Benefit Costs for Demonstration Population #2  
(e.g., parents)**

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #2</b>	0	0	0	0	0

**Benefit Costs for Demonstration Population #3  
(e.g., pregnant women)**

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #3</b>	0	0	0	0	0

**Benefit Costs for Demonstration Population #4  
(e.g., childless adults)**

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #4</b>	0	0	0	0	0

<b>Total Benefit Costs</b>	16538944	16369724	19751892	22677866	26040861
(Offsetting Beneficiary Cost Sharing Payments)					
<b>Net Benefit Costs</b> (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)	16538944	16369724	19751892	22677866	26040861

**Administration Costs**

Personnel	16391	16391	16391	16391	16391
General Administration	0	0	0	0	0
Contractors/Brokers (e.g., enrollment contractors)	134999	134886	134886	134886	134886
Claims Processing	0	0	0	0	0
Outreach/Marketing costs	24020	24020	24020	24020	24020
Other (specify)	62190	58969	58969	58969	58969
<b>Total Administration Costs</b>	237600	234266	234266	234266	234266
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	1837660	1818858	2194655	2519763	2893429

<b>Federal Title XXI Share</b>	10904754	10792594	12991003	14892886	17078833
<b>State Share</b>	5871790	5811396	6995155	8019246	9196294

<b>TOTAL COSTS OF DEMONSTRATION</b>	16776544	16603990	19986158	22912132	26275127
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When was your budget last updated (please include month, day and year)? [500]

November 1, 2007.

Please provide a description of any assumptions that are included in your calculations. **[500]**

It is important to note that the figures reported in the table above represent Title XXI funds only. The per member per month rate includes the dental benefit of the SCHIP caseload. Additionally, changes to the benefit costs for children and pregnant women are the net result of projected caseload changes and rate changes. The overall increase in FFY 2007 in the "Other" administration costs was a result of systems-related changes and the addition of the PERM systems to this category.

Other notes relevant to the budget: **[7500]**

## **SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS**

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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 SCHIP. **[7500]**

During the 2006 Colorado State Legislative Session, S.B. 06-208 was passed which established the Colorado Blue Ribbon Commission for Health Care reform. The Commission is charged with studying health care reform models to expand coverage for the underinsured and uninsured, and will focus efforts on decreasing health insurance costs for Colorado residents which will be presented to the Colorado Legislature in January 2008. Much of the discussion has focused not only on how to enroll eligible children and families in Medicaid and SCHIP, but also how to retain these families in the public health insurance programs. The results of the Commission will help to advance Colorado Governor Bill Ritter's "Colorado Promise". The Department looks forward to working with its public and private partners to develop strategies that will address Governor Bill Ritter's "Colorado Promise", which strives to insure all Coloradoans by the year 2010. These strategies include available and accessible health insurance to all Coloradoans, health care for the 180,000 uninsured children, affordable and cost-effective health care for children and their families, and quality health care provided to children and families regardless of geography. As a result of these important initiatives, SCHIP enrollment is expected to increase during SFY 2008 ensuring that more eligible children will benefit from the program.

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

For FFY 2007, the Colorado SCHIP program has continued to be challenged with data integrity and reporting resulting from systemic issues between the eligibility determination system and the capitation payment and reporting system. While we continue to make improvements in accuracy and timeliness of the processing of enrollment data, we are still reliant on manual processes to reconcile both enrollment and capitation data with our participating providers for those records that are impacted by these issues.

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

The Department currently provides care for pregnant women through the Adult Prenatal Coverage Waiver. In early 2006, the Department worked with the Centers for Medicare and Medicaid Services (CMS) to renew the waiver that was set to expire in October 2006. As part of the waiver renewal process, the General Assembly authorized the premium assistance program developed by the Department through S.B. 07-186 that will increase the number of Coloradoans in the program, specifically children, with access to health insurance and health care. The program began enrolling new members in January 2007 and will continue providing financial assistance to families with SCHIP eligible children who enroll in their employer's insurance plan. In order for an employer's health plan to qualify, the plan would be required to cover inpatient hospital services, immunizations, well-baby and well-child care, and emergency care. The premium assistance project has been supported by the Federal Health Resources and Services Administration and Rose Community Foundation.

Extensive marketing and outreach continued during FFY 2007. The marketing and outreach strategy included advertising, media relations and outreach. Television, radio, and print advertisements ran during the year with the campaign theme "Keeping Colorado kids healthy throughout the seasons". A main focus of the advertising campaign was to reach the ethnically diverse and geographically remote areas of Colorado. Media relations activities included monthly English and Spanish columns sent to over 200 publications highlighting health and safety tips. These columns were picked up by over 56 community papers. Lt. Governor Barbara O'Brien became the SCHIP spokesperson in January 2007 and quotations were used in all columns. Additionally, a monthly SCHIP newsletter was sent to over 1,000 community partners that supported outreach efforts in communicating new SCHIP policies and procedures.

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

Changes and events in the SCHIP program that occurred in FFY 2007 will continue to affect SCHIP in FFY 2008. In early 2006, the Department worked with the Centers for Medicare and Medicaid Services (CMS) to renew the Adult Prenatal Coverage waiver that was set to expire in October 2006. Through the approval of the General Assembly, the Department has developed a premium assistance program that is expected to increase the number of Coloradoans in the program, specifically children with access to health insurance and health care during FFY 2008.

The Department will continue to focus on improving access to and enrollment in employer-sponsored health insurance, developing a partnership between employers, health insurers, and the State to maximize public and private resources, and designing and implementing efficient and effective solutions.

FFY 2008 will continue to be an exciting year as the quality review, administrative services, and eligibility and enrollment contracts that are currently held by Health Services Advisory Group (HSAG), Anthem Blue Cross and Blue Shield, and Affiliated Computer Services (ACS) respectively will be re-bid in accordance with state procurement law. Per contractual requirements, HSAG, Anthem, and ACS will prepare a plan for the orderly transfer of the contract to their successor contractor as applicable. The Department ensures a seamless transition, without interruption of services to its members.

Enter any Narrative text below. **[7500]**