

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: DE
(Name of State/Territory)

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

Signature: _____
David Michalik

SCHIP Program Name(s): All, Delaware

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.*

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Submission Date: 2/8/2008

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st 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 Up to and Including | | | | | | | | | |
| Eligibility | | | | | | From | | % of FPL conception to birth | | % of FPL * |
| | From | 185 | % of FPL for infants | 200 | % of FPL * | From | | % of FPL for infants | | % of FPL * |
| | From | | % of FPL for children ages 1 through 5 | | % of FPL * | From | 101 | % of FPL for children ages 1 through 5 | 200 | % of FPL * |
| | From | | % of FPL for children ages 6 through 16 | | % of FPL * | From | 101 | % of FPL for children ages 6 through 16 | 200 | % of FPL * |
| | From | | % of FPL for children ages 17 and 18 | | % of FPL * | From | 101 | % of FPL for children ages 17 and 18 | 200 | % of FPL * |

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

| | | | | |
|---------------------------------------|-------------------------------------|-----------------------------|-------------------------------------|-----------------------------|
| Is retroactive eligibility available? | <input checked="" 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 |
|--|--------------------------|-----|--------------------------|-----|

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

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

| | | | | |
|--|--------------------------|--------------------------|---|-----|
| 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 6 | |
| | | | To which groups (including FPL levels) does the period of uninsurance apply? [1000] All. | |
| | | | List all exemptions to imposing the period of uninsurance [1000] Exceptions to the 6 month period of uninsurance are made when other health insurance coverage is lost due to: death of parent, disability of parent, termination of employment, change to a new employer who does not cover dependents, change of address so that no employer-sponsored coverage is available, expiration of the coverage periods established by COBRA, and employer terminating health coverage as a benefit for all employees. | |
| <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 checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Yes |
| | | | If yes, what database? [1000] | |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | |
|---|---|-----|---|-----|
| Does your program provide period of continuous coverage <u>regardless of income changes</u> ? | <input checked="" 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 Child would lose eligibility when qualifying for Medicaid, ceasing to pay monthly premiums, moving out of state, or becoming deceased. | |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | |
|--|-------------------------------------|-----|-------------------------------------|-----|
| Does your program require premiums or an enrollment fee? | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes |
| | Enrollment fee amount | | Enrollment fee amount | |
| | Premium amount | | Premium amount 10 | |
| | Yearly cap | | 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) | |
| | | | \$10 Per family per month at 101-133% FPL; \$15 PFPM at 134-166% FPL; \$25 PFPM at 167-200% FPL. | |
| | <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 checked="" type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | |
|---------------------------------------|-------------------------------------|-----|-------------------------------------|-----|
| Does your program impose deductibles? | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes |
| | If Yes, please describe below | | If Yes, please describe below | |
| | Standard \$90 disregard per earner; disregard of \$175 for children 2 and above; \$200 for children under age 2. Also, disregard first \$50 of child support for eligible children. | | Standard \$90 disregard per earner; disregard of \$175 for children 2 and above; \$200 for children under age 2. Also, disregard first \$50 of child support for eligible children. | |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | |
|--|-------------------------------------|--|-------------------------------------|--|
| Is a preprinted renewal form sent prior to eligibility expiring? | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Yes |
| | <input type="checkbox"/> | We send out form to family with their information pre-completed and ask for confirmation | <input 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 | <input type="checkbox"/> | We send out form but do not require a response unless |
| | | | | |

| | | | | |
|--------------------------|-----|----------------------------|--------------------------|--|
| | | circumstances have changed | | income or other circumstances have changed |
| <input type="checkbox"/> | N/A | | <input type="checkbox"/> | N/A |

Enter any Narrative text below. [7500]

Delaware expects to begin matching all new clients against a data base of all insurers in the State, beginning April 1, 2008, to identify any third party coverage.

Comments on Responses in Table:

Is there an assets test for children in your Medicaid program?

| | | | | | |
|--------------------------|-----|-------------------------------------|----|--------------------------|-----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | 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.

| | | | | | |
|--------------------------|-----|--------------------------|----|-------------------------------------|-----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | N/A |
|--------------------------|-----|--------------------------|----|-------------------------------------|-----|

Are there income disregards for your Medicaid program?

| | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 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.

| | | | | | |
|--------------------------|-----|-------------------------------------|----|--------------------------|-----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|--------------------------|-----|-------------------------------------|----|--------------------------|-----|

Is a joint application used for your Medicaid and separate child health program?

| | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|

7. Indicate what documentation is required at initial application

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

| | Medicaid Expansion SCHIP Program | | | Separate Child Health Program | | |
|--|----------------------------------|-------------------------------------|--------------------------|-------------------------------|-------------------------------------|--------------------------|
| | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Application | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Application documentation requirements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Benefit structure | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Crowd out policies | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Delivery system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eligibility determination process (including implementing a waiting lists or open enrollment periods) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eligibility levels / target population | <input type="checkbox"/> | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eligibility redetermination process | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family coverage | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Premium assistance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Prenatal Eligibility expansion | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pregnant women | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Childless adults | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other – please specify | | | | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 | |
|------------------------------------|--|

| | |
|---|---|
| Process to State Law) | |
| Application | |
| Application documentation requirements | |
| Benefit structure | Dental benefits available as of October 1, 2006. |
| Cost sharing (including amounts, populations, & collection process) | |
| Crowd out policies | |
| Delivery system | Additional MCO added as of July 1, 2007. Additional MCO added as of July 1, 2007. |
| 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 | Began outreach campaign in Summer 2007 through Dept of Education Summer Feeding Programs to enroll more eligible children. 12,000 applications distributed to schools, but no increase in enrollment occurred. Expect to continue outreach efforts in 2008. |
| Premium assistance | |
| 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. | |
| b. | |
| c. | |

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <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>Measurement Specification: <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> HEDIS 2006</p> | <p>Measurement Specification: <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> HEDIS 2006</p> | <p>Measurement Specification: <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>Data Source: <input 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> These are based on HEDIS samples and not the entire population, therefore numerators include both administrative and hybrid data.</p> | <p>Data Source: <input 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> These are based on HEDIS samples and not the entire population, therefore numerators include both administrative and hybrid data.</p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> |
| <p>Year of Data: 2005</p> | <p>Year of Data: 2006</p> | <p>Year of Data:</p> |

| Well Child Visits in the First 15 Months of Life (continued) | | |
|--|--|---|
| FFY 2005 | FFY 2006 | FFY 2007 |
| <p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 4 visits Denominator: Denominator: Rate: Rate:</p> <p><u>1 visit</u> Numerator: 5 visits Denominator: Denominator: Rate: Rate:</p> <p><u>2 visits</u> Numerator: 6+ visits Denominator: Numerator: 182 Denominator: 411 Rate: Rate: 44.3</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 4 visits Denominator: Denominator: Rate: Rate:</p> <p><u>1 visit</u> Numerator: 5 visits Denominator: Denominator: Rate: Rate:</p> <p><u>2 visits</u> Numerator: 6+ visits Denominator: Numerator: 246 Denominator: 432 Rate: Rate: 56.9</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 4 visits Denominator: Denominator: Rate: Rate:</p> <p><u>1 visit</u> Numerator: 5 visits Denominator: Denominator: Rate: Rate:</p> <p><u>2 visits</u> Numerator: 6+ visits Denominator: Numerator: Denominator: Rate: Rate:</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> |
| <p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: (If reporting with another methodology) 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? Due to agreed upon changes, Delaware is now reporting these measures on a calendar year basis, therefore 2007 data is not yet available.

Are there any quality improvement activities that contribute to your progress?

Annual Performance Objective for FFY 2008:

Annual Performance Objective for FFY 2009:

Annual Performance Objective for FFY 2010:

Explain how these objectives were set:

Other Comments on Measure:

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|---|---|
| <p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" 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> As of this year, Delaware is switching to calendar year based reporting. 2007 data is not yet available for this period.</p> |
| <p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <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></p> |
| <p>Measurement Specification: <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> HEDIS 2006</p> | <p>Measurement Specification: <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> HEDIS 2006</p> | <p>Measurement Specification: <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></p> |
| <p>Data Source: <input 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> These are based on HEDIS samples and not the entire population, therefore numerators include both administrative and hybrid data.</p> | <p>Data Source: <input 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> These are based on HEDIS samples and not the entire population, therefore numerators include both administrative and hybrid data.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As defined by HEDIS: in MCO as a SCHIP or Medicaid child at end of SFY 06, aged 3,4,5, or 6 as of the last day of the reporting period (12/31/06), with 11-12 months of enrollment in MCO in CY 06.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> |
| <p>Year of Data: 2005</p> | <p>Year of Data: 2006</p> | <p>Year of Data:</p> |

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|--|---|
| <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 304 Denominator: 411 Rate: 74</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 240 Denominator: 338 Rate: 71</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> |

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

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

MEASURE: Use of Appropriate Medications for Children with Asthma

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|--|--|
| <p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" 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> Due to need to have 2 years of data in order to run measure.</p> | <p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" 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> Shift to calendar year data</p> |
| <p>Status of Data Reported: <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></p> | <p>Status of Data Reported: <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>Status of Data Reported: <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></p> |
| <p>Measurement Specification: <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></p> | <p>Measurement Specification: <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> HEDIS 2006</p> | <p>Measurement Specification: <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></p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP Continuously Enrolled Clients Ages 5 to 18 With Persistent Asthma Who Received Appropriate Medications In Calendar Year 2006</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> |
| <p>Year of Data:</p> | <p>Year of Data: 2006</p> | <p>Year of Data:</p> |

Use of Appropriate Medications for Children with Asthma (continued)

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|---|---|
| <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:</p> <p><u>10-17 years</u> Numerator: Denominator: Rate:</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 457 Denominator: 477 Rate: 95.8</p> <p><u>10-17 years</u> Numerator: 475 Denominator: 523 Rate: 90.8</p> <p><u>Combined rate (5-17 years)</u> Numerator: 932 Denominator: 1000 Rate: 93.2</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:</p> <p><u>10-17 years</u> Numerator: Denominator: Rate:</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> |
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> |
| <p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p> | | |
| <p>Other Comments on Measure:</p> | | |

MEASURE: Children's Access to Primary Care Practitioners

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|--|
| <p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <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>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" 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> shift to calendar year data</p> |
| <p>Status of Data Reported: <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>Status of Data Reported: <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>Status of Data Reported: <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></p> |
| <p>Measurement Specification: <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> HEDIS 2006</p> | <p>Measurement Specification: <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> HEDIS 2006</p> | <p>Measurement Specification: <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></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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> mco encounter claims</p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input 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></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children Ages 12 Months to 19 years who Had A Visit With an MCO PCP in Calendar Year 2006 (Only counts children enrolled in regular SCHIP in December 2006 with 11-12 months in MCO as Medicaid or SCHIP)</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> |
| <p>Year of Data: 2005</p> | <p>Year of Data: 2006</p> | <p>Year of Data:</p> |

| FFY 2005 | FFY 2006 | FFY 2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------------|------------|-------------------|--------------|------------|-------|------|--|--------------------------|--------------------|------------------|------------|--------------------|--------------|------------|-------|---|---------------------|-------------------|-----------------|-----------------|-------------------|-------------------|------------|------------|------|--|--------------------------|--------------------|------------------|-----------------|--------------------|--------------------|----------|------------|--|---------------------|-------------------|------------|------------|--------------|--------------|-------|-------|------|--|--------------------------|--------------------|------------|------------|--------------|--------------|-------|-------|
| <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 3220</td> <td>Numerator:</td> </tr> <tr> <td>Denominator: 3296</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 97.7</td> <td>Rate:</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 11761</td> <td>Numerator:</td> </tr> <tr> <td>Denominator: 13287</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 88.5</td> <td>Rate:</td> </tr> </table> <p>Additional notes on measure: due to need to have 2 years of data in order to run measure</p> | <u>12-24 months</u> | <u>7-11 years</u> | Numerator: 3220 | Numerator: | Denominator: 3296 | Denominator: | Rate: 97.7 | Rate: | | | <u>25 months-6 years</u> | <u>12-19 years</u> | Numerator: 11761 | Numerator: | Denominator: 13287 | Denominator: | Rate: 88.5 | Rate: | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 3506</td> <td>Numerator: 7806</td> </tr> <tr> <td>Denominator: 3597</td> <td>Denominator: 8527</td> </tr> <tr> <td>Rate: 97.5</td> <td>Rate: 91.5</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 11292</td> <td>Numerator: 9230</td> </tr> <tr> <td>Denominator: 12692</td> <td>Denominator: 10792</td> </tr> <tr> <td>Rate: 89</td> <td>Rate: 85.5</td> </tr> </table> <p>Additional notes on measure:</p> | <u>12-24 months</u> | <u>7-11 years</u> | Numerator: 3506 | Numerator: 7806 | Denominator: 3597 | Denominator: 8527 | Rate: 97.5 | Rate: 91.5 | | | <u>25 months-6 years</u> | <u>12-19 years</u> | Numerator: 11292 | Numerator: 9230 | Denominator: 12692 | Denominator: 10792 | Rate: 89 | Rate: 85.5 | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> </table> <p>Additional notes on measure:</p> | <u>12-24 months</u> | <u>7-11 years</u> | Numerator: | Numerator: | Denominator: | Denominator: | Rate: | Rate: | | | <u>25 months-6 years</u> | <u>12-19 years</u> | Numerator: | Numerator: | Denominator: | Denominator: | Rate: | Rate: |
| <u>12-24 months</u> | <u>7-11 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: 3220 | Numerator: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: 3296 | Denominator: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: 97.7 | Rate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>25 months-6 years</u> | <u>12-19 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: 11761 | Numerator: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: 13287 | Denominator: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: 88.5 | Rate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>12-24 months</u> | <u>7-11 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: 3506 | Numerator: 7806 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: 3597 | Denominator: 8527 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: 97.5 | Rate: 91.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>25 months-6 years</u> | <u>12-19 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: 11292 | Numerator: 9230 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: 12692 | Denominator: 10792 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: 89 | Rate: 85.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>12-24 months</u> | <u>7-11 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: | Numerator: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: | Denominator: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: | Rate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>25 months-6 years</u> | <u>12-19 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: | Numerator: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: | Denominator: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: | Rate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Other Comments on Measure:</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 4th 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 | 172 | 145 | -15.7 |
| Separate Child Health Program | 10579 | 10998 | 3.96 |

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

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 | 23 | 4.6 | 10.8 | 2.2 |
| 1998 - 2000 | 13 | 3.4 | 6.0 | 1.5 |
| 2000 - 2002 | 8 | 2.0 | 4.0 | .9 |
| 2002 - 2004 | 11 | 2.3 | 5.5 | 1.1 |
| 2003 - 2005 | 13 | 2.7 | 6.2 | 1.3 |
| 2004 - 2006 | 14 | 3.0 | 6.6 | 1.4 |
| Percent change | -39.1% | NA | -38.9% | NA |

| | | | | |
|----------------------------|--|--|--|--|
| 1996-1998 vs. 2004-2006 | | | | |
|----------------------------|--|--|--|--|

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

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

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

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

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.)

What are the limitations of the data or estimation methodology?

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

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

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 13th 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>Goal #1 (Describe) Decreasing the number of uninsured children and improving their health and chances for life success. Ratio of SCHIP insureds to uninsured children between 100% and 200% FPL.</p> | <p>Goal #1 (Describe) This strategic objective remains that of decreasing the number of uninsured children and improving their health and chances for life success.</p> | <p>Goal #1 (Describe) This strategic objective remains that of decreasing the number of uninsured children and improving their health and chances for life success.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i></p> | <p>Status of Data Reported: <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>Status of Data Reported: <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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> University of Delaware's Center for Applied Demography and Survey Research.</p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> University of Delaware's Center for Applied Demography and Survey Research</p> | <p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> University of Delaware's Center for Applied Demography and Survey Research.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: Number of Uninsured children, 0-18 years, between 100% and 200% FPL. Definition of numerator: Count of unduplicated SCHIP enrollees.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Number of uninsured children between 100% and 200% FPL Definition of numerator: Count of unduplicated SCHIP enrollees</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Number of Uninsured children, 0-18 years, between 100% and 200% FPL. Definition of numerator: Count of unduplicated SCHIP enrollees.</p> |
| <p>Year of Data: 2005</p> | <p>Year of Data: 2006</p> | <p>Year of Data: 2007</p> |
| <p>Performance Measurement Data: Described what is being measured: Ratio of children covered by SCHIP to those who remain uninsured. Results are based on four assumptions: a)If SCHIP enrollment rises and the uninsured rate drops, then more of the uninsured are being covered by SCHIP and the uninsured are decreasing; b)If both SCHIP and uninsured numbers drop, then employer-related coverage has decreased both the number of uninsured and SCHIP eligibles; continued below... Numerator: 10204 Denominator: 7428 Rate: 137.4</p> | <p>Performance Measurement Data: Described what is being measured: Ratio of children covered by SCHIP to those who remain uninsured. Numerator: 10751 Denominator: 6978 Rate: 154.1 Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: Ratio of children covered by SCHIP to those who remain uninsured. Numerator: 10998 Denominator: 8840 Rate: 124.4 Additional notes on measure:</p> |

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|---|---|
| <p>Additional notes on measure: c)If SCHIP enrollees drop while uninsured rise, then the State should consider more outreach to achieve reductions in the uninsured; d)If both SCHIP and uninsured numbers rise, then a weak economy has caused a loss of employer-related coverage, and SCHIP is picking up more of the uninsured.</p> | | |
| | <p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? SCHIP enrollment increased by 4% in FFY 06 over FFY 05. while the uninsured rate increased by 7%. Assumption "d" is thought to be the relevant scenario.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? For this reporting year, the U of D identified 8,840 uninsured children. As indicated in Section IIB, there were 10,998 SCHIP enrollees in FFY 07, an increase of 3.96%. In FFY 07, the ratio of SCHIP enrollees to uninsured children was 1.24:1. The count of uninsured rose as did the SCHIP population. Under our assumption scenarios, "d" continues to account for the rising number of uninsured and incremental increases in SCHIP.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> |
| | <p>Annual Performance Objective for FFY 2007: There is an outreach effort underway to reach the increasing number of uninsured children and enroll them in SCHIP.</p> <p>Annual Performance Objective for FFY 2008: Efforts will continue to lower the number of uninsured children in Delaware.</p> <p>Annual Performance Objective for FFY 2009: Efforts will continue to lower the number of uninsured children in Delaware.</p> <p><i>Explain how these objectives were set:</i></p> | <p>Annual Performance Objective for FFY 2008: The State will continue outreach efforts begun in the Summer of 2007 and will look at other options for increasing and retaining SCHIP enrollees. The intent will be to try to enroll most of the uninsured population that appears to be eligible for SCHIP - approximately 8,840.</p> <p>Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i> Enrollment goal based on the use of uninsured data provided by U of D.</p> |
| <p>Other Comments on Measure: Assumption "d" is thought to be the relevant scenario. According to the Delaware Dept. of Labor, 2005 job growth lagged over 2004's stronger pace. The State added 6,300 jobs in 2005, 34% fewer than the 9,600 jobs created in 2004.</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</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 |
|--|---|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <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> | Status of Data Reported: <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> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Year of Data: | Year of Data: | Year of Data: |
| Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| | Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> | Explanation of Progress: <p style="text-align: center;">How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> |

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

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|---|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <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> | Status of Data Reported: <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> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Year of Data: | Year of Data: | Year of Data: |
| Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| | Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> | Explanation of Progress: <p style="text-align: center;">How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> |

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

Objectives Related to SCHIP Enrollment

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|--|
| Goal #1 (Describe) | Goal #1 (Describe) No objective under this measure. | Goal #1 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Not applicable | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i> | Status of Data Reported: <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> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Not applicable | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Not applicable Definition of numerator: Not applicable | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Year of Data: | Year of Data: 2006 | Year of Data: |
| Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| | Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? | Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? |

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

Objectives Related to SCHIP Enrollment (Continued)

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|---|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <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> | Status of Data Reported: <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> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Year of Data: | Year of Data: | Year of Data: |
| Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| | Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> | Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> |

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

Objectives Related to SCHIP Enrollment (Continued)

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|---|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <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> | Status of Data Reported: <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> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Year of Data: | Year of Data: | Year of Data: |
| Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| | Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> | Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> |

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

Objectives Related to Medicaid Enrollment

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|--|
| Goal #1 (Describe) | Goal #1 (Describe) No measure under this objective | Goal #1 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Not applicable | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i> | Status of Data Reported: <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> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Not applicable | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Not applicable Definition of numerator: Not applicable | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Year of Data: | Year of Data: | Year of Data: |
| Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| | Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? | Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? |

| FFY 2005 | FFY 2006 | FFY 2007 |
|-----------------------------------|---|--|
| | <p data-bbox="751 183 1226 235">Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p data-bbox="751 289 1226 315">Annual Performance Objective for FFY 2009:</p> <p data-bbox="751 342 1125 368"><i>Explain how these objectives were set:</i></p> | <p data-bbox="1373 183 1848 235">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1373 289 1848 315">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1373 342 1747 368"><i>Explain how these objectives were set:</i></p> |
| Other Comments on Measure: | Other Comments on Measure: | Other Comments on Measure: |

Objectives Related to Medicaid Enrollment (Continued)

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|---|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <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> | Status of Data Reported: <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> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Year of Data: | Year of Data: | Year of Data: |
| Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| | Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> | Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> |

| FFY 2005 | FFY 2006 | FFY 2007 |
|-----------------------------------|---|--|
| | <p data-bbox="751 183 1226 233">Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p data-bbox="751 289 1226 315">Annual Performance Objective for FFY 2009:</p> <p data-bbox="751 342 1125 368"><i>Explain how these objectives were set:</i></p> | <p data-bbox="1373 183 1848 233">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1373 289 1848 315">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1373 342 1747 368"><i>Explain how these objectives were set:</i></p> |
| Other Comments on Measure: | Other Comments on Measure: | Other Comments on Measure: |

Objectives Related to Medicaid Enrollment (Continued)

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|---|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <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> | Status of Data Reported: <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> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Year of Data: | Year of Data: | Year of Data: |
| Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| | Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> | Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p> |

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

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|---|---|
| Goal #1 (Describe) | Goal #1 (Describe) Objective is to move from a clinical-based system (FFS/sick care) to a community-based system (managed care/preventative care) which provides genuine access to high quality care. | Goal #1 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Percentage decline in unnecessary emergency visits. | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i> | Status of Data Reported: <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> |
| Measurement Specification: <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> | Measurement Specification: <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 checked="" type="checkbox"/> Other. <i>Explain:</i> | Measurement Specification: <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> |
| Data Source: <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> | Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> University of Delaware survey / MCO encounter claim data | Data Source: <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> |
| Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: unknown | Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: |
| Year of Data: | Year of Data: 2006 | Year of Data: |
| HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|---|---|
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Progress is not available due to lack of funding to perform this measurement evaluation.</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> |
| | <p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p> | <p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p> |
| <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|---|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <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> | Status of Data Reported: <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> |
| Measurement Specification: <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> | Measurement Specification: <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> | Measurement Specification: <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> |
| Data Source: <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> | Data Source: <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> | Data Source: <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> |
| Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: |
| Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

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

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|---|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <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> | Status of Data Reported: <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> |
| Measurement Specification: <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> | Measurement Specification: <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> | Measurement Specification: <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> |
| Data Source: <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> | Data Source: <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> | Data Source: <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> |
| Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: |
| Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

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

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|--|---|
| Goal #1 (Describe) | Goal #1 (Describe) Maintain uninsured children in the health care industry so they receive the same quality of care as insured children. | Goal #1 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Discontinued due to lack of funding to contract with the University of Delaware. | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <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> | Status of Data Reported: <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> |
| Measurement Specification: <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> | Measurement Specification: <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 checked="" type="checkbox"/> Other. <i>Explain:</i> Survey | Measurement Specification: <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> |
| Data Source: <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> | Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <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> |
| Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: |
| Year of Data: | Year of Data: | Year of Data: |
| HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

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

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|---|---|
| Goal #2 (Describe) | Goal #2 (Describe) | Goal #2 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <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> | Status of Data Reported: <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> |
| Measurement Specification: <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> | Measurement Specification: <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> | Measurement Specification: <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> |
| Data Source: <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> | Data Source: <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> | Data Source: <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> |
| Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: |
| Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

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

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|---|---|
| Goal #3 (Describe) | Goal #3 (Describe) | Goal #3 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <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> | Status of Data Reported: <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> | Status of Data Reported: <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> |
| Measurement Specification: <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> | Measurement Specification: <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> | Measurement Specification: <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> |
| Data Source: <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> | Data Source: <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> | Data Source: <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> |
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| Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: | Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: |

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

No other strategies at this time.

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?

No other strategies at this time.

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?

No focused studies performed.

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.

No other findings at the present time.

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

We are reporting only one performance measure under IIC. The other original objectives have been discontinued since they address the change in health care delivery system, which is provided by program design through managed care. We expect to consult with CMS in the coming year to identify possible new performance measures which will be more appropriate to the needs of the Annual SCHIP Report.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

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]

Outreach discussions were held with our Department of Insurance and Department of Education to explore possible dissemination of SCHIP applications to participants in DOE's Summer Feeding Programs. 12,000 applications were disseminated to all feeding programs, but without any subsequent enrollment increase. Additional efforts will continue in the new year to target children through their schools - nutrition programs and nurse information on uninsured students.

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]

We have used common approaches such as health fairs, PSAs, billboards, bus signs, and school-based activities as addressed above, but it appears likely that most families apply based on receiving information about the program from social workers, friends and relatives, school outreach and the media. Still, no one approach seems to be particularly effective.

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's Community Health Access Program (CHAP) performs outreach to uninsured populations including minorities, immigrants, and individuals residing in rural areas. FQHCs are the primary source of care for these hard-to-reach individuals, and we believe most of the applications come from contact with these clinics.

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]

The count of SCHIP children enrolled as of September 2007 is 4,871 (including separate and Medicaid expansion). The University of Delaware 2007 report on uninsured Delawareans indicates that there are 8,840 additional children who are potentially eligible for SCHIP.

Based on the total of these two populations, then the current percentage of children in the SCHIP FPL range who are enrolled in SCHIP is approximately 35%.

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]

Must be uninsured for 6 months prior to SCHIP eligibility.

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]**

Crowd-out is controlled by maintaining the 6 month waiting period and by limiting program coverage to 200% FPL.

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

Applicants may not have comprehensive insurance to be eligible for SCHIP. Those that have other insurance at the time of application are screened out of SCHIP by the State's automated eligibility process. Such families may be found eligible for Medicaid or denied coverage altogether if over-income for Medicaid. Because of the common program application and the cascading eligibility system, break outs of this data are not available.

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

Not applicable. The 6 month waiting period deters dropping group health coverage to enroll in SCHIP.

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. A simplified joint SCHIP/Medicaid application is used for initial applications and may be used for redeterminations. Applications can be submitted through the U.S. Mail or conducted over the phone. Face-to-face interviews are not required. A one-page renewal form is also used which helps simplify the redetermination process for families. The renewal form only requires the

information necessary to verify eligibility (income, other health insurance, change in address, or change in family size), and requires documentation of income by a parent or guardian. The form does not require a signature.

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 State's automated eligibility system determines whether families are eligible for Medicaid or SCHIP. When a family becomes ineligible for Medicaid, the system automatically cascades the children into SCHIP provided the income requirements are met. No new application is needed. The process is similar for those who lose SCHIP.

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

Yes. The State provides for two MCOs - Delaware Physicians Care, Inc., and Unison Health Plan, plus its own State-operated managed care program - Diamond State Partners.

All three essentially use the same providers.

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

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]

One renewal notice is sent by the automated eligibility system prior to disenrollment.

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

The renewal notice is sent out 45 days prior to the date the renewal application is due.

Sends targeted mailings to selected populations

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

The Health Benefits Manager targets all disenrollees.

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]***

One-page reenrollment for described above.

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

The HBM makes sample contact with disenrollees to learn why families did not reenroll.

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

One-year guaranteed eligibility pay three months ahead and get one month free; premium payment simplification - easy access to pay at local drug stores, by phone or by internet.

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]**

Based on worker feedback, the most effective measures are the one-page reenrollment form, the automated 45 day renewal notice, and follow-up by the Health Benefits Manager. Client education at the time of enrollment is also effective.

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]**

Most children are retained in the program at redetermination based on fairly consistent monthly levels of enrollment.

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]**

A monthly report of SCHIP enrollment and disenrollment data is produced. In September 2007 a total of 199 were completely disenrolled, while 174 were disenrolled and subsequently reenrolled. 398 were totally new enrollees.

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 |
| 1449 | 53 | 4 | 199 | 14 | 21 | 1 | 0 | 0 | 0 | 0 |

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]**.

For Calendar Year 2007 through September 2007. Data is from HBM tracking of disenrollments.

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]**

Not in FFY 07. Past studies have not found premiums to be a barrier to enrollment in SCHIP for those who have enrolled. Whether it is a barrier for non-participants is unknown at present.

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]**

Not applicable. No cost-sharing in general in the State's SCHIP program.

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]**

Not applicable.

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]**

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

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

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

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]**

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
_____ Number of adults ever-enrolled during the reporting period
_____ 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]**

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

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

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]**

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]**

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]**

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

State: _____

Employer: _____

Employee: _____

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

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]**

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

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

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]**

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

Provider Credentialing

_____ Number of cases investigated

_____ Number of cases referred to appropriate law enforcement officials

Provider Billing

_____ Number of cases investigated

_____ Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

_____ Number of cases investigated

_____ 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]**

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

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = 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 |
|--|------|------|------|
| Benefit Costs | | | |
| Insurance payments | | | |
| Managed Care | | | |
| Fee for Service | | | |
| Total Benefit Costs | | | |
| (Offsetting beneficiary cost sharing payments) | | | |
| Net Benefit Costs | \$ | \$ | \$ |

Administration Costs

| | | | |
|---|--|--|--|
| Personnel | | | |
| General Administration | | | |
| Contractors/Brokers (e.g., enrollment contractors) | | | |
| Claims Processing | | | |
| Outreach/Marketing costs | | | |
| Other (e.g., indirect costs) | | | |
| Health Services Initiatives | | | |
| Total Administration Costs | | | |
| 10% Administrative Cap (net benefit costs ÷ 9) | | | |

| | | | |
|--------------------------------|--|--|--|
| Federal Title XXI Share | | | |
| State Share | | | |

| | | | |
|---|--|--|--|
| TOTAL COSTS OF APPROVED SCHIP PLAN | | | |
|---|--|--|--|

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]**

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 | | \$ | | \$ | | \$ |
| 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 | | % of FPL to | | % 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
- _____ 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]

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 |
|---|------|------|------|------|------|
| Benefit Costs for Demonstration Population #1 (e.g., children) | | | | | |
| Insurance Payments | | | | | |
| Managed care per member/per month rate @ # of eligibles | | | | | |
| Fee for Service Average cost per enrollee in fee for service | | | | | |
| Total Benefit Costs for Waiver Population #1 | | | | | |

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 | | | | | |
| Total Benefit Costs for Waiver Population #2 | | | | | |

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 | | | | | |
| Total Benefit Costs for Waiver Population #3 | | | | | |

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 | | | | | |
| Total Benefit Costs for Waiver Population #3 | | | | | |

Total Benefit Costs

(Offsetting Beneficiary Cost Sharing Payments)

Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Administration Costs

| | | | | | |
|---|--|--|--|--|--|
| Personnel | | | | | |
| General Administration | | | | | |
| Contractors/Brokers (e.g., enrollment contractors) | | | | | |
| Claims Processing | | | | | |
| Outreach/Marketing costs | | | | | |
| Other (specify) | | | | | |
| Total Administration Costs | | | | | |
| 10% Administrative Cap (net benefit costs ÷ 9) | | | | | |

Federal Title XXI Share

State Share

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

TOTAL COSTS OF DEMONSTRATION

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

When was your budget last updated (please include month, day and year)? [500]

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

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

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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]**

Fiscally, the State's funds remain tight. With a possible looming recession we expect no increases in program funding. Politically, there was some interest this past year in considering a SCHIP expansion to 300% FPL and possible parent coverage at a low level. With the August 17th letter from CMS, those changes are no longer under consideration.

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

Outreach continues to be the greatest challenge. Even with a special effort undertaken in the Summer of 2007, there was no impact on enrollment. Why families do not avail themselves of this affordable coverage is unclear.

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

Dental services were added to SCHIP during this reporting period, filling a long outstanding need of this population.

The additional benefit was supported by the dental community even while it struggles to accommodate the existing Medicaid child population.

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]**

We do not expect to make any cuts or impose other limitations during the next fiscal year. We will continue to look at ideas for increasing enrollment and retention and may pursue some approach if funding permits.

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