

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: IA
(Name of State/Territory)

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

Signature: _____
Kevin W. Concannon, Director

SCHIP Program Name(s): All, hawk-i, IA Medicaid Expansion

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: 1/7/2008

(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	0	% of FPL conception to birth	0	% of FPL *	
	From	185	% of FPL for infants	200	% of FPL *	From	0	% of FPL for infants	200	% of FPL *
	From	0	% of FPL for children ages 1 through 5	0	% of FPL *	From	0	% of FPL for children ages 1 through 5	200	% of FPL *
	From	100	% of FPL for children ages 6 through 16	133	% of FPL *	From	0	% of FPL for children ages 6 through 16	200	% of FPL *
	From	100	% of FPL for children ages 17 and 18	133	% of FPL *	From	0	% 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes, for whom and how long? All who are eligible back three months.	<input type="checkbox"/>	Yes, for whom and how long?

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

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

Does your program require a face-to-face interview during initial application	<input 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 checked="" type="checkbox"/>	No
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uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
			List all exemptions to imposing the period of uninsurance [1000]	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
			If yes, what database? [1000] The Department contracts with Health Management Systems to perform a data match of hawk-i and health insurance company files. The contract is a result of legislation that requires hawk-i to match a full-positive enrollee/applicant file against a database of health insurance company enrollees files. Health Management Systems compares new applicant and current enrollees to the health insurance plans enrollee files to identify children who may not qualify for hawk-i because they have other health insurance coverage.	
			<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<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	

		Once eligibility is established, the child shall remain enrolled in the hawk-i program for a 12 month enrollment period unless one of the following occurs then the child will be disenrolled as of the first day of the month: a) The child turns nineteen, b) Nonpayment of premiums. If the family reports a decrease in income during the 12-month enrollment period, premium cost sharing is reevaluated. If the family's income is reduced below 150 percent of FPL, the family will not have to pay a premium for the remaining months of the enrollment period. c) Iowa residence is abandoned. d) Medicaid eligible. e) Enrolled in other health insurance plan. f) Admission to a non-medical public institution unless it can be established that the absence is temporary. f) Employment with the State of Iowa. The child's parents become eligible to participate in a health plan available to State of Iowa employees.
<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	0
	Premium amount		Premium amount	10
	Yearly cap		Yearly cap	120
	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)	
			\$10.00 per child per month, with a maximum of \$20.00 per family for families whose countable income is greater than 150% of FPL. Premiums are not imposed on Native American/Alaskan Native children regardless of family income. If a family reports a decrease in income anytime during the 12-month eligibility period and the new income is less than 150% of FPL, the family does not pay a premium for the remainder of the eligibility period.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
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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	
	1) Cost of producing unearned income. 2) 20% deduction from earned income. 3) Adult or child care expenses. 4) Applicable diversions for people not in the home. 5) Diversions for ineligible or voluntarily excluded person's needs. 6) 50% work incentive deduction for 1931 group.		An earned income disregard of 20% of gross earned income is subtracted prior to the determination of eligibility. No income disregards are applied to unearned income.	
	<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 type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input checked="" type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Enter any Narrative text below. [7500]

Comments on Responses in Table:

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

Yes No N/A

Is it different from the assets test in your separate child health program?
If yes, please describe in the narrative section below the asset test in your program.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A
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Are there income disregards for your Medicaid program?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
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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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
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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
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7. Indicate what documentation is required at initial application

	<u>Self-Declaration</u>	<u>Documentation Required</u>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>

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

	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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery system	<input type="checkbox"/>	<input checked="" 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"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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

Eligibility redetermination process

Enrollment process for health plan selection

Family coverage

Outreach (e.g., decrease funds, target outreach)

Premium assistance

Prenatal Eligibility expansion

Waiver populations (funded under title XXI)

Parents

Pregnant women

Childless adults

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<hr/> <hr/>
Application	<hr/> <hr/>
Application documentation requirements	<hr/> <hr/>
Benefit structure	<hr/> <hr/>
Cost sharing (including amounts, populations, &	<hr/> <hr/>

collection process)	
Crowd out policies	The Department contracts with Health Management Systems to perform a data match between hawk-i applicants and enrollees and insurance carrier members.
Delivery system	Managed care expansion. October 1, 2006 Wellmark Health Plan of Iowa and Blue Dental expanded into Union county replacing Wellmark Classic Blue Indemnity Plan. November 1, 2006 Wellmark Health Plan of Iowa and Blue Dental expanded into three counties: Dubuque, Fayette and Lee. November 1, 2006 AmeriChoice and Delta Dental of Iowa expanded into four counties: Carol, Des Moines, Fayette and Wayne.
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
Eligibility levels / target population	
Assets test in Medicaid and/or SCHIP	
Income disregards in Medicaid and/or SCHIP	
Eligibility redetermination process	
Enrollment process for health plan selection	
Family coverage	
Outreach	
Premium assistance	
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]**

7. Indicate what documentation is required at initial application.

Income: Documentation required for Medicaid Expansion and hawk-i program.

Citizenship: Documentation required for Medicaid Expansion and self-declaration for hawk-i.

Insured Status: Self-Declaration for the Medicaid Expansion program.

The hawk-i program allows self-declaration of insured status with one exception. If a family indicates that there coverage is ending or has recently ended, the family is required to send in documentation that the coverage has ceased.

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>

FFY 2005	FFY 2006	FFY 2007
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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> According to HEDIS specifications, to be included in this outcome, children must turn 15 months of age during FFY 2004 and have been continuously enrolled in the hawk-i program for the period of 31 days of age through 15 months of age with no more than a 1-month gap. The child's age is calculated by adding 31 days to the date of birth, and is also calculated using the date of their first birthday and adding 90 days. Seven rates are computed for this measure. These rates demonstrate the number of children who had 0 to 6 or more well visits during their first 15 months of life.</p> <p>Modification: This measure required major modifications in order to be used for children in the hawk-i program. Children under 1 year of age are typically not enrolled in the hawk-i program because they meet Medicaid guidelines. With this limitation, the Department was not able to count the number of visits that children had during this age range. Instead, the measure was modified to determine the % of children who had at least one well-child visit in the period around 15 months of age. The CDC schedule suggests a 15 month well-child visit for evaluation and vaccination. To ensure that claims were captured for a 15 month visit, a period 60 days prior to, and 90 days after the date when the child turned 15 months of age was used for this measure. Any child with a well visit that occurred within this timeframe was counted if the child was eligible for the period 2 months prior to the month of, and 3 months after the date they turned 15 months of age.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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> According to HEDIS specifications, to be included in this outcome, children must turn 15 months of age during FFY 2005 and have been continuously enrolled in the hawk-i program for the period of 31 days of age through 15 months of age with no more than a 1-month gap. The child's age is calculated by adding 31 days to the date of birth, and is also calculated using the date of their first birthday and adding 90 days. Seven rates are computed for this measure. These rates demonstrate the number of children who had 0 to 6 or more well visits during their first 15 months of life.</p> <p>Modification: This measure required major modifications in order to be used for children in the hawk-i program. Children under 1 year of age are typically not enrolled in the hawk-i program because they meet Medicaid guidelines. With this limitation, the Department was not able to count the number of visits that children had during this age range. Instead, the measure was modified to determine the % of children who had at least one well-child visit in the period around 15 months of age. The CDC schedule suggests a 15 month well-child visit for evaluation and vaccination. To ensure that claims were captured for a 15 month visit, a period 60 days prior to, and 90 days after the date when the child turned 15 months of age was used for this measure. Any child with a well visit that occurred within this timeframe was counted if the child was eligible for the period 2 months prior to the month of, and 3 months after the date they turned 15 months of age.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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> According to HEDIS specifications, to be included in this outcome, children must turn 15 months of age during FFY 2006 and have been continuously enrolled in the hawk-i program for the period of 31 days of age through 15 months of age with no more than a 1-month gap. The child's age is calculated by adding 31 days to the date of birth, and is also calculated using the date of their first birthday and adding 90 days. Seven rates are computed for this measure. These rates demonstrate the number of children who had 0 to 6 or more well visits during their first 15 months of life.</p> <p>Modification: This measure required major modifications in order to be used for children in the hawk-i program. Children under 1 year of age are typically not enrolled in the hawk-i program because they meet Medicaid guidelines. With this limitation, the Department was not able to count the number of visits that children had during this age range. Instead, the measure was modified to determine the % of children who had at least one well-child visit in the period around 15 months of age. The CDC schedule suggests a 15 month well-child visit for evaluation and vaccination. To ensure that claims were captured for a 15 month visit, a period 60 days prior to, and 90 days after the date when the child turned 15 months of age was used for this measure. Any child with a well visit that occurred within this timeframe was counted if the child was eligible for the period 2 months prior to the month of, and 3 months after the date they turned 15 months of age.</p> <p>To explain the low percentage of children receiving well child visits in the first 15 months of life (based on HEDIS specifications, claims were expanded to include in this measure from a five to seven month timeframe surrounding the date the child turned 15 months of age.</p>

FFY 2005	FFY 2006	FFY 2007
<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> Enrollment and encounter claims data from contracted health plans.</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> Enrollment and encounter claims data from contracted health plans.</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> Enrollment and administrative encounter claims data from contracted health plans.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Any child with a well child visit that occurred within this timeframe was counted if the child was eligible for the period 2 months prior to the month of, and 3 months after the date they turned 15 months of age.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Any child with a well child visit that occurred within this timeframe was counted if the child was eligible for the period 2 months prior to, the month of, and 3 months after the date they turned 15 months of age.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Claims were expanded to include in this measure from a five to seven month timeframe surrounding the date the child turned 15 months of age. Of the 613 children who qualified for the original denominator, 378 (61.7 percent) had a well-child visit within the seven-month timeframe surrounding the date they turned 15 months of age.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate:</p> <p><u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate:</p> <p><u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate:</p> <p><u>3 visits</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></p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate:</p> <p><u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate:</p> <p><u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate:</p> <p><u>3 visits</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></p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate:</p> <p><u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate:</p> <p><u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate:</p> <p><u>3 visits</u> 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: 240 Denominator: 435 Rate: 55.2</p> <p>Additional notes on measure: Of the 435 children who qualify for the denominator, 240 or 55.2 percent had a Well-Child visit within the five month timeframe surrounding the date they turned 15 months of age. The percentage exceeds the state target goal of 50 percent.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 313 Denominator: 588 Rate: 53.2</p> <p>Additional notes on measure: Of the 588 children who qualified for the denominator, 313 or 53.2 percent had a well-child visit within the five-month timeframe surrounding the date they turned 15 months of age. The percentage exceeds the state target of 50 percent.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 378 Denominator: 613 Rate: 61.7</p> <p>Additional notes on measure: Claims were expanded to include in this measure from a five to seven month timeframe surrounding the date the child turned 15 months of age. Of the 613 children who qualified for the original denominator, 378 (61.7 percent) had a well-child visit within the seven-month timeframe surrounding the date they turned 15 months of age.</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Comparing 2006 data, the percentage rate of children receiving well-child visits increased by 8.5 percent. The annual percentage objective for 2007 was to increase the percentage of children 15 months of age (if the child was eligible for the period from a 2 months period to the month of, and 3 months after the date the children turned 15 months of age) by 2% or 55.2 percent. Using expanded claims data the percentage of children receiving well-child visits increased.

Are there any quality improvement activities that contribute to your progress? Claims were expanded to include in this measure from a five to seven-month timeframe surrounding the date the child turned 15 months of age. Of the 613 children who qualified for the original denominator, 378 (61.7 percent) had a well-child visit within the seven-month timeframe surrounding the date they turned 15 months of age.

Annual Performance Objective for FFY 2008: The annual performance objective goal for 2008 is to increase the percentage of children 15 months of age (if the child was eligible for the period from 2 months prior to the month of, and 3 months after the date they turned 15 months of age) expanding claims to include in this measure from five to seven-month timeframe surrounding the date the child turned 15 months of age from 61.7% to 63.7% (2%).

Annual Performance Objective for FFY 2009: The annual performance objective goal for 2008 is to increase the percentage of children 15 months of age (if the child was eligible for the period from 2 months prior to the month of, and 3 months after the date they turned 15 months of age) expanding claims to include in this measure from five to seven-month timeframe surrounding the date the child turned 15 months of age from 63.7% to 65.7% (2%).

Annual Performance Objective for FFY 2010: The annual performance objective goal for 2010 is to increase the percentage of children 15 months of age (if the child was eligible for the period from 2 months prior to the month of, and 3 months after the date they turned 15 months of age) expanding claims to include in this measure from five to seven-month timeframe surrounding the date the child turned 15 months of age from 65.7% to 67.7% (2%).

Explain how these objectives were set: The Department reviewed the 2007 percentage of well-child visits in the first 15 months (modified) and determined that a 2% increase is reasonable.

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 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> 2005</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 2004</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 2005</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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 version 2006</p> <p>All eligible children who turned 3-6 years of age by September 30, 2006, and were eligible for at least 11 months of FFY 2006 were considered in the denominator for this measure. Of these children, those with at least one well-child visit were counted in the numerator.</p> <p>No modifications were required for this measure.</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> Enrollment and encounter claims 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> Enrollment and encounter claims 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> Enrollment and administrative encounter data.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: All children who turned 3-6 years of age by September 30, 2004, and were eligible for at least 11 months of FFY 2004 were considered in the denominator for this measure. Of these children, those with at least one well-child visit were counted in the numerator.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: All children who turned 3 - 6 years of age by September 30, 2005, and were eligible for at least 11 months of FFY 2005 were considered in the denominator for this measure. Of these children, those with at least one well-child visit were counted in the numerator.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: All eligible children who turned 3-6 years of age by September 30, 2006, and were eligible for at least 11 months of FFY 2006 were considered in the denominator for this measure. Of these children, those with at least one well-child visit were counted in the numerator.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 1161 Denominator: 2484 Rate: 46.7</p> <p>Additional notes on measure: 3 years of age = 47.3% 4 years of age = 58.7% 5 years of age = 62.2% 6 years of age = 22.5%</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 1284 Denominator: 2782 Rate: 46.2</p> <p>Additional notes on measure: 3 years of age = 46.6% 4 years of age = 59.3% 5 years of age = 61.2% 6 years of age = 19.8%</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 1366 Denominator: 2980 Rate: 45.8</p> <p>Additional notes on measure: 3 years of age= 49.9% 4 years of age = 55.9% 5 years of age = 58.2% 6 years of age = 21.6%</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? The Department set a cumulative objective goal of 50 percent for children 3 - 6 years of age enrolled in the hawk-i program for 11 months receiving at least one well-child visit.</p> <p>Children ages 4 and 5 years of age exceeded the 50 percent goal.</p> <p>Are there any quality improvement activities that contribute to your progress? The Department continues to work closely with the contracted health plans encouraging them to send educational materials and reminder notices to families emphasizing the importance of well-child visits.</p> <p>Annual Performance Objective for FFY 2008: Based on the performance goal of 50% in 2007, the Department has set a cumulative (3 - 6 years of age) performance goal of 52% in FFY 2008.</p> <p>Annual Performance Objective for FFY 2009: The Department has set a cumulative (3 - 6 years of age) performance goal of 54% in FFY 2009.</p> <p>Annual Performance Objective for FFY 2010: The Department has set a cumulative (3 - 6 years of age) performance goal of 56% in FFY 2009.</p> <p><i>Explain how these objectives were set:</i> Based on past years' performance rates for well-child visits for children 3 - 6 years of age, the Department believes that a progressive cumulative performance goal of 2% annually is a reasonable objective.</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 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>

FFY 2005	FFY 2006	FFY 2007
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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 2004</p> <p>The "Use of Appropriate Medications for Children with Asthma" HEDIS measurement had to be modified in the following manner for these analyses: The hawk-i program encounter data only lists the first diagnosis per encounter; as a result, we could not count all outpatient/physician visits with asthma in the second, third, or fourth diagnosis positions on the encounter. This greatly reduced the number of children who qualify as having persistent asthma. To address this issue we calculated the rate using two different demonimators: a) children with four outpatient/physician visits in addition to the other criteria, and b) children with two outpatient/physician visits in addition to the other criteria.</p> <p>Additionally, the third age range (18 - 56 year of age) includes only those members 18 years of age by September 30, 2004.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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 2005</p> <p>The "Use of Appropriate Medications for Children with Asthma" HEDIS measurement had to be modified in the following manner for these analyses: The hawk-i program encounter data only lists the first diagnosis per encounter; as a result, we could not count all outpatient/physician visits with asthma in the second, third, or fourth diagnosis positions on the encounter. This greatly reduced the number of children who qualify as having persistent asthma. To address this issue we calculated the rate using two different demonimators: a) children with four outpatient/physician visits in addition to the other criteria, and b) children with two outpatient/physician visits in addition to the other criteria.</p> <p>Additionally, the third age range (18 - 56 year of age) includes only those members 18 years of age by September 30, 2005.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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 with modification.</p> <p>This measure determines the proportion of children with persistent asthma (the denominator) who filled at least one prescription for a long-term control medication (the numerator). It is calculated separately for children 5 to 9 years of age and 10 to 17 years of age. Children included in the measure had to have turned the required age by September 30, 2006, and must have been eligible for at least 11 months in FFY 2005 and at least 11 months in FFY 2006.</p> <p>The "Use of Appropriate Medications for Children with Asthma" HEDIS measurement had to be modified in the following manner for these analyses: The hawk-i program encounter data only lists the first diagnosis per encounter; as a result, we could not count all outpatient/physician visits with asthma in the second, third, or fourth diagnosis positions on the encounter. This greatly reduced the number of children who qualify as having persistent asthma.</p> <p>Additionally, the third age range (18 - 56 years of age) includes only those members 18 years of age by September 30, 2006.</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> Enrollment and administrative encounter claims 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> Enrollment and administrative encounter claims 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> Enrollment and administrative encounter claims data.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The proportion of children with persistent asthma who filled at least one prescription for a long-term control medication by age, gender, and visit criteria.</p> <p>Children are counted in the numerator if they have had at least one prescription for a long-term control medication.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The proportion of children with persistent asthma who filled at least one prescription for a long-term control medication by age, gender, and visit criteria.</p> <p>Children are counted in the numerator if they have had at least one prescription for a long-term control medication.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: A total of 58 children met the criteria for persistent asthma in both the measurement year and the year prior to the measurement year and were eligible for at least 11 months during both FFY 2005 and FFY 2006. There were no significant differences in persistent asthma rate by age, most likely due to the small denominator size. However, the overall rates of those children who received appropriate medications increased (if compared to last years' study).</p>
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

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: 38 Denominator: 58 Rate: 65.5</p> <p><u>10-17 years</u> Numerator: 53 Denominator: 95 Rate: 55.8</p> <p><u>Combined rate (5-17 years)</u> Numerator: 91 Denominator: 153 Rate: 59.5</p> <p>Additional notes on measure: The State target rate is 50%. Rates for appropriate use of long-term control medications exceeded the goal for children defined as having persistent asthma in the younger age groups.</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: 84 Denominator: 112 Rate: 75</p> <p><u>10-17 years</u> Numerator: 100 Denominator: 159 Rate: 62.9</p> <p><u>Combined rate (5-17 years)</u> Numerator: 184 Denominator: 271 Rate: 67.9</p> <p>Additional notes on measure: Children enrolled in the hawk-i program 5 - 9 years of age experienced an increase in appropriate asthma medications 9.5% (comparing 2005 to 2004).</p> <p>Children enrolled in the hawk-i program 10 - 17 years of age experienced an increase in appropriate asthma medications 7.1% (comparing 2005 to 2004).</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: 11 Denominator: 13 Rate: 84.6</p> <p><u>10-17 years</u> Numerator: 36 Denominator: 42 Rate: 85.7</p> <p><u>Combined rate (5-17 years)</u> Numerator: 47 Denominator: 55 Rate: 85.5</p> <p>Additional notes on measure: 18 - 19 years of age Numerator: 2 Denominator: 3 Appropriate Medications Rate: 66.7%</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>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The Department's performance objective for children (combined rate 5 -17 years of age)with asthma who received appropriate asthma medications exceeded the goal of 76% by 9.5% or 85.5%.

Are there any quality improvement activities that contribute to your progress? The Department does not have an explanation for the increase in the number of children receiving appropriate asthma medications exceeding the 2007 goal of 76% by 9.5%.

Annual Performance Objective for FFY 2008: The Department has established a new combined performance objective of 86.5% for 2008.

Annual Performance Objective for FFY 2009: The Department has established a new combined performance objective of 87.5% for 2009.

Annual Performance Objective for FFY 2010: The Department has established a new combined performance objective of 88.5% for 2010.

Explain how these objectives were set: Incremental increases in the combined rate performance objective were set based on historical experience.

Other Comments on Measure:

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 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: 2004</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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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 2004</p> <p>The Department was unable to determine from the encounter claims data whether the provider whose name appeared on the claim was a primary care provider in the plan that the child is enrolled (or rather a specialist or other care provider). For this measure, any visit that contained defined procedure and diagnosis codes was counted. No other modifications to the measure were needed.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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 2005</p> <p>The Department was unable to determine from the encounter claims data received from the health plans if the provider, whose name appears on the claim, was a primary care provider in the plan that the child was enrolled (or rather, a specialist or other care provider). For this measure, any visit that contained defined procedure and diagnosis codes was counted. No other modifications to the measure were needed.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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> The Department was unable to determine from the encounter data received from the health plans whether the provider whose name appears on the claim was a primary care provider in the plan with which the child is enrolled (or rather a specialist or other care provider). For this measure, any visit that contained the above procedure and diagnosis codes was counted. No other modifications to the measure were needed.</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> Enrollment and encounter claims 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> Enrollment and encounter claims 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> Enrollment and administrative encounter claims data.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator of the rate for age groups 12-24 mos. & 25 mos. to 6 yrs of age is composed of children who have had a primary care visit with a PCP during FFY 2004. The numerator for age groups 7-11 and 12-18 is comprised of children and adolescents who had a primary care visit with a PCP within the plan during either FFY 2003 or 2004. Encounters for the children in this study were taken from well-child visits and other opportunities for care (i.e., any type of encounter).</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator of the rate for age groups 12-24 mos. & 25 mos. to 6 yrs of age is composed of children who have had a primary care visit with a PCP within a health plan during FFY 2005. The numerator for age groups 7-11 and 12-18 is comprised of children and adolescents who had a primary care visit with a PCP within the plan during either FFY 2004 or 2005. Encounters for the children in this study were taken from well-child visits and other opportunities for care (i.e., any type of encounter).</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: There are 4 age groups evaluated with this measure: children 12-24 mos. of age, 25 months -6 years of age, 7 - 11 years of age, and adolescents 12 - 19 years of age. The numerator of this rate for age groups one and two is composed of children who have had a primary care visit with a primary care provider during FFY 2006. The numerator for age groups 3 and 4 is composed of children and adolescents who had a primary care visit with a primary care provider during either FFY 2005/2006.</p>
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

FFY 2005	FFY 2006	FFY 2007																																																						
<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) 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: 78</td> <td>Numerator: 1173</td> </tr> <tr> <td>Denominator: 82</td> <td>Denominator: 1270</td> </tr> <tr> <td>Rate: 95.1</td> <td>Rate: 92.4</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: 2528</td> <td>Numerator: 1646</td> </tr> <tr> <td>Denominator: 2910</td> <td>Denominator: 1746</td> </tr> <tr> <td>Rate: 86.9</td> <td>Rate: 94.3</td> </tr> </table> <p>Additional notes on measure: Overall, 90.3 percent of children enrolled in the hawk-i program had an encounter at some point during the measurement period. This outcome meets the state target of 90 percent.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 78	Numerator: 1173	Denominator: 82	Denominator: 1270	Rate: 95.1	Rate: 92.4	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 2528	Numerator: 1646	Denominator: 2910	Denominator: 1746	Rate: 86.9	Rate: 94.3	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) 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: 106</td> <td>Numerator: 1788</td> </tr> <tr> <td>Denominator: 118</td> <td>Denominator: 1936</td> </tr> <tr> <td>Rate: 89.8</td> <td>Rate: 92.4</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: 2983</td> <td>Numerator: 2504</td> </tr> <tr> <td>Denominator: 3388</td> <td>Denominator: 2655</td> </tr> <tr> <td>Rate: 88</td> <td>Rate: 94.3</td> </tr> </table> <p>Additional notes on measure: Overall, 91.2 percent of the included children had an encounter at some point during the measurement period. This outcome exceeds the state target of 90 percent.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 106	Numerator: 1788	Denominator: 118	Denominator: 1936	Rate: 89.8	Rate: 92.4	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 2983	Numerator: 2504	Denominator: 3388	Denominator: 2655	Rate: 88	Rate: 94.3	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) 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: 50</td> <td>Numerator: 2030</td> </tr> <tr> <td>Denominator: 57</td> <td>Denominator: 2178</td> </tr> <tr> <td>Rate: 87.7</td> <td>Rate: 93.2</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: 3091</td> <td>Numerator: 2923</td> </tr> <tr> <td>Denominator: 3585</td> <td>Denominator: 3101</td> </tr> <tr> <td>Rate: 86.2</td> <td>Rate: 94.3</td> </tr> </table> <p>Additional notes on measure: Overall, 90.7% of the included children had an encounter at some point during the measurement period.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 50	Numerator: 2030	Denominator: 57	Denominator: 2178	Rate: 87.7	Rate: 93.2	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 3091	Numerator: 2923	Denominator: 3585	Denominator: 3101	Rate: 86.2	Rate: 94.3
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<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The Department's cumulative annual performance objective for 2007 was 92%. The actual cumulative annual performance objective for 2007 is 90.7%, 1.3% less than the overall goal.</p> <p>Are there any quality improvement activities that contribute to your progress? The 2007 cumulative annual performance objective for 2007 was very close to the goal established for this time period in the 2006 annual report. Quality improvement activities will continue to improve the annual rate in 2008.</p> <p>Annual Performance Objective for FFY 2008: Based on the 2007 cumulative annual performance objective of 90.7% the Department has lowered the FFY 2008 goal to 91%.</p> <p>Annual Performance Objective for FFY 2009: The Department has lowered the FFY 2009 goal to 92%.</p> <p>Annual Performance Objective for FFY 2010: The Department has lowered the FFY 2010 goal to 93%.</p> <p><i>Explain how these objectives were set:</i> Based on historical annual performance outcomes the Department has established performance goals of approximately 1% per year.</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	17756	17926	0.96
Separate Child Health Program	31819	32312	1.55

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

Iowa's enrollment increases or decreases did not exceed 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	51	12.4	6.2	1.5
1998 - 2000	36	10.2	4.6	1.3
2000 - 2002	30	6.4	3.9	.8
2002 - 2004	37	7.4	5.0	1.0
2003 - 2005	33	7.9	4.6	1.1
2004 - 2006	25	7.0	3.4	1.0
Percent change	-51.0%	NA	-45.2%	NA

1996-1998 vs. 2004-2006				
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Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

Statewide outreach through grassroots outreach to schools, providers, free and reduced meals data and other targets agencies continues to have a positive impact in the growth that Iowa has experienced.

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

Small sample size in Iowa.

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

Iowa does not keep statistics by how many children were enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification.

However, the Department does track the number of new and renewal applications referred to Medicaid and Medicaid Expansion programs between October 1, 2006 and September 30, 2007. The total number of new and renewal hawk-i applications referred to Medicaid or Medicaid Expansion programs was 6,793 or 32% percent of a total of 21,230 new and renewal applications received by the hawk-i program during the same time period.

A separate report tracks how many new or renewal applications were approved for Medicaid or Medicaid Expansion programs during the same time period. Approximately 4,853 (72%) of the 6,793 new and renewal applications referred were approved for enrollment in Medicaid or Medicaid Expansion programs.

Note: A portion of new and renewal applications referred to Medicaid or Medicaid Expansion programs were still pending at the time this report was generated.

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) Reduce the number of uninsured children in Iowa 0 - 19 years of age below 200% of the Federal Poverty Level.</p> <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Reduce the number of children potentially eligible for Medicaid, Medicaid Expansion and hawk-i programs.</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children in Iowa 0 - 19 years of age below 200% of the Federal Poverty Level.</p> <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Reduce the number of uninsured children potentially eligible for Medicaid, Medicaid Expansion and hawk-i programs.</p>	<p>Goal #1 (Describe) Reduce the number of uninsured children in Iowa 0 up to 19 years of age below 200% of the Federal Poverty Level.</p> <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The goal to reduce the number of uninsured children potentially eligible for Medicaid, Med. Exp. and hawk-i programs has not changed. However, the data source used to measure the number of uninsured children has changed from last year's annual report as reflected below:</p> <p>The 2007 goal is based on the Current Population Survey three year average 2004 - 2006 reflected in Section IIB: Enrollment and Uninsured Data, 2. Table of uninsured children under age 19 below 200 percent of poverty.</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 checked="" 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>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> Census Bureau, current population survey, 2003 - 2005, health insurance by income and poverty level.</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> The Department's Bureau of Results Based Accountability calculated the the objective related to uninsured children updating the Current Population Survey data using the three year average 2000 - 2005, regression and Woods and Poole forecast, 2006.</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The Department's Bureau of Results Based Accountability calculated the number of uninsured children 2006 objective based on current population survey data using the three year average 2000 - 2005, regression and Woods and Poole forecast.</p> <p>The 2007 goal is based on the Current Population Survey three year average 2004 - 2006 reflected in Section IIB: Enrollment and Uninsured Data, 2. Table of uninsured children under age 19 below 200 percent of poverty.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Census Bureau --Number of Iowa children under 19 years of age, below 200% of FPL.</p> <p>Definition of numerator: Census Bureau --Number of Iowa uninsured children under age 19, below 200% FPL potentially eligible for Medicaid, Medicaid Expansion and hawk-i programs.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of Iowa children under age 19, below 200% of the federal poverty level.</p> <p>Definition of numerator: Number of Iowa uninsured children under age 19, below 200% of the federal poverty level potentially eligible for Medicaid, Medicaid Expansion and hawk-i.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of Iowa children under 19 years of age, below 200% of the federal poverty level.</p> <p>Definition of numerator: Number of uninsured children in Iowa under age 19, below 200% of the federal poverty level.</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: The number and percent of children under 19 years of age, below 200% of FPL that are potentially eligible for Medicaid, Medicaid Expansion and hawk-i programs.</p> <p>Numerator: 33000 Denominator: 235000 Rate: 14</p> <p>Additional notes on measure: None</p>	<p>Performance Measurement Data: Described what is being measured: The number and percentage of uninsured children in Iowa under age 19, below 200% of the federal poverty level.</p> <p>Numerator: 39000 Denominator: 241000 Rate: 16.2</p> <p>Additional notes on measure: The total number of uninsured children in Iowa potentially eligible for Medicaid, Medicaid Expansion and hawk-i increased by 6,000 children in 2006. The Department believes that this is due to the number of children in the state that are no longer covered by other third party coverage due to plant closing, layoffs and the cost of private coverage.</p> <p>Additionally, the child population under 19 years of age, below 200% of the federal poverty level decreased in 2006.</p>	<p>Performance Measurement Data: Described what is being measured: The number and percentage of uninsured children in Iowa under age 19, below 200% of the federal poverty level potentially eligible for Medicaid, Medicaid Expansion and hawk-i.</p> <p>Numerator: 25 Denominator: 252 Rate: 9.9</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>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? 2006 Annual Report Goal: Decrease the number and percent of uninsured children in Iowa under age 19, below 200%, by 2 percentage points to 14.2 percent.</p> <p>2007 Annual Report: The number of uninsured children in Iowa under age 19, below 200% decreased by 14 thousand children while the child population grew by 11 thousand. The percentage of uninsured children under age 19, below 200% of FPL decreased by 6.3 percent (16.2% in 2006 less 9.9% in 2007).</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Are there any quality improvement activities that contribute to your progress? Iowa continues to experience a decrease in the number of uninsured children in Iowa even though the child population experienced growth. The Department continues to reach out to low income populations through grassroots outreach to schools, providers, faith based organizations etc.</p>
	<p>Annual Performance Objective for FFY 2007: Decrease the number and percent of uninsured children in Iowa under age 19, below 200%, by 2 percentage points to 14.2 percent.</p> <p>Annual Performance Objective for FFY 2008: Decrease the number and percent of uninsured children under age 19 years of age, below 200% of FPL by 2 percentage points to 12.2 percent.</p> <p>Annual Performance Objective for FFY 2009: Decrease the number and percent of uninsured children under age 19 years of age, below 200% of FPL by 2 percentage points to 10.2 percent.</p> <p><i>Explain how these objectives were set:</i> Comparing FFY 2005 rate (14%) to FFY 2006 rate (16%) we believe that a 2% decrease in uninsured children under age 19, below 200% of the FPL is realistic. This assumes that economic conditions (health insurance and income levels) and child population defined above stay level.</p>	<p>Annual Performance Objective for FFY 2008: The Department's annual performance objective in FFY 2008 is to decrease the number of uninsured children under age 19, below 200% of FPL by 6,500 (25,000 - 6500 = 18,500)uninsured children eligible for hawk-i, Medicaid Expansion and Medicaid. Total projected population, 18,500/252,000 = 7.3% reduction in uninsured children.</p> <p>Annual Performance Objective for FFY 2009: The Department's annual performance objective in FFY 2009 is to decrease the number of uninsured children under age 19, below 200% of FPL by 6,500 (18,500 - 6,500 = 12,000) uninsured children eligible for hawk-i, Medicaid Expansion and Medicaid. Projected uninsured population, 12,000/252,000 = 4.8% reduction in uninsured children.</p> <p>Annual Performance Objective for FFY 2010: The Department's annual performance objective in FFY 2010 is to decrease the number of uninsured children under age 19, below 200% of FPL by 6,500 (12,000- 6,500 = 5,500) uninsured children eligible for hawk-i, Medicaid Expansion and Medicaid. Projected uninsured population, 5,500/252,000 = 2.1% reduction in uninsured children.</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure: None</p>	<p>Other Comments on Measure: Based on the adjusted Current Population Survey number of uninsured children under age 19, below 200% of FPL and the Department's efforts to enroll uninsured children in the hawk-i, Medicaid Expansion and Medicaid programs the Department believes that the projected reduction in uninsured children is reasonable.</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
<p>Goal #2 (Describe) None</p>	<p>Goal #2 (Describe) None</p>	<p>Goal #2 (Describe) None</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 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>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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <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: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
	<p>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?</p>	<p>Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? 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
<p>Goal #3 (Describe) None</p>	<p>Goal #3 (Describe) None</p>	<p>Goal #3 (Describe) None</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 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>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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <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: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
	<p>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? Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p>	<p>Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Are there any quality improvement activities that contribute to your progress? Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	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
<p>Goal #1 (Describe) Increase SCHIP (hawk-i and Medicaid Expansion) enrollment.</p>	<p>Goal #1 (Describe) Increase SCHIP (hawk-i and Medicaid Expansion) enrollment.</p>	<p>Goal #1 (Describe) Increase SCHIP (hawk-i and Medicaid Expansion) enrollment.</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 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>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Monthly and YTD hawk-i and Medicaid Expansion enrollment reports.</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Monthly and YTD enrollment reports for hawk-i and Medicaid Expansion programs.</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Monthly and YTD enrollment reports for hawk-i and Medicaid Expansion programs (Not an unduplicated number).</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of children under 19 years of age, below 200% of FPL enrolled in hawk-i and Medicaid Expansion programs as of September 2005.</p> <p>Definition of numerator: Increase in the number of children under 19 years of age, below 200% of the FPL enrolled in hawk-i and Medicaid Expansion programs (September 2004 - September 2005).</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of children under 19 years of age, below 200% of FPL enrolled in hawk-i and Medicaid Expansion programs as of September 30, 2006.</p> <p>Definition of numerator: Increase in the number of children under age 19, below 200% of enrolled in hawk-i and Medicaid Expansion (September 2005 less September 2006).</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of children under 19 years of age, below 200% of FPL enrolled in hawk-i and Medicaid Expansion programs as of September 30, 2007.</p> <p>Definition of numerator: Increase in the number of children under 19 years of age, below 200% of FPL enrolled in hawk-i and Medicaid Expansion programs (September 30, 2007 less enrollment as of September 30, 2006).</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: Percent change in the number of children enrolled in the hawk-i and Medicaid Expansion programs.</p> <p>Numerator: 2976 Denominator: 33058 Rate: 9</p> <p>Additional notes on measure: None</p>	<p>Performance Measurement Data: Described what is being measured: Percentage change in hawk-i and Medicaid Expansion enrollment.</p> <p>Numerator: 2976 Denominator: 33087 Rate: 9</p> <p>Additional notes on measure: None</p>	<p>Performance Measurement Data: Described what is being measured: Percent increase in enrollment in FFY 2007.</p> <p>Numerator: 668 Denominator: 33755 Rate: 2</p> <p>Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The number of children enrolled as of September 30, 2005 and September 30, 2006 was consistent (9%).</p> <p>Are there any quality improvement activities that contribute to your progress? The Department continues to conduct grassroots outreach activities to enroll additional children into the hawk-i and Medicaid Expansion programs.</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? The percent of children enrolled in the hawk-i and Medicaid Expansion programs as of September 30, 2007 decreased 7% as compared to the number of children enrolled as of September 30, 2006.</p> <p>Are there any quality improvement activities that contribute to your progress? The Department continues grassroots outreach activities across the state. There are several reasons why the percent of new enrollees decreased in FFY 2007 but the two reasons listed below are the most obvious reasons:</p> <ol style="list-style-type: none"> 1) Citizenship requirement for Medicaid 2) Press regarding reauthorization (or lack of reauthorization) of the SCHIP program.
	<p>Annual Performance Objective for FFY 2007: Increase the number of children enrolled in hawk-i and Medicaid Expansion.</p> <p>Annual Performance Objective for FFY 2008: Increase the number of children enrolled in hawk-i and Medicaid Expansion.</p> <p>Annual Performance Objective for FFY 2009: Increase the number of children enrolled in hawk-i and Medicaid Expansion.</p> <p><i>Explain how these objectives were set:</i> The goal of the Department is to cover all uninsured children eligible for hawk-i and Medicaid Expansion programs.</p>	<p>Annual Performance Objective for FFY 2008: Increase the number of children enrolled in hawk-i and Medicaid Expansion by 3,500.</p> <p>Annual Performance Objective for FFY 2009: Increase the number of children enrolled in hawk-i and Medicaid Expansion by 3,500.</p> <p>Annual Performance Objective for FFY 2010: Increase the number of children enrolled in hawk-i and Medicaid Expansion by 3,500.</p> <p><i>Explain how these objectives were set:</i> Iowa's Governor has made a commitment to cover all uninsured children eligible for the hawk-i and Medicaid Expansion program by the end of his four year term (2011).</p>
Other Comments on Measure: None	Other Comments on Measure: None	Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) None</p>	<p>Goal #2 (Describe) None</p>	<p>Goal #2 (Describe) None</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 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>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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <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: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
	<p>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?</p>	<p>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?</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
<p>Goal #3 (Describe) None</p>	<p>Goal #3 (Describe) None</p>	<p>Goal #3 (Describe) None</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 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>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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <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: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data: Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
	<p>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?</p>	<p>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?</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
<p>Goal #1 (Describe) Not Applicable</p>	<p>Goal #1 (Describe) Not Applicable</p>	<p>Goal #1 (Describe) Not Applicable</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The Department reports objectives related to the separate childrens health program in Iowa,the hawk-i program.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The Department reports objectives related to the SCHIP (hawk-i and Medicaid Expansion)programs in Iowa.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The Department reports objectives related to the SCHIP(hawk-i and Medicaid Expansion)program in Iowa.</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 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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <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: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
	<p>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?</p>	<p>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?</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="1375 183 1850 233">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1375 289 1850 315">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1375 342 1749 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
<p>Goal #2 (Describe) Not Applicable</p>	<p>Goal #2 (Describe) Not Applicable</p>	<p>Goal #2 (Describe) None</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The Department reports objectives related to the SCHIP (hawk-i and Medicaid Expansion)populations in Iowa.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The Department reports objectives related to the SCHIP (hawk-i and Medicaid Expansion)program in Iowa.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 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>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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <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: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
	<p>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?</p>	<p>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?</p>

FFY 2005	FFY 2006	FFY 2007
	<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>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>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) Not Applicable</p>	<p>Goal #3 (Describe) None</p>	<p>Goal #3 (Describe) None</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The Department reports objectives related to the SCHIP (hawk-i and Medicaid Expansion) programs in Iowa.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 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>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>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <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: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
	<p>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?</p>	<p>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?</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 237">Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p data-bbox="751 302 1226 328">Annual Performance Objective for FFY 2009:</p> <p data-bbox="751 358 1125 384"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 237">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1373 302 1848 328">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1373 358 1747 384"><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
<p>Goal #1 (Describe) Please refer to IIA: Reporting of Core Performance Measures Children's Access to Primary Care Physicians</p>	<p>Goal #1 (Describe) Please refer to IIA: Reporting of Core Performance Measures Children's Access to Primary Care Physicians</p>	<p>Goal #1 (Describe) Please refer to IIA: Reporting of Core Performance Measures Children's Access to Primary Care Physicians</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 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>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 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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>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></p>	<p>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></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 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 checked="" 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: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

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
<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe) Access to Dental Care</p>	<p>Goal #2 (Describe) Access to Annual Dental Visit</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> In FFY 2006 the Department began measuring the number of children who have had a dental visit with a dental provider within the plan during FFY 2005.</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> In FFY 2007 the Department continued the goal of measuring the number of children who have had a dental visit with a dental provider within the dental plans during FFY 2006.</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 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> 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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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> There are five age groups evaluated with this measure: children 4 to 6 years of age, children 7 to 10 years of age, children 11 to 14 years of age, and children 15 to 18 years of age, and children 19 to 21 years of age. Children must have been enrolled as of September 30, 2005, and enrolled at least 11 months between October 1, 2004 and September 30, 2005, with no more than one gap in enrollment of up to 45 days during during the measurement year to be counted in the denominator. Modification: The last age group was eliminated for this measure. When a child turns 19 years of age, they are no longer eligible for the hawk-i program. No other modifications were required for this measure.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" 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> There are five age groups evaluated with this measure: children 4 to 6 years of age, children 7 to 10 years of age, children 11 to 14 years of age, and children 15 to 18 years of age, and children 19 to 21 years of age. Children must have been enrolled as of September 30, 2005, and enrolled at least 11 months between October 1, 2004 and September 30, 2005, with no more than one gap in enrollment of up to 45 days during during the measurement year to be counted in the denominator. Modification: The last age group was eliminated for this measure. When a child turns 19 years of age, they are no longer eligible for the hawk-i program. No other modifications were required for this measure.</p>
<p>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></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Enrollment and administrative encounter claims data.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Enrollment and administrative encounter claims data.</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).</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).</p>

FFY 2005	FFY 2006	FFY 2007
Definition of numerator:	Definition of numerator: The numerator of this rate is composed of children who have had a dental visit with a dental provider within the plan during FFY 2005.	Definition of numerator: The numerator of this rate is composed of children who have had a dental visit with a dental provider within the plan during FFY 2006.
Year of Data:	Year of Data: 2005	Year of Data: 2006
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: 5083 Denominator: 11092 Rate: 45.8 Additional notes on measure: None	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 7828 Denominator: 11799 Rate: 66.3 Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? This is the first year that data is being reported.</p> <p>Are there any quality improvement activities that contribute to your progress? Emphasis has been placed on educating parents of children enrolled in the hawk-i program how important annual dental visits are in the overall health of their child(ren).</p> <p>Annual Performance Objective for FFY 2007: The annual performance objective for 2007 is 60%.</p> <p>Annual Performance Objective for FFY 2008: The annual performance objective for 2008 is 62%</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The Department's objective established in the 2006 annual report was 60%. The Department's hawk-i program exceeded the objective by 6.3%.</p> <p>Are there any quality improvement activities that contribute to your progress? Continued education about the importance of annual dental visits.</p> <p>Annual Performance Objective for FFY 2008: The Department has revised the annual performance objective for FFY 2008 to 67% based on the FFY 2007 outcome.</p> <p>Annual Performance Objective for FFY 2009: The Department has revised the annual performance objective for FFY 2009 to 67.5% based on the FFY 2008 outcome goal.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2009: The annual performance objective for 2009 is 64%</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on Medicaid and national statistics.</p>	<p>Annual Performance Objective for FFY 2010: The Department has revised the annual performance objective for FFY 2010 to 68% based on the 2009 outcome goal.</p> <p><i>Explain how these objectives were set:</i> The Department established annual dental visit goals based on the FFY 2006 outcome.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) None</p>	<p>Goal #3 (Describe) None</p>	<p>Goal #3 (Describe) None</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 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>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 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 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). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>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></p>	<p>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></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 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 type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

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
<p>Goal #1 (Describe) Please refer to IIA: Reporting of Core Performance Measures Well Child Visits 15 months</p>	<p>Goal #1 (Describe) Please refer to IIA: Reporting of Core Performance Measures Well Child Visits 15 months</p>	<p>Goal #1 (Describe) Please refer to IIA: Reporting of Core Performance Measures, Well Child Visits at 15 months of age.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 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>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 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 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). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>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></p>	<p>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></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 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 type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

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
<p>Goal #2 (Describe) Please refer to IIA: Well Child Visits in Children the 3rd, 4th, 5th, and 6th, Years of Life</p>	<p>Goal #2 (Describe) Please refer to IIA: Reporting of Core Performance Measures Well Child Visits 15 months and Well Child Visits 3rd, 4th, 5th, 6th years of life.</p>	<p>Goal #2 (Describe) Please refer to IIA: Reporting of Core Performance Measures Well Child Visits 15 months and Well Child Visits 3rd, 4th, 5th and 6th year of life.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 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>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 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 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). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>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></p>	<p>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></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 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 type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

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
<p>Goal #3 (Describe) None</p>	<p>Goal #3 (Describe) None</p>	<p>Goal #3 (Describe) None</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input 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 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>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 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 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). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>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></p>	<p>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></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 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 type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

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?

Objective: Increase the health status of children in Iowa.

The Department, researchers and hawk-i Clinical Advisory Committee developed two survey instruments to evaluate the effect of the hawk-i participating health and dental plans on access to care, health status and family environment of enrolled children. The survey questions were developed after review of existing documents such as the National Health Survey (NHIS) the Consumer Assessment of Health Plan Study (CAHPS), the SCHIP Program Evaluation Guidelines established by the American Academy of Pediatrics, and enrollee surveys used to evaluate the Iowa Medicaid Program. Questions were also added about children with special health care needs that were developed by the Children with Special Health Care Needs Subcommittee that was established as an advisory Committee to the hawk-i Board.

In the first survey evaluation, parents respond to a survey given at the time they joined the program (the baseline survey). These responses are compared with their responses to a survey given after their child had been enrolled for about a year (the follow-up survey) to determine if there are differences in the perceived ability to receive health services or their child's health status. Also, included in the follow-up survey and presented in the report are questions specific to hawk-i, such as the impact of having health insurance on their children and family.

What have we found?

The eighth evaluation report ("Impact on Access and Health Status in the hawk-i Program") continues to assess

children's access to services prior to being enrolled in the hawk-i program and one year after enrollment was released in December 2007. The inclusion criteria utilized for this report included: 1) children who were initially enrolled in the program between July 1, 2005 and August 31, 2006; 2) households from the initially enrolled children who completed an initial survey, and 3) those same household who also completed and submitted a follow-up survey received between July 1, 2006 and June 30, 2007.

The "Health Assessment Survey" received a note of "best practice" from CMS at their 2007 site visit.

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

The Department will continue evaluating access and health status utilizing the following evaluation tools:

1) Impact on Access and Health Status in the hawk-i program (annually)--Analysis of Functional Health Assessment Surveys (baseline and follow-up). CMS 2007 site visit "Best Practice".

2) hawk-i Provider Network Analysis (quarterly). The Provider Network Analysis report is generated quarterly which analyzes the hawk-i provider network in the State of Iowa. Provider networks of each health and dental plan participating in the hawk-i program by specific provider types, including primary care providers, dental providers, behavioral health providers and hospitals.

3) Outcomes of Care for Children in the hawk-i Program (annually)

* Use of Appropriate Medications for Children with Asthma

* Well-Child Visits in the First 15 months of Life

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

*Children's Access to Primary Care Physicians

*Annual Dental Visit

4) Medical chart review based on the Clinical Advisory Committee's selection of a clinical area of focus (annually).

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

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.

Please refer to "Functional Health Assessment" summary report (attached file).

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

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 efforts continued to put emphasis on four main areas: schools, faith-based communities, medical providers and underserved populations.

Every year new innovative ways to conduct hawk-i outreach are implemented that move beyond the four initial focus areas. On a local level, outreach coordinators worked with summer recreational programs and swimming pools to reach children during the summer months. Many coordinators have also worked with local utility companies to have hawk-i information slipped into monthly billings. Local coordinators continue to find success in working with local businesses, workforce offices and chambers of commerce.

Outreach had a large presence at Iowa's State Fair again this year. An outreach staff person was present every day to hand out hawk-i information and answer questions about the program. State outreach staff continued to coordinate with the Institute for Social and Economic Development to have hawk-i information available at tax preparation assistance sites. Most of those receiving the tax assistance qualify for the Earned Income Credit. Income levels for the tax credit are similar to those for hawk-i eligibility.

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]**

Section 7 ("How Did you Hear About hawk-i") of the hawk-i program's application form asked applicants to indicate how they heard about the hawk-i program. This section has 13 options that the applicant can check. The hawk-i program's Third Party Administrator produces a "How Applicants Heard About hawk-i" report monthly. In calendar year 2007 there were 33,687 responses. The top four categories on "How Applicants Heard About hawk-i" were: 1) Friend and Relative 10%, 2) Schools 8%, 3) Medicaid Referrals 50% and, 4) Doctor and Pharmacists 4%.

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]**

A large emphasis continues to be placed on reaching out to specific populations in Iowa. Outreach takes place at local and statewide ethnic health fairs, conferences, festivals and events. Outreach is also conducted through ethnic radio stations and print press. Coordinators are offered culturally competent resources and information throughout the year to help in their local (rural) efforts.

Information on the hawk-i program was made available at both a Juneteenth and I'll Make Me a World celebrations. Both of these celebrations are statewide events celebrating African American culture and the end of slavery and are good examples of outreach targeting minority populations. State staff also attended an Annual American Indian Symposium to learn new ways to engage the Native American population.

The Department does not measure the effectiveness of targeting specific populations.

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]**

Based on 2007 Current Population Survey and Woods and Poole the estimated number of children under age 19 below 200% of FPL equals 245 children.

As of September 30, 2007, the Department's enrollment statistics report that there were 183,014 children enrolled in Medicaid and Medicaid Expansion and 21,778 children enrolled in the hawk-i program. The total number of children enrolled in Medicaid and hawk-i was 204,792.

Numerator = 204,792
Denominator = 245,000
Rate Enrolled = 84%

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]**

The hawk-i program has two substitution prevention policies in place:

1) The Iowa Legislature passed a bill that requires health plans doing business in the State of Iowa to provide a list of their enrollees to Health Management System, a contractor of the State. The list is matched to the hawk-i eligibility and new application files to identify anyone with a third party resource. The matching provision identifies if a child is covered by other insurance. Under this provision if the hawk-i program identifies that a child is covered by other insurance the child is disenrolled as of the first of the month following the month the coverage is identified and overpayment recovery procedures are initiated. New applications are also screened prior to being enrolled in the hawk-i program. If a child is identified as having other coverage the application is denied.

2) The hawk-i program also has a procedure in place to screen new applicants and current enrollees against the Medicaid database on a daily basis to identify any children that are currently being covered by Medicaid. In the event that a match is identified the new applicant is denied hawk-i coverage. If a current enrollee is identified, the child is cancelled the first of the month following the month the coverage is identified.

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]**

The hawk-i program has two substitution prevention policies in place:

1) The Iowa Legislature passed a bill that requires health plans doing business in the State of Iowa to provide a list of their enrollees to Health Management System, a contractor of the State. The list is matched to the hawk-i eligibility and new application files to identify anyone with a third party resource. The matching provision identifies if a child is covered by other insurance. Under this provision if the hawk-i program identifies that a child is covered by other insurance the child is disenrolled as of the first of the month following the month the coverage is identified and overpayment recovery procedures are initiated. New applications are also screened prior to being enrolled in the hawk-i program. If a child is identified as having other coverage the application is denied.

2) The hawk-i program also has a procedure in place to screen new applicants and current enrollees against the Medicaid database on a daily basis to identify any children that are current being covered by Medicaid. In the event that a match is identified the new applicant is denied hawk-i coverage. If a current enrollee is identified, the child is cancelled the first of the month following the month the coverage is identified.

The hawk-i programs third party administrator generates monthly disenrollment and applicant denial reports.

Applicant Denial and hawk-i Disenrollment Reports:

These reports reflect the number of applicants and enrollees who are denied eligibility or disenrolled by denial reason. There are fifteen denial reasons reflected on the reports including "other insurance" and "on Medicaid". The report verifies that the Medicaid and insurance match described in (1) and (2) above are identifying children that have other third party insurance or Medicaid coverage on a monthly basis.

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

Calendar Year 2006:

Total applicants = 56,296

Applicants Denied "Other Insurance" or "On Medicaid" = 13,669,

% Denied = 24%

Calendar Year 2007 - January 31, 2007 through November 30, 2007:

Total Applicants = 49,770

Applicants Denied "Other Insurance" or "On Medicaid" = 11,514, % Denied = 23%

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

The Department does not keep data on the number of applicants that drop 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]**

No the redetermination procedures for Medicaid and hawk-i are different.

Medicaid: Thirty days prior to the renewal date Medicaid mails a renewal application form to the head of household. If the head of household does not return the completed renewal application form the department issues a notice of cancellation two to three weeks before the renewal period ends.

hawk-i: On July 1, 2005, the hawk-i program implemented an option for families to renew eligibility online. The process includes:

- 1) One week prior to the date the renewal is scheduled to be mailed, the third party administrator mails a postcard to the family reminding them to watch the mail for their renewal application.
- 2) Sixty days prior to the end of the twelve month enrollment period, an automated renewal notification and an application form, preprinted with information contained in the third party administrator's data system about the household is sent to the family. The renewal notice contains instructions for the member wishing to renew online. If the family does not want to renew coverage via the on-line option, they mail in the paper renewal form. Both on-line renewal and paper renewals require families to send in current income verification and the signature page.
- 3) If the renewal application form has not been received within fifteen days from the date the renewal notification was sent, a reminder notice is sent to the family.
- 4) If the renewal application has not been received within thirty days from the end of the twelve-month enrollment period, at least two attempts are made by the third party administrator to contact the family to remind them of the renewal.
- 5) If no renewal application has been received by the last day of the month of coverage, the child is cancelled from the program and a notice of cancellation is sent to the family.

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]**

Medicaid Match:

The hawk-i program's third party administrator receives a daily file that lists all Medicaid eligible children. This file is then compared with the hawk-i enrollment and application file. If a match occurs, meaning the child has attained Medicaid eligibility; eligibility for hawk-i is denied or cancelled.

Medicaid to hawk-i Electronic Referral Process:

A process for referring children who have become ineligible for Medicaid to the hawk-i program has been implemented. Although a paper referral process was already in place, it was somewhat labor intensive and cumbersome for Medicaid field staff. The following improvements were implemented:

- 1) DHS Medicaid eligibility workers refer children automatically through the DHS system electronically, rather than having to manually complete the forms and copy all the paperwork.
- 2) The Medicaid notice of decision was modified so that if a family with children is denied or cancelled from Medicaid due to excess income, the notice includes a statement that the children are being referred to hawk-i automatically. The notice also includes the hawk-i 1-800 customer service number.

3) A monthly management report of all families that were denied or cancelled from Medicaid due to excess income is created so that follow-up can be made and to ensure referrals are being made appropriately.

4) Upon the generation of a cancellation or denial notice, as described above, the Medicaid eligibility worker receives an e-mail reminder to complete the referral process.

Referrals to Medicaid from hawk-i:

The hawk-i program's third party administrator located at a central location in Des Moines, Iowa receives applications from the hawk-i program via mail or online. Applications are screened for completeness of information, the presence of other health insurance, verification of income, the presence of State of Iowa employment, and Medicaid eligibility. If it appears that the child may be Medicaid eligible, the original application is referred to a Medicaid eligibility worker co-located at the third party administrator's office for a Medicaid eligibility determination. If the child is determined eligible for Medicaid, the family is notified and the child is enrolled in Medicaid. If the application is denied for Medicaid, the Third Party Administrator will ascertain the reason for the denial and proceed with hawk-i eligibility determination if appropriate. If the Medicaid denial was for a non-cooperation issue, the Third Party Administrator denies hawk-i eligibility and notifies the applicant. If the Medicaid denial was for income or another eligibility issue that does not apply to the hawk-i program, eligibility may be established if all other criteria are met.

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

No, the same delivery systems are not used in Medicaid and hawk-i.

The Medicaid program delivery system includes both fee-for-service (PCCM) and one managed healthcare plan.

The hawk-i program makes a per member per month capitation payment to participating health and dental plans. Between October 1, 2006 and September 30, 2007 there were two managed healthcare plans (AmeriChoice and Wellmark Health Plan of Iowa) and one indemnity plan (Wellmark Classic Blue) participating in the hawk-i program.

Delta Dental of Iowa provides dental coverage to children enrolled in AmeriChoice and Blue Access provides dental coverage to children enrolled in Wellmark Health Plan of Iowa and Wellmark Classic Blue.

As of September 30, 2007, families in 43 counties have a choice of managed care health plans. If the family does not make a choice within ten days of receiving their approval letter, a health plan is randomly selected for them. Once a health plan has been selected for the family, the family has 30 days to switch plans.

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

Iowa has a joint application.

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]

hawk-i: Three paper attempts and two telephone attempts. Medicaid: One renewal application 30 days prior to the renewal date.

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]**

hawk-i: 1) One week prior to the date of renewal a postcard is mailed to the family, 2) sixty days prior to the end of the twelve-month enrollment period, a renewal notification and application form are mailed, 3) if the renewal application from has not been received within 15 days from the date the renewal notification was sent, a reminder is mailed to the family, 4) if the renewal is not received within 30 days from the end of the twelve-month period, two phone attempts are made to the family

Sends targeted mailings to selected populations

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

All families receive a renewal application and notice (see above).

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]***

hawk-i program: Renewal notices and a pre-printed renewal application is sent to the family. The family has the option to renew online. The hawk-i application is two pages in length, Spanish on one side and English on the other. Medicaid program: Renewal application is sent to the head of household thirty days prior to the enrollment period ending.

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

hawk-i program: Within thirty days of disenrollment, the TPA mails a postage-paid disenrollment survey to the household.

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

Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

The Department has received positive feedback from hawk-i outreach coordinators across the state and Third Party Administrator eligibility counselors that families like the reminder renewal postcards, online and pre-printed renewal application and they appreciate the follow-up reminder calls.

The standarization and simplification of the request for information form and application (renewal)form has had a positive impact on families.

At this point in time, the Department has not evaluated the impact through data. Verbal comments from outreach workers and Third Party Administrator eligibility staff have reported that families find the simiplified process to be more user friendly.

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]**

Calendar Year 2006 (January 1, 2006 - December 30, 2006)

Count of Renewal Applicants = 17,170

Renewal Applicants Denied by Reason = 6,285

% of Renewal Applicants Denied = 37%

% of Renewal Applicants Retained = 63%

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]**

hawk-i program: Monthly reports are generated identifying the reason a child is disenrolled or does not re-enroll.

Note: The logic used to create the monthly reports does not match the logic used to report the unduplicated disenrollments on the quarterly federal reports.

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
17710	2487	14			78	1			15145	85

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]**.

The number of children denied reenrollment, listed by denial reason, in the table above were extracted from the year-to-date "Renewal Applicants Denied by Reason" report (January 1, 2006 through December 30, 2006). The Department does not keep statistics on the number of children denied that remain uninsured.

The report shows the number of children, by county, by denial reason, that have been not been reenrolled in the hawk-i program. The report indicates renewal denials that have occurred during the report month and year-to-date.

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]**

Yes

The hawk-i program's Third Party Administrator is currently collecting data on disenrollments and denials due to failure to pay premiums.

In calendar year 2006, the percent all denied applicants (new and renewal) that were denied for failure to pay their premium was 14%.

In calendar year 2006, the percent of applicants disenrolled for failure to pay their premium was 4%

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]**

The only cost-sharing (co-payment) that the hawk-i program imposes is a \$25.00 cost-sharing for each emergency visit if a child's medical condition does not meet the definition of a medically necessary medical condition. Cost sharing is not imposed for Native American/Alaskan Native or families with income under 150% of the federal poverty level.

The Department has not completed an assessment of the effects cost sharing has on utilization of health care in the emergency room.

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]**

The Department has not increased or decreased premium payments or cost sharing (co-payments) in the past federal fiscal year.

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]**

Prevention and Investigation:

The Department has the following mechanisms in place for identification of overpayment, fraud or abuse:

- 1) Department of Investigations and Appeals (DIA) Aware Hotline: DIA maintains a 1-800 fraud tip hotline. All calls received report hawk-i fraud will be referred to the hawk-i program staff for issuance of a referral for investigation notice submitted to DIA.
- 2) Quality Control Review: The Department's Quality Control Unit, hawk-i Policy Specialist and the hawk-i program's third party administrator is responsible for conducting an external review of cases (applications and active) including eligibility processes. If during the review an application is suspected of being falsified, the Department will instruct the third party administrator to issue a referral for investigation notice to DIA.
- 3) hawk-i Third Party Administrator Customer Service Line: All calls received on the third party administrator's customer service line reporting potential fraud of the hawk-i program will be referred to DIA for a preliminary investigation.
- 4) Health and Dental Plan Reviews: If a health or dental plan identifies that a child enrolled in their plan has third party coverage under another health plan, the plan will report duplicate coverage to the hawk-i program's third party administrator. The third party administrator will refer the case to DIA for a preliminary investigation, overpayment recoupment, including civil or federal investigation.
- 5) The hawk-i program has two substitution prevention policies in place:

The Iowa Legislature passed a bill that requires health plans doing business in the State of Iowa to provide a list of their enrollees to Health Management System, a contractor of the State. The list is matched to the hawk-i eligibility and new application files to identify anyone with a third party resource. The matching provision identifies if a child is covered by other insurance. Under this provision if the hawk-i program identifies that a child is covered by other insurance the child is disenrolled as of the first of the month following the month the coverage is identified and overpayment recovery procedures are initiated. New applications are also screened prior to being enrolled in the hawk-i program. If a child is identified as having other coverage the application is denied.

The hawk-i program also has a procedure in place to screen new applicants and current enrollees against the Medicaid database on a daily basis to identify any children that are currently being covered by Medicaid. In the event that a match is identified the new applicant is denied hawk-i coverage. If a current enrollee is identified, the child is cancelled the first of the month following the month the coverage is identified.
- 6) Fraudulent Tips from Health or Dental Plan Providers: In the event that the hawk-i program third party administrator receives a fraud tip that a contracted health or dental plan provider is providing services that are not medically necessary, fail to meet professionally recognized standards of health care or are billing for services that have not been provided they notify the hawk-i program staff.

7) The Department contracts with health and dental plans to provide services to enrollees. Contractual plans are required to have fraud and abuse procedures in place to investigate providers suspected of provider credentialing and billing fraud and abuse.

Referral of Case of Fraud and Abuse:

To comply with the federal requirements, the Department has entered into a contract with the Iowa Department of Inspections and Appeals (DIA, Division of Investigations, Overpayment Recovery Unit, to provide the following services:

- 1) Investigate and collect overpayment cap payment debts as a result of falsification of information.
- 2) Conduct a full investigation in the event fraud or abuse is suspected.
- 3) Refer the fraud and abuse to appropriate law enforcement officials.

If it is determined that an Enrollee received benefits to which the enrollee was not entitled due to error, omission or suspected fraud on the part of the Enrollee, the third party administrator is responsible for identifying the month(s) of ineligibility and the total amount of the capitation payment made in error on behalf of the Enrollee.

Claims equal or greater than \$1,000 are referred to DIA for fraud investigation. Claims less than \$1,000 are referred to DIA for overpayment collection.

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

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

25 Number of cases investigated

25 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]**

The Department contracts with the Department of Investigations and Appeals (DIA) to provide investigative services, on behalf of the Department, to investigate suspected fraud cases. DIA is also responsible for collecting overpayment of claims.

The DIA Investigator assigned to the case has the responsibility to review the case file for documents and evidence related to the fraud referral and conduct a criminal investigation.

The Department meets with DIA on a regular basis to review outstanding cases and assure that the Department's policies and procedures are being followed correctly.

Contracted health and dental plans are contractually required to report provider fraud to the Department. Health and Dental plans submit quarterly reports to the Department on any quality of care or provider fraud related issues.

The Department and health and dental plans participate in monthly conference calls to discuss provider and enrollee issues.

Health Plans are required to be accredited by NCQA or JACHO.

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	13963738	12881815	16392003
Managed Care	32582054	37282959	47442343
Fee for Service	22943736	24151698	28785095
Total Benefit Costs	69489528	74316472	92619441
(Offsetting beneficiary cost sharing payments)	-1152091	-1733942	-2005592
Net Benefit Costs	\$ 68337437	\$ 72582530	\$ 90613849

Administration Costs

Personnel	936850	600000	600000
General Administration	328359	432829	445814
Contractors/Brokers (e.g., enrollment contractors)	1571059	1896750	3108750
Claims Processing	0	537250	646473
Outreach/Marketing costs	573039	3366368	3366368
Other (e.g., indirect costs)	242239	483977	502381
Health Services Initiatives	0	0	0
Total Administration Costs	3651546	7317174	8669786
10% Administrative Cap (net benefit costs ÷ 9)	7593049	8064726	10068205

Federal Title XXI Share	52832715	58494573	73301108
State Share	19156268	21405131	25982527

TOTAL COSTS OF APPROVED SCHIP PLAN	71988983	79899704	99283635
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2. What were the sources of non-Federal funding used for State match during the reporting period?

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

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

Iowa was facing a shortfall but received an additional supplemental allotment of \$14 million. The SCHIP funding level was short because Iowa's SCHIP population has grown, but the federal allotment has not increased to keep up with current enrollment costs and additional caseload growth.

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	21451	\$ 181	22624	\$ 185	26081	\$ 204
Fee for Service	12228	\$ 156	12548	\$ 160	14380	\$ 167

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

hawk-i program: Premium payment offsets were not deducted from total cost(Insurance Payments and Managed Care) when calculating per member per month cost.

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)

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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

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TOTAL COSTS OF DEMONSTRATION

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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]**

SCHIP is politically popular in Iowa receiving support from the Governor, Legislature, public and private agencies, providers, residents and Department Directors. Iowa is recognized as having one of the lowest uninsured rankings in the country. The state is continuing to do an excellent job of keeping the number of uninsured children under age 19, below 200% of the federal poverty level low. Iowa continues to deliver vital preventative health care services assuring that children grow up healthy.

Iowa's Governor has made a commitment to cover 100 percent of the state's uninsured children by the end of his term through his Health Opportunities for Every Iowan Initiative.

In order to continue the SCHIP program and meet current and expected service level demands, adequate federal funding is imperative. Iowa remains hopeful that SCHIP federal funding will be reauthorized.

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

As economic pressure continues to stress state and federal budgets, Iowa remains optimistic that adequate federal and state funding will be available to support the SCHIP program into the future.

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

Three health plans and two dental plans provided benefits to children participating in the hawk-i program. Currently, families in 43 of the 99 counties in Iowa have a choice between two managed care health plans.

The Iowa legislature passed and the Governor signed language appropriating additional funds for several items related to hawk-i and Medicaid expansion programs during the 2007 Legislative session. It included funds to expand outreach to cover children children eligible for, but not enrolled in, the Medicaid expansion and hawk-i programs.

Identifying uninsured children through community grassroots outreach efforts and marketing through media (TV, Radio, etc.) specifically targeting the uninsured population remains a primary focus.

Additionally, the Legislature and Governor included bill language that mandates schools to refer children enrolled in the free and reduced lunch program, which was previously an option for the Schools.

The Department has a contract with the Department of Education to coordinate with schools the submission of a data file to the hawk-i program's third party administrator. The third party administrator accepts and processes data files from schools via an encrypted website. The file includes names and addresses of families whose children are potentially eligible for the hawk-i program. The third party administrator mails a cover letter and brochure(application) to the family.

The Department contracts with Health Management Systems to perform a data match of hawk-i and health insurance company files. The contract is a result of legislation that requires hawk-i to match a full-positive enrollee/applicant file against a database various health insurance company enrollees files. Health Management Systems compares new applicant and current enrollees to the health insurance plans enrollee files to identify children who may not qualify for hawk-i because they have other health insurance.

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]**

Emphasis continues to be placed on covering all uninsured children eligible for the SCHIP program. As noted above, the Department has contracted with a marketing company to produce media commercials (TV and Radio). Media commercials will begin airing in February 2008.

Additionally, the Department continues to focus on educating families of the importance of their children receiving preventative health and dental care. Health and Dental Plans serve children enrolled in the hawk-i program are instrumental in developing educational news letters sent to providers and families.

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