

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.

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	0	% of FPL for infants	0	% of FPL *	From	186	% of FPL for infants	200	% of FPL *
	From	134	% of FPL for children ages 1 through 5	150	% of FPL *	From	151	% of FPL for children ages 1 through 5	200	% of FPL *
	From	101	% of FPL for children ages 6 through 16	150	% of FPL *	From	151	% of FPL for children ages 6 through 16	200	% of FPL *
	From	101	% of FPL for children ages 17 and 18	150	% of FPL *	From	151	% 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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
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available?	<input checked="" type="checkbox"/>	Yes, for whom and how long? 90 Days for all of the Expansion population. There is an exception. If the applicant lives in the one managed care region in the state, eligibility dates back to the first day of the month that the application is received.	<input type="checkbox"/>	Yes, for whom and how long?
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

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

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

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<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	
			6	
			<p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>The period of uninsurance applies to children in the separate insurance program which is in the 186% to 200% FPL range</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <p>There are exceptions if the child loses comprehensive health insurance for reasons that cannot be controlled, such as involuntary job loss of parent.</p>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

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

Does your program provide period of continuous coverage regardless of income changes?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
	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	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require premiums or an	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes

enrollment fee?	Enrollment fee amount		Enrollment fee amount		0	
	Premium amount		Premium amount		20	
	Yearly cap		Yearly cap		240	
	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)		
	All families in the KCHIP Separate Insurance Program are required to pay a \$20.00 per month per family premium payment. This includes families with income from 151-200% of the FPL. If a quarterly or semi-annual payment is made, the family will receive a 10% discount on their premium. Cumulative cost sharing will not exceed 5% of a family's quarterly income.					
<input type="checkbox"/>	N/A		<input type="checkbox"/>	N/A		

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

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

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

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No	
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes	
	If Yes, please describe below		If Yes, please describe below		
	There is a \$90.00 work expense deduction for part time as well as full time employment. For dependent child care, the amount is \$150.00 for part time and \$175.00 for full time employment.		There is a \$90.00 work expense deduction for part time as well as full time employment. For dependent child care, the amount is \$150.00 for part time and \$175.00 for full time employment.		
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input checked="" 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]

Non face to face interviews are available for medical reasons and for members that live over 50 miles from the local office.

Comments on Responses in Table:

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

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

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

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

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

7. Indicate what documentation is required at initial application

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

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)	
Application	
Application documentation requirements	
Benefit structure	
Cost sharing (including amounts, populations, & collection process)	
Crowd out policies	
Delivery system	
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
Eligibility levels / target population	
Assets test in Medicaid and/or SCHIP	
Income disregards in Medicaid and/or SCHIP	
Eligibility redetermination process	
Enrollment process for health plan selection	
Family coverage	
Outreach	

Premium assistance	
Prenatal Eligibility Expansion	
Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
Other – please specify	
a.	
b.	
c.	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

If Data Not Reported, Please Explain Why:

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

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

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

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

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

Status of Data Reported:

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

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

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

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

Measurement Specification:

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

Data Source:

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

Definition of Population included in the Measure:

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

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

Year of Data:

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

Performance Measurement Data (HEDIS® or Other):

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

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

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</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> NCQA Hedis 2005</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> NCQA HEDIS 2005</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> The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population</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> The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.</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> The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population</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> NCQA HEDIS 2006</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 includes those children who received six or more visits within the first 15 months of life.</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 includes those children who received six or more visits within the first 15 months of life.</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 includes those children who received six or more visits within the first 15 months of life.</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: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 0 Denominator: 0 Rate: 0</p> <p><u>4 visits</u> Numerator: 11 Denominator: 207 Rate: 5.3</p> <p><u>1 visit</u> Numerator: 1 Denominator: 207 Rate: 0.5</p> <p><u>2 visits</u> Numerator: 3 Denominator: 207 Rate: 1.4</p> <p><u>6+ visits</u> Numerator: 157 Denominator: 207 Rate: 75.8</p> <p><u>3 visits</u> Numerator: 8 Denominator: 207 Rate: 3.9</p> <p>Additional notes on measure: *Continue collaborating with the Mommy & Me program to provide newborn preventive health information to new mothers delivering in high-volume hospitals. *Continue education to members through targeted written, telephone and in-home outreach regarding the importance and availability of preventive health screens.</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 72 Denominator: 3698 Rate: 1.9</p> <p><u>4 visits</u> Numerator: 389 Denominator: 3698 Rate: 10.5</p> <p><u>1 visit</u> Numerator: 91 Denominator: 3698 Rate: 2.5</p> <p><u>5 visits</u> Numerator: 656 Denominator: 3698 Rate: 17.7</p> <p><u>2 visits</u> Numerator: 121 Denominator: 3698 Rate: 3.3</p> <p><u>6+ visits</u> Numerator: 2137 Denominator: 3698 Rate: 57.8</p> <p><u>3 visits</u> Numerator: 232 Denominator: 3698 Rate: 6.3</p> <p>Additional notes on measure: *continue collaborating with the Mommy & Me program to provide newborn preventive health information to new mothers delivering in high-volume hospitals. *Continue reporting criteria to highlight the percentage of members who have not received at least one EPSDT preventive health screen in the past 12 months.</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 31 Denominator: 3671 Rate: 0.8</p> <p><u>4 visits</u> Numerator: 279 Denominator: 3671 Rate: 7.6</p> <p><u>1 visit</u> Numerator: 49 Denominator: 3671 Rate: 1.3</p> <p><u>5 visits</u> Numerator: 543 Denominator: 3671 Rate: 14.8</p> <p><u>2 visits</u> Numerator: 77 Denominator: 3671 Rate: 2.1</p> <p><u>6+ visits</u> Numerator: 2538 Denominator: 3671 Rate: 69.1</p> <p><u>3 visits</u> Numerator: 154 Denominator: 3671 Rate: 4.2</p> <p>Additional notes on measure: *continue collaborating with the Mommy & Me program to provide newborn preventive health information to new mothers delivering in high-volume hospitals. *Continue reporting criteria to highlight the percentage of members who have not received at least one EPSDT preventive health screen in the past 12 months</p>
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Objectives resulted in increased visits as the percentage of 6+ visits increased 11%.

Are there any quality improvement activities that contribute to your progress? This improvement is reflective of ongoing practitioner and member intervention strategies developed/managed in the Plan's EPSDT department.

Annual Performance Objective for FFY 2008: *Continue to collaborate with the Mommy & Me Program to provide newborn preventive health information to new mothers delivering in high-volume hospitals.

*Continue education to members through targeted written, telephone and in-home outreach regarding the importance and availability of preventive health screens.

*Continue reporting criteria to highlight the percentage of members who have not received at least one EPSDT preventive health screen in the past 12 months.

*Continue with the PCP Rewards Program to include EPSDT compliance by practitioner site and to emphasize EPSDT as a quality indicator the the health plan.

Annual Performance Objective for FFY 2009: *Continue to collaborate with the Mommy & Me Program to provide newborn preventive health information to new mothers delivering in high-volume hospitals.

*Continue education to members through targeted written, telephone and in-home outreach regarding the importance and availability of preventive health screens.

*Continue reporting criteria to highlight the percentage of members who have not received at least one EPSDT preventive health screen in the past 12 months.

*Continue with the PCP Rewards Program to include EPSDT compliance by practitioner site and to emphasize EPSDT as a quality indicator the the health plan.

Annual Performance Objective for FFY 2010: *Continue to collaborate with the Mommy & Me Program to provide newborn preventive health information to new mothers delivering in high-volume hospitals.

*Continue education to members through targeted written, telephone and in-home outreach regarding the importance and availability of preventive health screens.

*Continue reporting criteria to highlight the percentage of members who have not received at least one EPSDT preventive health screen in the past 12 months.

*Continue with the PCP Rewards Program to include EPSDT compliance by practitioner site and to emphasize EPSDT as a quality indicator the the health plan.

Explain how these objectives were set: For the past nine years the Plan has continued to target infants and young children via interventions directed toward both practitioners and members. The percent of children receiving 6 or more well child visits has increased from 19.58% in 1997 to 69% in 2006.

Other Comments on Measure: The EPSDT Program continues to collaborate with the Child and Adolescent Health Committee to design an intervention strategy for preventive health care that would target all ages of children and adolescents.

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></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> NCQA Hedis 2005</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> NCQA HEDIS 2006</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> NCQA HEDIS 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> The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.</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> The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.</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> The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.</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 includes members age 3 through 6 who were continuously enrolled during the measurement year.</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 includes members age 3 through 6 who were continuously enrolled during the measurement year.</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 includes members age 3 through 6 who were continuously enrolled during the measurement year.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 775 Denominator: 1154 Rate: 67.2</p> <p>Additional notes on measure: The percent of children receiving well child visits in the 3rd, 4th, 5th and 5th years of life has increased from 50.74% in 1998 to 67.16% in 2004. This improvement is reflective of ongoing practioner and member intervention strategies developed and managed in the Plan's EPSDT department.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 10609 Denominator: 15408 Rate: 68.9</p> <p>Additional notes on measure: The percent of children receiving well child visits the 3rd, 4th, 5th and 6th years of life child visits increased from 50.47% in 1998 to 68.89 in 2006. This improvement is reflective of ongoing practitioner and member intervention strategies developed/managed in the Plan's EPSDT department.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 10931 Denominator: 15324 Rate: 71.3</p> <p>Additional notes on measure: The percent of children receiving well child visits the 3rd, 4th, 5th and 6th years of life child visits increased from 50.47% in 1998 to 71.3% in 2006. This improvement is reflective of ongoing practitioner and member intervention strategies developed/managed in the Plan's EPSDT department.</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 2006 performance increased by 2.4% to 71.3%.</p> <p>Are there any quality improvement activities that contribute to your progress? This improvement is reflective of ongoing practitioner and member intervention strategies developed/managed in the Plan's EPSDT department.</p> <p>Annual Performance Objective for FFY 2008: Objective is to continue to increase well child visits by 3% during the 3rd, 4th, 5th & 6th years of life.</p> <p>Annual Performance Objective for FFY 2009: Objective is to continue to increase well child visits by 3% during the 3rd, 4th, 5th & 6th years of life.</p> <p>Annual Performance Objective for FFY 2010: Objective is to continue to increase well child visits by 3% during the 3rd, 4th, 5th & 6th years of life.</p> <p><i>Explain how these objectives were set:</i> Percentage objective determined by the amount of increase of yearly visits from 1998 to 2006.</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>
<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> NCQA Hedis 2005</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> NCQA Hedis 2005</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> NCQA HEDIS 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> The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.</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> The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.</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> The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.</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 includes members age 0 to 19 who were continuously enrolled during the measurement year.</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 includes members age 0 to 19 who were continuously enrolled during the measurement year.</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 includes members age 0 to 19 who were continuously enrolled during the measurement year.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 56 Denominator: 70 Rate: 80</p> <p><u>10-17 years</u> Numerator: 100 Denominator: 119 Rate: 84</p> <p><u>Combined rate (5-17 years)</u> Numerator: 163 Denominator: 200 Rate: 81.5</p> <p>Additional notes on measure: KY continues: *Education to members through targeted written materials, telephone outreach and use of member services message system *outreach efforts to providers through monthly reports, newsletter articles and onsite visits *collaboration with Kosair Children's Hospital and community agencies in efforts to increase member and provider awareness of asthma and appropriate treatment *Increase providers knowledge of asthma management by providing CME programs related to current asthma guidelines</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: 760 Denominator: 923 Rate: 82.3</p> <p><u>10-17 years</u> Numerator: 956 Denominator: 1211 Rate: 78.9</p> <p><u>Combined rate (5-17 years)</u> Numerator: 1716 Denominator: 2134 Rate: 80.4</p> <p>Additional notes on measure: KY continues: *Education to members through targeted written materials, telephone outreach and use of member services message system *outreach efforts to providers through monthly reports, newsletter articles and onsite visits *collaboration with Kosair Children's Hospital and community agencies in efforts to increase member and provider awareness of asthma and appropriate treatment *Increase providers knowledge of asthma management by providing CME programs related to current asthma guidelines</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: 683 Denominator: 715 Rate: 95.5</p> <p><u>10-17 years</u> Numerator: 792 Denominator: 860 Rate: 92.1</p> <p><u>Combined rate (5-17 years)</u> Numerator: 1475 Denominator: 1575 Rate: 93.7</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: KY continues: *Education to members through targeted written materials, telephone outreach and use of member services message system *outreach efforts to providers through monthly reports,</p>

		<p>newsletter articles and onsite visits *collaboration with Kosair Children's Hospital and community agencies in efforts to increase member and provider awareness of asthma and appropriate treatment *Increase providers knowledge of asthma management by providing CME programs related to current asthma guidelines</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 combined rate shows an increase of 13.3% over the previous year.</p> <p>Are there any quality improvement activities that contribute to your progress? The Department of Medical Management and Quality Assurance implemented a Pediatric Asthma Initiative in August 2005. The initiative targeted three pilot counties and included 3,175 children ages 5 to 17. Quarterly newsletters are sent with an Asthma Action Plan advising members of danger signs and requesting members to take part in the Childhood Asthma Program. An initial survey, with the objective to determine whether the three counties are providing care for members with asthma that conform to the guidelines set by the National Institute of Health, National Heart, Lung and Blood Institute, was completed in April 2007.</p> <p>Annual Performance Objective for FFY 2008: To increase the percentage of appropriate medications for children with asthma by 3%.</p> <p>Annual Performance Objective for FFY 2009: To increase the percentage of appropriate medications for children with asthma by 3%.</p> <p>Annual Performance Objective for FFY 2010: To increase the percentage of appropriate medications for children with asthma by 3%.</p> <p><i>Explain how these objectives were set:</i> The objective is derived from the combined percentage of increase for all ages since 1999</p>		
<p>Other Comments on Measure: The percentage range for appropriate medications for children with asthma has increased in all age ranges since 1999. Ages 5 to 9 has increased from 61.02% in 1999 to 95.5 in 2006 Ages 10 – 17 has increased from 58.84% in 1999 to 92.1 in 2006</p>		

MEASURE: Children's Access to Primary Care Practitioners

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input 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>
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FFY 2005	FFY 2006	FFY 2007
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? All age groups show increase.</p> <p>Are there any quality improvement activities that contribute to your progress? The increase in Access to Primary Care Practitioners is attributed to pediatric Initiatives that were instituted in 2005. The pilot program, which included initiatives for Pediatric Asthma, Pediatric Diabetes and Pediatric Obesity, targeted children 0-18.</p> <p>Annual Performance Objective for FFY 2008: Objective is to continue to increase access to primary care practitioners 3% during the 3rd, 4th, 5th & 6th years of life.</p> <p>Annual Performance Objective for FFY 2009: Objective is to continue to increase access to primary care practitioners 3% during the 3rd, 4th, 5th & 6th years of life.</p> <p>Annual Performance Objective for FFY 2010: Objective is to continue to increase access to primary care practitioners 3% during the 3rd, 4th, 5th & 6th years of life.</p> <p><i>Explain how these objectives were set:</i> Percentage objective determined by the amount of increase for access to primary care practitioners from 1998 to 2006.</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	42156	43470	3.12
Separate Child Health Program	23134	25306	9.39

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

The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	109	20.4	10.6	2.0
1998 - 2000	78	17.5	7.9	1.7
2000 - 2002	68	12.3	6.5	1.1
2002 - 2004	78	13.3	7.6	1.2
2003 - 2005	68	13.4	6.5	1.3
2004 - 2006	60	13.0	5.8	1.2
Percent change	-45.0%	NA	-45.3%	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.

During FFY 2007 KY did not conduct the outreach activities that were performed during the first phases of KCHIP. However, we continue to contract with our local health departments to ensure KCHIP information is distributed to potential members. These outreach efforts, while not aggressive, are consistent and enable KY to maintain steady enrollment figures.

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

The current population survey (CPS) is conducted every year and the methodology is consistent from year to year, which facilitates its use in tracking national uninsured trends over time. The broad national sample and high response rates make national level estimates reasonably reliable. Using CPS data to estimate state levels of the uninsured is less reliable for several reasons.

State level estimates of the uninsured are unreliable due to small State sample sizes. A sample size of approximately 2,000-3,000 households in a State sample is needed to generate reliable estimates on uninsured children below 200% FPL. In the CPS, there are only 11 States in which the sample size is more than 1,000 households and this results in large margins of error, especially for sub-populations. The sample size utilized for Kentucky in the most recent CPS is unknown.

The CPS may over estimate the number of full-year uninsured persons. The survey asks whether the respondent has been uninsured for the entire past 12-month period. It is reasonable to conclude that some participants may respond yes if they have been uninsured at any point during that period.

The CPS may underestimate the number of people on Medicaid. Studies conducted by the Urban Institute, as well as CMS administrative data, show 20% to 30% more Medicaid enrollees than the CPS responses indicate. Speculation exists that respondents do not think of Medicaid as "health insurance" and the discrepancy between CPS results and CMS administrative data supports this speculation.

Finally, the CPS does not ask directly whether respondents are uninsured. The survey asks if respondents have specific types of insurance and those that answer "no" to all of the categories are considered uninsured. The structure of this questioning leads to concerns that some respondents do have "health insurance", but were counted as uninsured.

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

KCHIP's joint mail in process and aggressive outreach began in July 1999. Prior to this time, there were 239,380 children enrolled in the Medicaid program. By the end of September 2007, there were 434,674 children enrolled in Medicaid. This is an increase of 195,294 enrolled children. This enrollment increase is the result of economic factors, as well as KCHIP outreach and recertification simplification. The source of this data is CMS 64EC.

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) Within two years increase Medicaid enrollment for 14 to 19 year olds by 10,000 and increase the overall number of children with creditable coverage in KCHIP, the Medicaid Expansion and Medicaid by additional 10,000.</p>	<p>Goal #1 (Describe) Continue to conduct outreach to increase new eligible enrollment from previous year by 3%.</p>	<p>Goal #1 (Describe) Continue to conduct outreach to increase new eligible enrollment from previous year by 3%.</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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Successful outreach efforts resulted in achieving goal established in 2005. goal was revised to ensure outreach efforts continued to reach eligible members.</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> Successful outreach efforts resulted in achieving goal established in 2006. The continuing goal is to continue outreach to reach eligible members and focus on retention efforts to ensure those who remain eligible continue to be served by the program.</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> 2006</p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> U. S. Census Bureau</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> Enrollment Data</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> Enrollment Data CMS 64EC</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Children under 19 years of age, at or below 200% of the FPL. Definition of numerator: 109,000 uninsured children/three year average for 1996, 1997 and 1998.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Enrolled members in 2006 Definition of numerator: Enrolled members in 2005</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Enrolled members in 2007 Definition of numerator: Enrolled members in 2006</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>Performance Measurement Data: Described what is being measured: Compare the U.S. Census Bureau 1996, 1997 and 1998 average of uninsured children to the U.S. Census Bureau 2001, 2002 and 2003 average of insured children. Numerator: 79000 Denominator: 109000 Rate: 72.5</p>	<p>Performance Measurement Data: Described what is being measured: Number of enrolled children in the Medicaid, Medicaid Expansion and KCHIP Programs. Numerator: 337848 Denominator: 470130 Rate: 71.9 Additional notes on measure: According to the U.S.Census</p>	<p>Performance Measurement Data: Described what is being measured: Number of enrolled children in the Medicaid, Medicaid Expansion and KCHIP Programs. Numerator: 347849 Denominator: 504504 Rate: 68.9 Additional notes on measure: According to the U.S.Census</p>

FFY 2005	FFY 2006	FFY 2007
<p>Additional notes on measure: According to the U.S.Census Bureau, there were 109,000 uninsured children at or below 200% FPL and under 19 years of age in Kentucky prior to implementation of KCHIP (based on three-year average for 1996, 1997 and 1998. the three-year average for 2001, 2002 and 2003 is 79,000. this is a decrease of 30,000 (28%).</p>	<p>Bureau, there were 109,000 uninsured children at or below 200% FPL and under 19 years of age in Kentucky prior to implementation of KCHIP (based on three-year average for 1996, 1997 and 1998. the three-year average for 2001, 2002 and 2003 is 79,000. this is a decrease of 30,000 (28%). KY continues to meet their goal of reducing the number of uninsured by enrolling 10,001 children in FFY 2006.</p>	<p>Bureau, there were 109,000 uninsured children at or below 200% FPL and under 19 years of age in Kentucky prior to implementation of KCHIP (based on three-year average for 1996, 1997 and 1998. The three-year average for 2004-2006 is 60,000 showing a decrease of 49,000 (45%). KY continues to meet their goal of reducing the number of uninsured by enrolling 79,057 children in FFY 2007.</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>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Decreased rate of un-insured children by 17%.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: Maintain enrollment levels within 3 percentage points of the goal established in 2005.</p> <p>Annual Performance Objective for FFY 2008: Maintain enrollment levels within 3 percentage points of the goal established in 2005.</p>	<p>Annual Performance Objective for FFY 2008: Maintain current eligibility levels and focus on retention efforts. If SCHIP is re-authorized at adequate funding levels, Kentucky would like to increase enrollment levels and explore expansion efforts. However, while we can continue to set annual performance objectives geared toward increasing the number of eligible members, such objectives are difficult to set givrn the current uncertainty surrounding the future funding levels of SCHIP.</p> <p>Annual Performance Objective for FFY 2009: Maintain current eligibility levels and focus on retention efforts. If SCHIP is re-authorized at adequate funding levels, Kentucky would like to increase enrollment levels and explore expansion efforts. However, while we can continue to set annual performance objectives geared toward increasing the number of eligible members, such objectives are difficult to set givrn the current uncertainty surrounding the future funding levels of SCHIP.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2009: Maintain enrollment levels within 3 percentage points of the goal established in 2005.</p> <p><i>Explain how these objectives were set:</i> Successful outreach efforts resulted in achieving goal established in 2006. Goal was revised to ensure outreach efforts continued to reach eligible members.</p>	<p>Annual Performance Objective for FFY 2010: Maintain current eligibility levels and focus on retention efforts. If SCHIP is re-authorized at adequate funding levels, Kentucky would like to increase enrollment levels and explore expansion efforts. However, while we can continue to set annual performance objectives geared toward increasing the number of eligible members, such objectives are difficult to set given the current uncertainty surrounding the future funding levels of SCHIP.</p> <p><i>Explain how these objectives were set:</i> Objectives are based on future funding levels.</p>
<p>Other Comments on Measure: KCHIP has continued relationships with the community advocates of the Robert Wood Johnson Foundation Covering Kids and Families grant and also the Kentucky Kids Now organization. KCHIP continues local partnerships with schools and community health centers to help with outreach success and improving the enrollment processes. Community organizations and schools can refer uninsured families to the Department for Community Based Services Office in their area.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

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

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

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

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

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

Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) *KCHIP Separate Insurance Program will achieve 50% penetration and enroll 10,000 children. *Medicaid Expansion will enroll approximately 27,000 additional children</p>	<p>Goal #1 (Describe) Maintaining enrollment levels within 3 percentage points as established in 2005.</p>	<p>Goal #1 (Describe) Maintaining enrollment levels within 3 percentage points.</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 checked="" type="checkbox"/> New/revISED. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Goal was revised to focus on retention of eligibles.</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> Goal continues to focus on retention of eligibles.</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> Infants: 186-200% FPL 1-18 years: 151-200% FPL</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> 1-18 years: 151-200% FPL</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> 1-18 years: 151-200% FPL</p>
<p>Definition of Population Included in the Measure: Definition of denominator: 1998 enrollment Definition of numerator: 2005 Yearly enrollment</p>	<p>Definition of Population Included in the Measure: Definition of denominator: 2006 Final Enrollment Definition of numerator: 2005 Final Enrollment</p>	<p>Definition of Population Included in the Measure: Definition of denominator: 2006 Final Enrollment Definition of numerator: 2007 Final Enrollment</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: Compare June 1998 and September 2005 current segment enrollment numbers. Numerator: 62368 Denominator: 198824 Rate: 31.4 Additional notes on measure: FFY 2005, 22,375 were enrolled in the Separate Insurance Program and there were 40,993 were enrolled in the Medicaid Expansion Program.</p>	<p>Performance Measurement Data: Described what is being measured: Percentage of newly enrolled. Numerator: 47228 Denominator: 48817 Rate: 96.7 Additional notes on measure: by enrolling 48,817, SCHIP enrollment shows 3% increase for 2006.</p>	<p>Performance Measurement Data: Described what is being measured: Percentage of newly enrolled. Numerator: 48817 Denominator: 69830 Rate: 69.9 Additional notes on measure: New enrollee figures of (P5 & P6)10,139 and (P7)7071 total 17,210 while the difference in final enrollment numbers show an increase of 21,013.</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?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 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: Increase enrollment by 3%</p> <p>Annual Performance Objective for FFY 2008: Increase enrollment by 3%</p> <p>Annual Performance Objective for FFY 2009: increase enrollment by 3%</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2008: Maintain current eligibilty levels and focus on retention efforts. If SCHIP is reauthorized at adequate funding levels, Kentucky would like to increase enrollment levels and explore expansion efforts. While we can continue to set annual performance objectives geared toward increasing the number of eligible members, such objectives are difficult to set given the current uncertainty surrounding future funding levels of SCHIP.</p> <p>Annual Performance Objective for FFY 2009: Maintain current eligibilty levels and focus on retention efforts. If SCHIP is reauthorized at adequate funding levels, Kentucky would like to increase enrollment levels and explore expansion efforts. While we can continue to set annual performance objectives geared toward increasing the number of eligible members, such objectives are difficult to set given the current uncertainty surrounding future funding levels of SCHIP.</p> <p>Annual Performance Objective for FFY 2010: Maintain current eligibilty levels and focus on retention efforts. If SCHIP is reauthorized at adequate funding levels, Kentucky would like to increase enrollment levels and explore expansion efforts. While we can continue to set annual performance objectives geared toward increasing the number of eligible members, such objectives are difficult to set given the current uncertainty surrounding future funding levels of SCHIP.</p> <p><i>Explain how these objectives were set:</i> Objectives are based on future funding levels of SCHIP</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Comments on Measure: KCHIP continues to exceed the performance goal that was met in FFY 1999. As of September 30, 2005 a total of 252,192 children have enrolled in the three phases of KCHIP since the beginning of the program on July 1, 1998.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to SCHIP Enrollment (Continued)

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

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

Objectives Related to SCHIP Enrollment (Continued)

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

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

Objectives Related to Medicaid Enrollment

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) To continue to increase Medicaid enrollment by 10,000.</p>	<p>Goal #1 (Describe) Maintain enrollment levels within 3 percentage points of goals met in 2005.</p>	<p>Goal #1 (Describe) Maintain enrollment levels within 3 percentage points of goals met in 2006.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Goal revised to focus on retention of eligible members.</p>	<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Goal continues to focus on retention of eligible members.</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></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> Children enrolled in the Medicaid Program</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> children enrolled in the Medicaid Program</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Enrollment for 2005 is 393,982. Definition of numerator: Enrollment for 1998 was 245,797</p>	<p>Definition of Population Included in the Measure: Definition of denominator: 2006 Final Enrollment Definition of numerator: 2005 Final enrollment</p>	<p>Definition of Population Included in the Measure: Definition of denominator: 2007 Final Enrollment Definition of numerator: 2006 Final Enrollment</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: Compare FFY 1998 and FFY 2005 enrollment Numerator: 245797 Denominator: 393982 Rate: 62.4 Additional notes on measure: The performance goal was met as of FFY 1999. At the end of FFY 2005, we continue to exceed the goal. FFY 1998 had 245,797 and with an increase of 138,195 for 2005, current enrollment is 393,982.</p>	<p>Performance Measurement Data: Described what is being measured: Compare increase of FFY 2005 and FFY 2006 enrollment Numerator: 397378 Denominator: 404858 Rate: 98.2 Additional notes on measure: At the end of FFY 2006 current enrollment at 404,858 shows increase of 2%.</p>	<p>Performance Measurement Data: Described what is being measured: Compare increase of FFY 2006 and FFY 2007 enrollment Numerator: 404858 Denominator: 434674 Rate: 93.1 Additional notes on measure: At the end of FFY 2007 current enrollment at 434,674 shows increase of 29,816.</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?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Medicaid enrollment of 434,674 for FFY 2007 shows an increase of 29,816 over Medicaid enrollment of 404,858 for 2006.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: Maintain enrollment levels within 3 percentage points of 2006</p> <p>Annual Performance Objective for FFY 2008: Maintain enrollment levels within 3 percentage points of 2007</p> <p>Annual Performance Objective for FFY 2009: Maintain enrollment levels within 3 percentage points of 2008</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2008: Maintain enrollment levels within 3 percentage points of 2007</p> <p>Annual Performance Objective for FFY 2009: Maintain enrollment levels within 3 percentage points of 2008</p> <p>Annual Performance Objective for FFY 2010: Maintain enrollment levels within 3 percentage points of 2009</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
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 233">Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p data-bbox="751 293 1226 318">Annual Performance Objective for FFY 2009:</p> <p data-bbox="751 347 1125 371"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 233">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1373 293 1848 318">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1373 347 1747 371"><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 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) A) 75% of children under 2 years of age will receive the recommended number of well child visits; B) 67% of children between 3 and 5 years of age will receive at least one well child visit. C) 50% of the children 10-18 years old will receive at least one well child exam annually. D) 75% of children will receive an eye exam by an eye care specialist between age 3 to 6.</p>	<p>Goal #1 (Describe) To continue to have positive results from the annual CAHPS Survey, which is administered by researchers at the Martin School of Public Policy and Administration at the University of Kentucky.</p>	<p>Goal #1 (Describe) To continue to have positive results from the annual CAHPS Survey, which is administered by researchers at the Martin School of Public Policy and Administration at the University of Kentucky.</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> 2005 CAHPS Survey is administered by researchers at the Martin School of Public policy and Administration at the University of Kentucky.</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>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> NCQA 20004 Data by the MCO Data Sections. After exploring other methods, our best resources for determining baselines are the Annual KCHIP Participation Report which includes all children statewide (Participation Ratios), MCO's (Passport Health Plan's) 2004 health Outcomes and Member Satisfaction results Annual Report (Passport serves one region of Kentucky's Medicaid population, which includes KCHIP) and the Kentucky Department for Medicaid Services CAHPS Survey</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 checked="" type="checkbox"/> Other. <i>Explain:</i> CAPHS 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 checked="" type="checkbox"/> Other. <i>Explain:</i> CAPHS 2007</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 2005 CAHPS Survey is administered by researchers at the Martin School of Public policy and Administration at the</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CAPHS 2007</p>

FFY 2005	FFY 2006	FFY 2007
University of Kentucky		
<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: As of September 30, 2005 – preliminary figures show 22,375 enrolled in the Separate Insurance Program and 40,993 enrolled in the Medicaid Expansion Program.</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: CAPHS 2006: As of September 30, 2006, there were 23,140 enrolled in the Separate Insurance Program and 42,132 enrolled in the Medicaid Expansion Program. Surveys were mailed to adult parents or guardians of child recipients in all 120 counties, 1412 surveys were returned.</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: CAPHS 2007: As of September 30, 2007, there were 69,830 enrolled in the Separate Insurance Program and in the Medicaid Expansion Program. Surveys were mailed to adult parents or guardians of child recipients in all 120 counties.</p>
Year of Data: 2005	Year of Data: 2005	Year of Data: 2007
<p>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>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>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>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: Current CAHPS Survey results confirm ratings remain consistently high. Average rating of the health plan is comparable for all members</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>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Current CAHPS Survey results confirm ratings remain consistently high. Average rating of the health plan is comparable for all members</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="743 185 1289 233">Are there any quality improvement activities that contribute to your progress?</p> <p data-bbox="743 516 1272 651">Annual Performance Objective for FFY 2007: To continue to have positive results regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of providers to continue to be high.</p> <p data-bbox="743 678 1272 813">Annual Performance Objective for FFY 2008: To continue to have positive results regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of providers to continue to be high.</p> <p data-bbox="743 841 1272 976">Annual Performance Objective for FFY 2009: To continue to have positive results regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of providers to continue to be high.</p> <p data-bbox="743 1008 1125 1032"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1360 185 1913 451">Are there any quality improvement activities that contribute to your progress? The Department for Medicaid Services, Medical Management and Quality Assurance, continues a project involving Medicaid and SCHIP children. The Pediatric Diabetes, Pediatric Asthma and Pediatric Obesity Initiatives target children from birth through 17 years of age. Education is the focus of the initiatives and quarterly newsletters are mailed to targeted members that are identified through claims data.</p> <p data-bbox="1360 516 1892 651">Annual Performance Objective for FFY 2008: To continue to have positive results regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of providers to continue to be high.</p> <p data-bbox="1360 678 1892 813">Annual Performance Objective for FFY 2009: To continue to have positive results regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of providers to continue to be high.</p> <p data-bbox="1360 841 1892 976">Annual Performance Objective for FFY 2010: To continue to have positive results regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of providers to continue to be high.</p> <p data-bbox="1360 1036 1745 1060"><i>Explain how these objectives were set:</i></p>
<p data-bbox="71 1066 386 1091">Other Comments on Measure:</p>	<p data-bbox="688 1066 1295 1252">Other Comments on Measure: Most of data presented in this year's summary report of the 2006 Medicaid Patient Satisfaction Survey indicate that the demographic profile of recipients is consistent with previous years, utilization of services remains high, experiences with providers are largely positive and evaluations of providers and services continue to be high.</p>	<p data-bbox="1312 1066 1919 1252">Other Comments on Measure: Most of data presented in this year's summary report of the 2006 Medicaid Patient Satisfaction Survey indicate that the demographic profile of recipients is consistent with previous years, utilization of services remains high, experiences with providers are largely positive and evaluations of providers and services continue to be high.</p>

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

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

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

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) A) 75% of children under 2 years of age will receive the recommended number of well child visits; B) 67% of children between 3 and 5 years of age will receive at least one well child visit. C) 50% of the children 10-18 years old will receive at least one well child exam annually. D) 75% of children will receive an eye exam by an eye care specialist between age 3 to 6.</p>	<p>Goal #1 (Describe) Maintain recommended levels of care and immunizations for children statewide.</p>	<p>Goal #1 (Describe) Maintain recommended levels of care and immunizations for children statewide.</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> NCQA 2005 Data by the MCO Data Sections. After exploring other methods, our best resources for determining baselines are the Annual KCHIP Participation Report which includes all children statewide (Participation Ratios), MCO's (Passport Health Plan's) 2005 health Outcomes and Member Satisfaction results Annual Report (Passport serves one region of Kentucky's Medicaid population, which includes KCHIP) and the Kentucky Department for Medicaid Services CAHPS Survey.</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> NCQA 2006 Data by the MCO Data Sections. After exploring other methods, our best resources for determining baselines are the Annual KCHIP Participation Report which includes all children statewide (Participation Ratios), MCO's (Passport Health Plan's) 2005 Health Outcomes and Member Satisfaction Results Annual Report (Passport serves one region of Kentucky's Medicaid population, which includes KCHIP) and the Kentucky Department for Medicaid Services CAHPS Survey.</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> NCQA 2007 Data by the MCO Data Sections. After exploring other methods, our best resources for determining baselines are the Annual KCHIP Participation Report which includes all children statewide (Participation Ratios), MCO's (Passport Health Plan's) 2005 Health Outcomes and Member Satisfaction Results Annual Report (Passport serves one region of Kentucky's Medicaid population, which includes KCHIP) and the Kentucky Department for Medicaid Services CAHPS Survey.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> 2005 CAHPS Survey</p> <p>For the eighth year, the Kentucky Department of Medicaid Services has commissioned researchers at the Martin School of Public Policy and Administration at the University of Kentucky (UK) to implement a satisfaction survey of Medicaid recipients in the Commonwealth, including KCHIP children. It is based on the CAHPS survey (Consumer Assessment of Health Plans) which was developed by the</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 checked="" type="checkbox"/> Other. <i>Explain:</i> 2006 CAHPS Survey</p> <p>For the ninth year, the Kentucky Department of Medicaid Services has commissioned researchers at the Martin School of Public Policy and Administration at the University of Kentucky (UK) to implement a satisfaction survey of Medicaid recipients in the Commonwealth, including KCHIP children. It is based on the CAHPS survey (Consumer Assessment of Health Plans) which was developed by the</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 checked="" type="checkbox"/> Other. <i>Explain:</i> 2007 CAHPS Survey</p> <p>Findings from the 2007 Kentucky Medicaid Survey indicate that overall, utilization of health services by Medicaid recipients are high; access to needed care and specialized care do not appear to be major problems for Medicaid recipients; recipients' are largely satisfied with their experiences of care; and evaluations of health care providers, health services, and Medicaid-related health plans are generally positive.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Agency for Healthcare Research and Quality. It is now a part of the HEDIS measures and consists of a set of standardized questions that assess Medicaid recipients' satisfaction with the health care they have experienced.</p> <p>The survey was designed to provide information about the satisfaction with services, health status, access to care, and utilization of health care of participants enrolled in Medicaid. The results are based on mail questionnaires for adult and child Medicaid and KCHIP recipients with about 100 items on each questionnaire. The survey results indicate that child Medicaid Recipients are generally satisfied with their care across the state. Questions asked respondents to rate their personal providers, specialists, health care in general and experiences with their health plan on a 0 – 10 scale, where 0 is “worst possible” and 10 is “best possible.” Providers were rated an average of 8.42 from the child survey, specialists were rated an average of 8.49 and health services in general rated an average of 8.48. When those same items were examined for KCHIP children the ratings remained approximately the same.</p> <p>Additional administrative resources will be phased into the KCHIP Division beginning March of 2005, with full implementation by the end of 2006. These administrative resources will develop, implement and conduct a utilization management program that will ensure that appropriate medical care services are provided to eligible KCHIP members, in the appropriate setting, at the appropriate time, and by an appropriate provider. Review criteria will be established for prospective, concurrent, and retrospective utilization reviews and as well as conducting prospective, concurrent, and retrospective reviews for eligible members.</p> <p>KCHIP worked with the University of KY, Martin Schol for Public Policy, to develop and distribute video programs concerning childhood obesity. One DVD was for physicians and was styled as a CME training program. The other was a short entertainment style program focused on nutrition and exercise. We studied whether the kids watched the video and whether they found the information valuable. Approximately 45 pre-test and post-test surveys from the children and their parents have been returned. We distributed several hundred to pediatricians across Kentucky and received many of the pre-test surveys back. Of those returned, the message is good. Children watched and learned from the program. U.K.</p>	<p>Agency for Healthcare Research and Quality. It is now a part of the HEDIS measures and consists of a set of standardized questions that assess Medicaid recipients' satisfaction with the health care they have experienced.</p> <p>The survey was designed to provide information about the satisfaction with services, health status, access to care, and utilization of health care of participants enrolled in Medicaid. The results are based on mail questionnaires for adult and child Medicaid and KCHIP recipients with about 100 items on each questionnaire. The survey results indicate that child Medicaid Recipients are generally satisfied with their care across the state. Questions asked respondents to rate their personal providers, specialists, health care in general and experiences with their health plan on a 0 – 10 scale, where 0 is “worst possible” and 10 is “best possible.” Results: Providers were rated an average of 8.4 (KCHIP 8.6) specialists were rated an average of 8.7 (KCHIP 8.8) and health services in general rated an average of 8.2 (KCHIP 8.6) Comparisons confirm ratings remained approximately the same for Medicaid children as for KCHIP children.</p> <p>The Department for Medicaid Services, Medical management and Quality Assurance, began a pilot project involving Medicaid and SCHIP children. The Pediatric Diabetes, Pediatric Asthma and Pediatric Obesity Initiatives target children from birth through 17 years of age. Education is the focus of the initiatives and quarterly newsletters are mailed to targeted members that are identified through claims data.</p> <p>The Pediatric Diabetes Initiative has 147 children in the pilot project with 37 children receiving benefits through KCHIP.</p> <p>The Pediatric Asthma Initiative target audience has approximately 544 members of which 141 received benefits through KCHIP.</p> <p>The Pediatric Obesity Initiative is working with the Obesity Coalition Group to reach a targeted group of 278 children.</p>	<p>Less than a quarter of child recipients needed to see a specialist. A majority of the parents of these children reported that seeing the needed specialist was not a problem (74%). Over 40 percent of adult Medicaid recipients had at least one visit to a specialist.</p> <p>Survey findings also point to differences across the state in terms of Medicaid health plans. Parents of children in Region 3 Passport Health Plan rated their personal doctor or nurse and their specialists lower than those in other regions of the state. These children's parents also rated their overall health care and their health plan more highly. In the comparison of KCHIP versus the rest of the state, respondents to the Child Medicaid Survey rated KCHIP higher on all but the rating for the personal doctor or nurse. In terms of satisfaction composite scores, Region 3 (Passport Health Plan) scored lower on every single composite score. KCHIP scored lower on all composite indicators except those for 'getting care quickly' and 'customer service.'</p>

FFY 2005	FFY 2006	FFY 2007
<p>is currently working with AHRQ to build a program to more easily get the info to kids, most likely through public schools.</p> <p>In addition, the Kentucky Youth Risk Behavior Survey is administered by the University of Kentucky Center of Prevention Research. The Kentucky Department of Education, the Kentucky Department for Public Health, local health departments and local school systems also collaborated on this survey. The survey is administered every two years and was completed anonymously by more than 1,600 Kentucky high school students in 65 Kentucky public schools. This is the first time since 1997 that the survey has presented weighted data.</p> <p>The survey shows fewer Kentucky high school students are smoking, but there are a number of students risking increased health issues due to obesity.</p> <p>The survey reported thirty-three percent of the students had smoked a cigarette in the past 30 days. This was a fourteen percent decrease from 1997. Also fourteen percent of the students reported they have ever sniffed glue or paint to get high, compared to twenty-five percent in 1997.</p> <p>The survey reported one-third of respondents are overweight. Ten percent of the students reported no physical activity during the week prior to the survey. Thirty-five percent of students attend physical education classes during an average week.</p> <p>Another area of concern was nutrition. Only thirteen percent of the students ate the recommended five or more servings of fruit and vegetables per day. Most students reported they had access to vending machines at their schools and thirty percent of students ate lunch one ore more times a week from snacks bought from the vending machines.</p> <p>Also of concern is the number of students who report being diagnosed with diabetes. Four percent of the students have been diagnosed with diabetes and thirteen percent are at risk for developing diabetes.</p> <p>2003 YOUTH RISK BEHAVIOR SURVEY AREAS FOR LIKELY IMPROVEMENT</p> <p>Smoked a cigarette in the past 30 days: 1997: 47%; 2003:</p>		

FFY 2005	FFY 2006	FFY 2007
<p>33%; Change: -14% Ever sniffed glue or paint to get high: 1997: 25%; 2003: 14%; Change: -11%. Ever smoked a cigarette; 1997: 77%; 2003: 71%; Change: - 6% Smoked a cigarette on school property in the past 30 days; 1997: 25%; 2003: 14% Change: -11% Used marijuana in the past 30 days: 1997: 29%; 2003 21%; Change: -8% Ever used any form of cocaine: 1997: 8%; 2003: 4%; Change: -4%</p> <p>2003 YOUTH RISK BEHAVIOR SURVEY AREAS OF WORSENING BEHAVIOR</p> <p>Exercised or participated in vigorous physical activities for at least 20 minutes on at least three days: 1997: 60%; 2003: 44%; Change: -16% Ever Pregnant or gotten someone pregnant: 1997: 6%; 2003: 8%; Change: +2% Attempted suicide n the past 12 months: 1997: 7%; 2003: 11%; Change: +4%</p> <p>Attachments are: 2005 CAHPS Survey, KCHIP Annual Participation Report, KCHIP Enrollment Tracking, KCHIP Hotline Calls, KCHIP Premium Payment Disqualification Study</p>		
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> As of September 30, 2005 – preliminary figures show 22,375 enrolled in the Separate Insurance Program and 40,993 enrolled in the Medicaid Expansion Program.</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 checked="" type="checkbox"/> Other. <i>Specify:</i> Annual KCHIP Participation Report MCO’s (Passport Health Plan’s) 2005 Health Outcomes Member Satisfaction results Annual Report Kentucky Department for Medicaid Services CAHPS Survey.</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 checked="" type="checkbox"/> Other. <i>Specify:</i> Annual KCHIP Participation Report MCO’s (Passport Health Plan’s) 2006 Health Outcomes Member Satisfaction results Annual Report Kentucky Department for Medicaid Services CAHPS Survey.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: 2005 CAHPS Survey (statewide data) – Surveys were mailed to adult and parents or guardians of child recipients in all 120 counties.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of September 30, 2006 – preliminary figures show 23,140 enrolled in the Separate Insurance Program and 42,132 enrolled in the Medicaid Expansion Program</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is final enrollment figures which are the Expansion Program at 43,738, the Separate Insurance Program at 26,092 and Medicaid with 434,674 for a total of 504,504.</p>
Year of Data: 2004	Year of Data: 2006	Year of Data: 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Percentage of children receiving recommended services remain above average for the MCO region as well as statewide. *The percentage of children who will receive an eye exam by an eye care specialist between 3 – 6 years is not available at this time. *U.S. Immunization Survey 2004 Shows Kentucky’s Immunization rate to be 82.7% (4:3:1 series) and 79% (4:3:1:3:3:1 series)</p>	<p>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>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>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: *Percentage of children receiving recommended services remain above average for the MCO region as well as statewide.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 470130 Denominator: 504504 Rate: 93.2</p> <p>Additional notes on measure: Shows total 6.8% increase of 34,374 from 2006.</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 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="741 183 1291 235">Are there any quality improvement activities that contribute to your progress?</p> <p data-bbox="741 570 1291 649">Annual Performance Objective for FFY 2007: To maintain an above average rate of recommended services for children statewide.</p> <p data-bbox="741 654 1291 734">Annual Performance Objective for FFY 2008: To maintain an above average rate of recommended services for children statewide.</p> <p data-bbox="741 738 1291 818">Annual Performance Objective for FFY 2009: To maintain an above average rate of recommended services for children statewide.</p> <p data-bbox="741 846 1125 867"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1362 183 1913 456">Are there any quality improvement activities that contribute to your progress? The Department for Medicaid Services, Medical management and Quality Assurance, continues a project involving Medicaid and SCHIP children. The Pediatric Diabetes, Pediatric Asthma and Pediatric Obesity Initiatives target children from birth through 17 years of age. Education is the focus of the initiatives and quarterly newsletters are mailed to targeted members that are identified through claims data.</p> <p data-bbox="1362 570 1913 649">Annual Performance Objective for FFY 2008: To maintain an above average rate of recommended services for children statewide.</p> <p data-bbox="1362 654 1913 734">Annual Performance Objective for FFY 2009: To maintain an above average rate of recommended services for children statewide.</p> <p data-bbox="1362 738 1913 818">Annual Performance Objective for FFY 2010: To maintain an above average rate of recommended services for children statewide.</p> <p data-bbox="1362 846 1747 867"><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

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

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

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

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?

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?

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?

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.

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]

Statewide outreach initiatives have continued to focus on the retention and recertification of eligible children and support of local community-based activities by providing educational information and training. Some of the grassroots efforts have included the annual Back to School campaigns, Family Resources/Youth Services Centers' Readifests and local health department events in the community. KCHIP continues to contract with the Department for Public Health to provide local outreach and technical assistance to KCHIP recipients and the general public. Also, the statewide toll free KCHIP line mails materials and updated information upon request. KCHIP has continued relationships with the community advocates of the Robert Wood Johnson Foundation Covering Kids and Families, Kentucky Kids Now and KY Youth Advocates. By working together with these coalitions, KCHIP continues to develop local partnerships with schools and community health centers. These partnerships have helped with outreach success and improving the enrollment process. Community organizations and schools can refer uninsured families to the Department for Community Based Services Office in their area.

What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **Would you consider this a best practice?** [7500]

The branding of KCHIP at the community level has largely contributed to the success of the program. Many outreach strategies have been used at the grassroots level by a wide variety of health and human services agencies, civic organizations, churches, labor and the business community and other groups. Phone calls average 502 calls per month between three phone lines available for KCHIP members. The KCHIP monthly hotline reports an average of 191 calls per month during FFY 2007. In addition, the Insure Kids Now national toll free number reported an average of 98 calls per month. The University of Kentucky Farmworker Program, which provides translation services via a toll free help line, showed an increase in calls with an average of 213 calls per month. In addition, they provide application and re-application assistance and member information. A complaint tracking system identifies customer service related problems and enables the various agencies to troubleshoot before problems become systemic.

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

The Department for Medicaid Services continues to contract with the University of Kentucky Farmworkers Program for outreach to Spanish speaking populations throughout the state. In addition, the Covering KIDS and Families, an initiative of the Robert Wood Johnson Foundation, has funded local projects in urban and rural sites.

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]

According to the Current Population Survey of 2006, Kentucky had 417,000 children at or below 200% of the FPL. Of those, 63,000 (15%) children, were uninsured. However, according to enrollment figures, Kentucky had over 500,000 children enrolled in Medicaid and KCHIP combined.

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]

For certain income levels, a child must not have other health insurance coverage for a period of six months before applying for KCHIP. There are exceptions if the child loses health insurance for reasons that cannot be controlled, such as job loss, which is considered an involuntary reason for loss of health insurance.

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]

When applications and re-certifications are processed, the final element denies or discontinues applicants who have existing creditable coverage. The number of denied or discontinued is compared to the number of applications and recertifications processed.

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

Approximately 10% of applicants are found to have creditable health insurance at the time of applications.

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

It is difficult to assess the effectiveness of KCHIP's six month waiting period from the time families drop health insurance until the time they are eligible to enroll their children in the KCHIP Separate Insurance Program. As health insurance premiums increase for families or as employers change health insurance policies, more families enroll in KCHIP.

COORDINATION BETWEEN SCHIP AND MEDICAID

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

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

Yes, both SCHIP and poverty level Medicaid children recertify through a mail in process. If either group received food stamps, they recertify for Medicaid and SCHIP at the time of the Food Stamp Recertification appointment.

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]**

SCHIP and Medicaid application and recertification are completed by the same eligibility determination system. When a child's eligibility status changes, a new eligibility code is assigned. This file is updated daily and updates with the other interfacing systems seamlessly. This helps achieve continuity of care for members who move between programs.

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

Yes, the same delivery system and provider networks are used. The local Department for Community Based Services office in the county of the recipient's residence processes all applications and recertification forms and works with the recipient to select a primary care provider.

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

ELIGIBILITY REDETERMINATION AND RETENTION

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

Conducts follow-up with clients through caseworkers/outreach workers

Sends renewal reminder notices to all families

How many notices are sent to the family prior to disenrolling the child from the program?
[500]

2

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]**

A notice is sent to the household prior to the 1st day of the recertification month. The recipient has until the 10th of the month to return the recertification application with all verification. If the recertification is not returned, a second notice is sent allowing the recipient 10 additional days to complete the recertification. If the recertification application isn't returned by close of business on the 20th day, the case is discontinued.

- Sends targeted mailings to selected populations

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

- Holds information campaigns

- Provides a simplified reenrollment process,

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

Recipients are sent a mail-in recertification packet when they are due to be recertified. The recipients are required to complete the recertification application and attach requested verification and return to the local DCBS office the 10th day of the recertification month.

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

Kentucky works closely with the Covering Kids and Families Coalition. One of the primary objectives is to retain eligible children.

- 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]**

Working with our outreach partners who have workers in every county is our most effective tool in maintaining our enrollment that has remained stable in the past year.

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]**

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

- Yes
 No
 N/A

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

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

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

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

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

COST SHARING

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

No

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

Utilization of patterns continue to be monitored on a regular basis with particular emphasis on dates coinciding with cost sharing. No major impacts have been identified.

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]**

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]**

There are no special procedures for KCHIP cases as KY's SCHIP Program follows Medicaid guidelines. Program violations are treated the same as "regular" Medicaid fraud cases and children under 18 are exempt from disqualification for Medicaid intentional program violation.

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

Provider Credentialing

_____ Number of cases investigated
_____ Number of cases referred to appropriate law enforcement officials

Provider Billing

_____ Number of cases investigated
_____ Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

_____ Number of cases investigated
_____ Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP

Medicaid and SCHIP Combined

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

Yes, please answer question below.

No

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

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

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED SCHIP PLAN

	2007	2008	2009
Benefit Costs			
Insurance payments	0	0	
Managed Care	22435373	23433143	24604800
Fee for Service	80966483	80951344	82897919
Total Benefit Costs	103401856	104384487	107502719
(Offsetting beneficiary cost sharing payments)	-4800472	-4150127	-3779851
Net Benefit Costs	\$ 98601384	\$ 100234360	\$ 103722868

Administration Costs

Personnel	525700	410600	455100
General Administration	101700	261400	1326000
Contractors/Brokers (e.g., enrollment contractors)	906100	942400	109800
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	1533500	1614400	1890900
10% Administrative Cap (net benefit costs ÷ 9)	10955709	11137151	11524763

Federal Title XXI Share	78816167	80307747	83529929
State Share	21318717	21541013	22083839

TOTAL COSTS OF APPROVED SCHIP PLAN	100134884	101848760	105613768
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2. What were the sources of non-Federal funding used for State match during the reporting period?

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

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

No shortfall

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		\$ 161		\$ 178		\$ 186
Fee for Service		\$ 170		\$		\$

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

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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

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

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

- _____ Number of **children** ever enrolled during the reporting period in the demonstration
- _____ Number of **parents** ever enrolled during the reporting period in the demonstration
- _____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration
- _____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

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

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

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2

(e.g., parents)

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

Benefit Costs for Demonstration Population #3

(e.g., pregnant women)

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

Benefit Costs for Demonstration Population #4

(e.g., childless adults)

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

Total Benefit Costs

(Offsetting Beneficiary Cost Sharing Payments)

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

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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]**

During this reporting period, Kentucky Children's Health Insurance Program (KCHIP) operated within its forecasted expenditures and averted the elimination of any services. We were able to maintain enrollment levels throughout the reporting period without instituting a waiting list, lowering eligibility levels, or reducing benefits. As in previous years, both federal and state budgetary issues were of great concern during this reporting period. KCHIP has a match rate of approximately 78% federal funds and 22% state funds. Since 2002, Kentucky's SCHIP expenditures exceeded the available federal funds by an average of 37% per year. According to the Current Population Survey of 2005, Kentucky has approximately 54,000 uninsured children under 200% of the federal poverty level. Due to the uncertainty of redistributed funds and reauthorization of CHIP, Kentucky did not expand services or conduct aggressive outreach campaigns during this reporting period. While current financial projections indicate that KCHIP can continue operating at its current levels of eligibility through the 2007 grant period, the future of the program is contingent upon reauthorization guidelines and funding levels.

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

As with previous years, the greatest challenge has been providing KCHIP coverage to as many eligible children in Kentucky within the available federal and state appropriated funds.

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

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]**

Kentucky is still in the investigation phase regarding selecting an insurer to operate KCHIP on an at-risk basis through a request for proposal (RFP) process. Actuarial analysis is currently being conducted to determine if such a move would be cost effective and beneficial to our recipients.

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