

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

## **Preamble**

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

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

The framework is designed to:

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

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

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

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

State/Territory: MD  
(Name of State/Territory)

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

Signature: \_\_\_\_\_  
**Alonzo Robinson**

SCHIP Program Name(s): All, Maryland

SCHIP Program Type:

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

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

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Submission Date: 12/27/2007

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

## SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
	<b>* Upper % of FPL are defined as <u>Up to and Including</u></b>									
Eligibility						From		% of FPL conception to birth		% of FPL *
	From	185	% of FPL for infants	200	% of FPL *	From		% of FPL for infants		% of FPL *
	From	133	% of FPL for children ages 1 through 5	200	% of FPL *	From		% of FPL for children ages 1 through 5		% of FPL *
	From	100	% of FPL for children ages 6 through 16	200	% of FPL *	From		% of FPL for children ages 6 through 16		% of FPL *
	From	100	% of FPL for children ages 17 and 18	200	% of FPL *	From		% of FPL for children ages 17 and 18		% of FPL *

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

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

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

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

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

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

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

Does your program require a child to be	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	
	Specify number of months		6	Specify number of months	
			To which groups (including FPL levels) does the period of uninsurance apply? <b>[1000]</b>		
			List all exemptions to imposing the period of uninsurance <b>[1000]</b>		
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

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

Does your program provide period of continuous coverage <u>regardless of income changes</u> ?	<input checked="" type="checkbox"/>	No	<input 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 enrollment fee?	<input type="checkbox"/>	No	<input type="checkbox"/>	No	
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	
	Enrollment fee amount		0	Enrollment fee amount	
	Premium amount		57	Premium amount	
	Yearly cap		684	Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)		
	\$45.00 per family per month if family income is above 200 FPL but at or below 250% FPL; \$57.00 per family per month if family income is above 250% FPL but at or below 300% FPL. The amounts are established based on a formula of 2% of FPL for a family of 2 at 200% and 250% FPL, respectively; the actual amounts will change each March/April.				
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

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

Does your program impose deductibles?	<input checked="" type="checkbox"/>	No	<input 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 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 type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	\$90/month per employed person, child care cost up to \$200 per child per month if employed 100 hours monthly (up to \$100 per child per month if employed less than 100 hours monthly); \$50.00 per family per month of child support received; actual amounts of child support and alimony paid to someone outside of the home.			
	<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 type="checkbox"/>	Yes
	<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 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]

Effective June 1, 2007 Maryland no longer is a combination program but is a Separate Medicaid Program.

**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?  Yes  No  N/A  
 If yes, please describe in the narrative section below the asset test in your program.

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

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

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

7. Indicate what documentation is required at initial application

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

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

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

Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
Family coverage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Eligibility expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – please specify						
_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 now states customer needs to supply verification of Citizenship/Identity.

Application documentation requirements	Citizenship/Identity verification is required.
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)	Customer needs to verify Citizenship/Identity before approval of eligibility.
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**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Measurement Specification:**

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

**Data Source:**

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

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

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

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

**Year of Data:**

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

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

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

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

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

**Explanation of Progress:**

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

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

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

**Other Comments on Measure:**

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2005.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2007.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      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: HealthChoice recipients who turned 15 months old during CY 2005 and who were continuously enrolled in the MCO from 31 days of age.                      Recipients who receive five or more well-child visits with a primary care practioner during the first 15 months of life.</p>	<p><b>Definition of Population Included in the Measure:</b>                      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: HealthChoice recipients that turn 15 months old during the measurement year and were continuously enrolled during the measurement year.                       Recipients that had a well chid visit(s) during the measurement year.</p>	<p><b>Definition of Population Included in the Measure:</b>                      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: Recipients that had a well-child visit(s) during the measurement year.                       HealthChoice recipients that turn 15 months old during measurement year and were continuously enrolled during the measurement year.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2006</p>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)</p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator:                      4 visits Denominator:                      Denominator: Rate:                                      Rate:</p> <p><u>1 visit</u> Numerator:                      5 visits Denominator:                      Denominator: Rate:                                      Rate:</p> <p><u>2 visits</u> Numerator:                      6+ visits Denominator:                      Denominator: Rate:                                      Rate:</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)</p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator:                      4 visits Denominator:                      Denominator: Rate: 3                                      Rate:</p> <p><u>1 visit</u> Numerator:                      5 visits Denominator:                      Denominator: Rate:                                      Rate:</p> <p><u>2 visits</u> Numerator:                      6+ visits Denominator:                      Denominator: Rate:                                      Rate:</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)</p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator:                      4 visits Denominator:                      Denominator: Rate: 2                                      Rate:</p> <p><u>1 visit</u> Numerator:                      5 visits Denominator:                      Denominator: Rate:                                      Rate:</p> <p><u>2 visits</u> Numerator:                      6+ visits Denominator:                      Denominator: Rate:                                      Rate:</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate: 78</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate: 82</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate: 85</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?** Performance improved in 2007 as anticipated.

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

**Annual Performance Objective for FFY 2008:** Increase performance over previous year.

**Annual Performance Objective for FFY 2009:** Increase performance over previous year.

**Annual Performance Objective for FFY 2010:** Increase performance over previous year.

*Explain how these objectives were set:* MCOs have demonstrated maintenance and/or improvement in this measure in recent years.

**Other Comments on Measure:** None.

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30)  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS, 2006.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2006.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      HEDIS 2007</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      HealthChoice recipients ages 3-6 years as of December 31 of the measurement year and were continuously enrolled during measurement year (with no more that one gap in enrollment of up to 30 days).</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      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: HealthChoice recipients who were three, four, five or six years old during CY 2005, who were continuously enrolled during CY 2005 (with no more than one gap in enrollment of up to 30 days).</p>	<p><b>Definition of Population Included in the Measure:</b>                      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: Recipients that had at least one well-child visit with a PCP during measurement year.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Denominator: Health Choice recipients age 3-6 years as of December 31 of the measurement year and were continuously enrolled during the measurement year (with no more than one gap in enrollment of up to 30 days).</p>

<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
Recipients that had at least one well-child visit with a PCP during CY 2005.		Numerator: Recipients that had at least one well-child visit with a PCP during the measurement year.
<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: Denominator: Rate: 73  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: Denominator: Rate: 70  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: Denominator: Rate: 77  Additional notes on measure:

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2006.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2006.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2006.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Definition of Population Included in the Measure:</b>            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: Denominator: HealthChoice enrollees who were ages five through nine years during CY 2004, who were continuously enrolled during CY 2004 and CY 2003 with no more than one gap in enrollment of up to 30 days.            Recipients who were appropriately prescribed medication during CY 2004.            Numerator: Recipients who were appropriately prescribed medication during CY 2005.</p>	<p><b>Definition of Population Included in the Measure:</b>            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: Denominator: HealthChoice enrollees ages 5-17 years by December 31 of the measurement year, were continuously enrolled and who were identified as having persistent asthma during the measurement year and the year before.            Numerator: Recipients dispensed at least one prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines during the measurement year.</p>	<p><b>Definition of Population Included in the Measure:</b>            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: Denominator: HealthChoice enrollees ages five through seventeen by December 31st of the measurement year, were continuously enrolled, and who were identified as having persistent asthma during measurement year and the year prior.            Numerator: Recipients dispensed at least one prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines during the measurement year.</p>
<b>Year of Data:</b> 2006	<b>Year of Data:</b> 2006	<b>Year of Data:</b> 2006

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

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator:                      Denominator:                      Rate: 69</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Combined rate (5-17 years)</u>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure: CY 2004 was the first year this was measured.</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator:                      Denominator:                      Rate: 90</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Combined rate (5-17 years)</u>                      Numerator:                      Denominator:                      Rate: 88</p> <p>Additional notes on measure: HEDIS measures ages 5-56 but only 5-17 is included here.</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator:                      Denominator:                      Rate: 90</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate: 87</p> <p><u>Combined rate (5-17 years)</u>                      Numerator:                      Denominator:                      Rate: 88</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> CY 2004 was the first year this was measured. However, the measure is stable and in line with the national average.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Increase performance over previous year.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase performance over previous year.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Increase performance over previous year.</p> <p><i>Explain how these objectives were set:</i> MCOs have demonstrated maintenance and/or improvement in this measure in recent years.</p>		

**Other Comments on Measure:**

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2006.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2006.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Definition of Population Included in the Measure:</b>  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: Denominator: Children ages 12 months through 24 months, 25 months through 6 years, 7 years through 11 years, and 12 years through 19 years who were continuously enrolled during CY 2006 and the year prior to the measurement year.  Numerator: Recipients who had a visit with a primary care practitioner during CY 2006 or the year prior to the measurement year.</p>	<p><b>Definition of Population Included in the Measure:</b>  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: Denominator: HealthChoice enrollees ages five through seventeen by December 31st of the measurement year, were continuously enrolled, and who were identified as having persistent asthma during measurement year and the year prior.  Numerator: Recipients dispensed at least one prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines during the measurement year.</p>	<p><b>Definition of Population Included in the Measure:</b>  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: Denominator: HealthChoice recipients 1 - 19 years of age by December 31st of the measurement year and continuously enrolled.  Numerator: Ages 1 - 6 years: one or more visit with a PCP during the measurement year. Ages 7 - 19 years: one or more visit with a PCP during the measurement year or the year before.</p>
<b>Year of Data:</b> 2006	<b>Year of Data:</b> 2006	<b>Year of Data:</b> 2006

FFY 2005	FFY 2006	FFY 2007																																																						
<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology) Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 94</td> <td>Rate: 89</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 86</td> <td>Rate: 85</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 94	Rate: 89	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 86	Rate: 85	<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology) Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 93</td> <td>Rate: 89</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 85</td> <td>Rate: 83</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 93	Rate: 89	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 85	Rate: 83	<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology) Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 94</td> <td>Rate: 89</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 88</td> <td>Rate: 87</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 94	Rate: 89	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 88	Rate: 87
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<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> Performance has stabilized at a relatively high rate.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> The performance measures have increased for most children except those between 7 - 11 years of age.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Stabilize objectives.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Stabilize objectives.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Stabilize objectives.</p> <p><i>Explain how these objectives were set:</i></p>																																																								
<p><b>Other Comments on Measure:</b></p>																																																								

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	112123	114095	1.76
Separate Child Health Program	23911	18792	-21.41

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

The new DRA requirements for citizenship and identity seem to be a factor in enrollment decreases.

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	93	23.2	7.1	1.8
1998 - 2000	75	20.8	6.0	1.6
2000 - 2002	60	12.3	4.1	.8
2002 - 2004	69	13.1	4.8	.9
2003 - 2005	73	14.8	5.1	1.0
2004 - 2006	75	15.0	5.2	1.0

Percent change 1996-1998 vs. 2004-2006	-19.4%	NA	-26.8%	NA
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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.

The new DRA requirements has caused delays in determining eligibility. Also the rate of uninsured may have changed due to changes in reporting on the CPS. The survey was modified for Maryland recipients to add Medical Assistance as a coverage option. This change may have an impact on the number of people/families who report having public insurance.

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

In the past the department has questioned the validity of the survey results because of the disproportionately high CPS undercount in Maryland.

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

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

N/A

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.)

N/A

What are the limitations of the data or estimation methodology?  
N/A

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

N/A

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

N/A

## SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

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

**In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not report elsewhere in Section II.**

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

### **Goal:**

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

### **Type of Goal:**

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

New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

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

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

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

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

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

### **Measurement Specification:**

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

### **Data Source:**

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

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

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

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

### **Year of Data:**

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

**Performance Measurement Data:**

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

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

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

**Explanation of Progress:**

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

**Other Comments on Measure:**

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

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Reduce the number of non-covered children.</p>	<p><b>Goal #1 (Describe)</b> Reduce the number of non-covered children.</p>	<p><b>Goal #1 (Describe)</b> Reduce the number of non-covered children.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS.</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Uninsured children in families with income below 200 percent FPL as a percent of total children under age 19.</p> <p>Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Uninsured children in families with income below 200 percent FPL as a percent of total children under age 19.</p> <p>Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Uninsured children in families with income below 200 percent FPL as a percent of total children under age 19.</p> <p>Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Uninsured children.</p> <p>Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Uninsured children in families with income below 200 percent FPL as a percent of total children under age 19.</p> <p>Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Children in families with income below 200 percent FPL.</p> <p>Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> MCHP efforts have contributed to the significant decrease in the rate of uninsurance among children in Maryland.</p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> MCHP outreach efforts have contributed to the significant decrease in the rate of uninsurance among children in Maryland.</p>

FFY 2005	FFY 2006	FFY 2007
	<p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b> Reduce number of uninsured children with income between 200-300% FPL.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Reduce number of uninsured children with income between 200-300% FPL.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Reduce number of uninsured children with income between 200-300% FPL.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b> Reduce the number of non-covered children.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Reduce the number of non-covered children.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Reduce the number of non-covered children.</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b> Print and distribute brochures and application forms, speak to various groups about MCHP, maintain grassroots outreach through established community partnerships.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b> Reduce percentage of non-covered children under 300% FPL.</p>	<p><b>Goal #2 (Describe)</b> Reduce percentage of non-covered children under 300% FPL.</p>	<p><b>Goal #2 (Describe)</b> Reduce percentage of non-covered children under 300% FPL.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS.</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Uninsured children in families with income above 200 percent FPL but at or below 300 percent FPL as a percent of total children between 200 and 300 percent FPL</p> <p>Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Unisured children in families with income above 200 percent FPL but at or below 300 percent FPL as a percent of total children between 200 and 300 percent FPL.</p> <p>Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Unisured children in families with income above 200 percent FPL but at or below 300 percent FPL as a percent of total children between 200 and 300 percent FPL.</p> <p>Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Uninsured children in families between 200 and 300 percent FPL.</p> <p>Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Children in families between 200-300% FPL.</p> <p>Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Non-covered children under 300% FPL.</p> <p>Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Data not available.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> MCHP outreach efforts have contributed to the significant decreases in the rate of the uninsurance among children in Maryland.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b> Reduce number of uninsured children with income between 200-300% FPL.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Reduce number of uninsured children with income between 200-300% FPL.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Reduce number of uninsured children with income between 200-300% FPL.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b> Reduce percentage of non-covered children under 300% FPL.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Reduce percentage of non-covered children under 300% FPL.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Reduce percentage of non-covered children under 300% FPL.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

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

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

**Objectives Related to SCHIP Enrollment**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Reduce the number of non-covered children.</p>	<p><b>Goal #1 (Describe)</b> Increase primary care provider network capacity in areas where capacity is lowest.</p>	<p><b>Goal #1 (Describe)</b> Increase in primary care provider network capacity in areas where capacity is lowest.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CPS.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      MCO provider network files.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      MCO provider network files.</p>
<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Uninsured children in families with income below 200 percent FPL as a percent of total children under age 19.</p> <p>Definition of numerator: Uninsured children in families with income above 200 percent FPL but at or below 300 percent FPL as a percent of total children between 200 and 300 percent FPL.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Total HealthChoice enrollees in Eastern Shore area Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico and Worcester.</p> <p>Definition of numerator: MCO's are required to regularly submit information to the Department on their provider networks. These submissions are used for calculating the total number of providers program-wide, by local access areas, and by MCO.</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: Total HealthChoice enrollees in Eastern Shore area.</p> <p>Definition of numerator:</p>
<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>Performance Measurement Data:</b> Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Overall statewide HealthChoice PCP network adequacy improved. Progress also continues on the Eastern Shore, the area where capacity is generally lowest.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> HealthChoice regulatory standard is no more than 200 enrollees per PCP. Progress can be attributed to continual monitoring of HealthChoice PCP network capacity through quarterly capacity update reports and closely monitoring complaints related to provider access to identify areas for improvement.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b> Increase primary care provider network capacity in areas where capacity is lowest.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Increase primary care provider network capacity in areas where capacity is lowest.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase primary care provider network capacity in areas where capacity is lowest.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b> Increase primary network capacity.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase primary network capacity.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Increase primary network capacity.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b> Increase in the number of enrollees who indicate that they have improved access to health care delivery system through satisfaction survey reports.</p>	<p><b>Goal #2 (Describe)</b> Increase in the number of enrollees who indicate that they have improved access to health care delivery system through satisfaction survey reports.</p>	<p><b>Goal #2 (Describe)</b> Increase in the number of enrollees who indicate that they have improved access to health care delivery system through satisfaction survey.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CAHPS.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CAHPS satisfaction Survey.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CAHPS SURVEY.</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children in Healthchoice (includes Medicaid, MCHP and MCHP Premium) reporting "getting needed care". Children ages 12 and under had to be continuously enrolled in the same MCO for five of the last six months.                       Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children in HealthChoice (includes Medicaid, MCHP and MCHP Premium) reporting "getting needed care". Children (ages 12 and under) had to be continuously enrolled in the same MCO for five of the last six months.                       Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children in HealthChoice (includes Medicaid, MCHP and MCHP Premium) reporting "getting needed care". Children (ages 12 and under) had to be continuously enrolled in the same MCO for five of the last six months.                       Definition of numerator:</p>
<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Access to health care services.                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Evidence of improved access to providers between 2005-2006 through provider network monitoring suggests more HealthChoice providers were available.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Evidence of improved access to providers between 2005-2006 through provider network monitoring suggests more HealthChoice providers were available to assist individuals in getting needed care.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b> Increase in the number of enrollees who indicate that they have improved access to the health care delivery system through satisfaction survey reports.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Increase in the number of enrollees who indicate that they have improved access to the health care delivery system through satisfaction survey reports.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase in the number of enrollees who indicate that they have improved access to the health care delivery system through satisfaction survey reports.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b> Increase access to healthcare services for low income populations.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase access to healthcare services for low income populations.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Increase access to healthcare services for low income populations.</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b> Evidence of improved access to providers between 2005 and 2006 through provider network monitoring suggests more HealthChoice providers were available to assist individuals in getting needed care.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #3 (Describe)</b> Increase the satisfaction with specialty health care resources.</p>	<p><b>Goal #3 (Describe)</b> Increase in the satisfaction with specialty health care resources.</p>	<p><b>Goal #3 (Describe)</b> Increase in the satisfaction with specialty health care.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Increase in the number of enrollees who indicatre that they have improved access to the health care delivery system.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CAHPS.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CAHPS SURVEY.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>                      CAHPS.</p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children in HealthChoice (includes Medicaid, MCHP and MCHP Premium) reporting satisfaction with their specialist (rating on a scale of 1 to 10, 10 being the highest).Children (ages 12 and under had to be continously enrolled in the same MCO for five of the last six months.                       Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children in HealthChoice (includes Medicaid, MCHP and MCHP Premium) reporting satisfaction with their specialist.                       Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: Children in HealthChoice (includes Medicaid, MCHP and MCHP Premium) reporting satisfaction with their specialist (rating on a scale of 1 to 10, 10 being the highest). Children (ages 12 and under) had to be continuously enrolled in the same MCO for five of the last six months.                       Definition of numerator:</p>
<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                       Numerator:                      Denominator:                      Rate: 8.4                       Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      The CAHPS includes the MCHP population as part of the overall HealthChoice population. CAHPS data are not disaggregaated by MCHP and MCHP Premium.                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Satisfaction rating for specialist remained steady.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Satisfaction rating for specialists remained steady.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b> Increase in satisfaction with specialty health care resources.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Increase in satisfaction with specialty health care resources.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase in satisfaction with specialty health care resources.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b> Increase in the satisfaction with specialty health care resources.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase in the satisfaction with specialty health care resources.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Increase in the satisfaction with specialty health care resources.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

**Objectives Related to Medicaid Enrollment**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> None</p>	<p><b>Goal #1 (Describe)</b> None</p>	<p><b>Goal #1 (Describe)</b> None.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>
<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:             Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:             Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:             Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b>   <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>   <b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b>   <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>   <b>Are there any quality improvement activities that contribute to your progress?</b></p>

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

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b> None</p>	<p><b>Goal #2 (Describe)</b> None</p>	<p><b>Goal #2 (Describe)</b> None.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>
<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:             Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:             Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:             Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b>   <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>   <b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b>   <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>   <b>Are there any quality improvement activities that contribute to your progress?</b></p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 183 1226 235"><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p data-bbox="751 289 1226 318"><b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="751 342 1125 371"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 183 1848 235"><b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="1373 289 1848 318"><b>Annual Performance Objective for FFY 2010:</b></p> <p data-bbox="1373 342 1747 371"><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #3 (Describe)</b> None</p>	<p><b>Goal #3 (Describe)</b> None</p>	<p><b>Goal #3 (Describe)</b> None.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>             Definition of denominator:             Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>
<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:             Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:             Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b>            Described what is being measured:              Numerator:            Denominator:            Rate:             Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b>             How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?             Are there any quality improvement activities that contribute to your progress?</p>	<p><b>Explanation of Progress:</b>             How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?             Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 237"><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p data-bbox="751 302 1226 328"><b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="751 358 1125 384"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 237"><b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="1373 302 1848 328"><b>Annual Performance Objective for FFY 2010:</b></p> <p data-bbox="1373 358 1747 384"><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Increase in primary care provider network capacity in area where capacity is lowest.</p>	<p><b>Goal #1 (Describe)</b> Increase in primary care provider network capacity in areas where capacity is lowest.</p>	<p><b>Goal #1 (Describe)</b> Increase in primary care provider network capacity in areas where capacity is lowest.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input 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>                      Provider network analysis, University of Maryland, Baltimore County.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Provider network analysis, University of Maryland, Baltimore county.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Provider network analysis, University of Maryland Baltimore County.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input checked="" type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      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: Total Health Choice enrollees in Eastern Shore area (Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester Counties) compared to total HealthChoice in PCPs on Eastern Shore.                      Definition of demoniator 272 PCPs on Easter Shore.                      Definition of numerator 43,616 enrollees on Easter Shore.</p>	<p><b>Definition of Population Included in the Measure:</b>                      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: Total HealthChoice enrollees in Eastern Shore area (Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worscester Counties) compared to total HealthChoice PCPs on Eastern Shore.</p>	<p><b>Definition of Population Included in the Measure:</b>                      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: Denominator: Total healthChoice enrollees in Eastern Shore area (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties) compared to total HealthChoice PCPs on Eastern Shore.</p>
<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:</p>

FFY 2005	FFY 2006	FFY 2007
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure: MCOs are required to regularly submit information to the Department on their provider networks. These submissions are used for calculating the total number of providers program-wide by local access areas and by MCO.</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure: MCOs are required to regularly submit information to the Department on their provider networks. These submissions are used for calculating the total number of providers program-wide, by local access areas, and by MCO.</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Progress continues on the Eastern Shore, the area where capacity is generally lowest. Progress can be attributed to continual monitoring of HealthChoice PCP network capacity through quarterly capacity update reports and closely monitoring complaints related to provide access to identify areas for improvement.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b>            Increase health care services for low-income populations in areas where there is a lower concentration of provider networks.  <b>Annual Performance Objective for FFY 2008:</b>            Increase health care services for low-income populations in areas where there is a lower concentration of provider networks.  <b>Annual Performance Objective for FFY 2009:</b>            Increase health care services for low-income populations in areas where there is a lower concentration of provider networks.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Progress continues on the Eastern Shore, the area where capacity is generally lowest. Progress can be attributed to continual monitoring of HealthChoice PCP network capacity through quarterly capacity update reports and closely monitoring complaints related to provider access to identify areas for improvement.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b>            Increase health care services for low income populations in areas where there is a lower concentration of provider networks.  <b>Annual Performance Objective for FFY 2009:</b>            Increase health care services for low income populations in areas where there is a lower concentration of provider networks.  <b>Annual Performance Objective for FFY 2010:</b>            Increase health care services for low income populations in areas where there is a lower concentration of provider networks.</p> <p><i>Explain how these objectives were set:</i></p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Comments on Measure:</b> MCOs are required to regularly submit information to the Department on their provider networks. These submissions are used for calculating the total number of providers program-wide by local access areas and by MCO.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b> Increase number of enrollees who indicate they have access to needed health care.</p>	<p><b>Goal #2 (Describe)</b> Increase number of enrollees who indicate that they have access to needed health care.</p>	<p><b>Goal #2 (Describe)</b> Increase number of enrollees who indicate that they have access to needed health care.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      CAHPS.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      CAHPS</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      CAHPS.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CAHPS satisfaction survey.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Children in HealthChoice (includes Medicaid, MCHP and MCHP Premium) reporting "getting needed care". Children (ages 12 and under) had to be continuously enrolled in the same MCO for five of the last six months.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Children in HealthChoice (includes Medicaid, MCHP and MCHP Premium) reporting "getting needed care". Children (ages 12 and under) had to be enrolled in the same MCO five of the last six months.</p>	<p><b>Definition of Population Included in the Measure:</b>                      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: Denominator: Definition of population included in the measure: Children in HealthChoice (includes Medicaid, MCHP, and MCHP Premium) reporting "getting needed care". Children (ages 12 and under) had to be continuously enrolled in the same MCO for five of the last six months.</p>
<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:</p>

FFY 2005	FFY 2006	FFY 2007
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate: 80.6</p> <p>Additional notes on measure: NCQA protocol: Four-wave mail with phone follow-up methodology. The child surveys were conducted by the parent or guardian who knew the most about the child's health. The required sample size was 3,490 children per plan. Based on average percent of four separate measures with different numerators and denominators.</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure: NCQA Protocol: Four-wave mail with phone follow-up methodology. The child surveys were conducted by the parent or guardian who knew the most about the child's health. The required sample size was 3,490 children per plan.</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Evidence of stable access to providers through provider network monitoring suggests HealthChoice providers continue to be available to assist individuals in getting needed care.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b> Increase access to health care services for low-income populations.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Increase access to health care services for low-income populations.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase access to health care services for low-income populations.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Evidence of stable access to providers through provider network monitoring suggests HealthChoice providers continue to be available to assist individuals in getting needed care.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Increase access to health care services for low income populations.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase access to health care services for low income populations.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Increase access to health care services for low income populations.</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b> NCQA protocol: Four-wave mail with phone follow-up methodology. The child surveys were conducted by the parent or guardian who knew the most about child's health. The required sample size was 3,490 children per plan.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #3 (Describe)</b> Increase satisfaction with specialty health care.</p>	<p><b>Goal #3 (Describe)</b> Increase satisfaction with specialty health care.</p>	<p><b>Goal #3 (Describe)</b> Increase satisfaction with specialty health care.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      CAHPS.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      CAHPS.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      CAHPS.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CAHPS satisfaction survey.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CAHPS Satisfaction Survey.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      CAHPS satisfaction survey.</p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Children in HealthChoice (includes Medicaid, MCHP and MCHP Premium) reporting satisfaction with their specialist (rating on a scale of 1 to 10, 10 being the highest). Children (ages 12 and under) had to be continuously enrolled in the same MCO for five of the last six months.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Children in HealthChoice (includes Medicaid, MCHP and MCHP Premium) reporting satisfaction with their specialist (rating on a scale of 1 to 10, 10 being the highest). Children (ages 12 and under) had to be continuously enrolled in the same MCO for five of the last six months.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Children in HealthChoice (includes Medicaid, MCHP, and MCHP Premium) reporting satisfaction with their specialist (rating on a scale of 1- 10, 10 being the highest). Children (ages 12 and under) had to be continuously enrolled in the same MCO for five of the last six month.</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b></p> <p>Numerator: Denominator: Rate: 8.4</p> <p>Additional notes on measure: Rate: 8.4 out of 10.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate: 8.4</p> <p>Additional notes on measure: NCQA protocol: Four wave mail with phone follow-up methodology. The child surveys were conducted by the parent or guardian who knew the most about the child's health. The required sample size was 3,490 children per plan.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate: 8.4</p> <p>Additional notes on measure: 8.4 out of 10.</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Performance was stabilized at a relatively high rate.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b> Increase satisfaction with specialty health care.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Increase satisfaction with specialty health care.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase with satisfaction with specialty health care.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Performance was stabilized at a relatively high rate.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> Increase satisfaction with specialty health care.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase satisfaction with specialty health care.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Increase satisfaction with specialty health care.</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b> NCQA protocol: Four-wave mail with phone follow-up methodology. The child surveys were conducted by the parent or guardian who knew the most about the child's health. The required sample size was 3,490 children per plan.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Increase childhood immunization rates.</p>	<p><b>Goal #1 (Describe)</b> Increase childhood immunization rate.</p>	<p><b>Goal #1 (Describe)</b> Increase childhood immunizaation rates.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS 2006.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  2007.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>  MCOs HEDIS reports.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>  MCO's HEDIS Report.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>  MCO's HEDIS Reports.</p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Children in HealthChoice who turned 2 years old during measurement calendar year and were continuously enrolled for 12 months immediately preceding their second birthday, who were identified as having four DTP/DTaP, three IPV/OPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), by the enrollees second birthday.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Children in HealthChoice who turned 2 years old during measurement calendar year and were continuously enrolled for 12 months preceding their second birthday, who were identified as having four DTP/DTaP, three IPV/OPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), by the enrollees second birthday.</p>
<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2007</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>   Numerator:  Denominator:  Rate: 73</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>   Numerator:  Denominator:  Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>   Numerator:  Denominator:  Rate:</p>

FFY 2005	FFY 2006	FFY 2007
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:	<b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p style="text-align: center;"><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p style="text-align: center;"><b>Annual Performance Objective for FFY 2009:</b></p> <p style="text-align: center;"><i>Explain how these objectives were set:</i></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Continued focus on quality monitoring and quality improvement in HealthChoice have contributed to steadily increasing rates of immunization among children.</p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p style="text-align: center;"><b>Annual Performance Objective for FFY 2008:</b> Increase use of appropriate preventive services by enrollees.</p> <p style="text-align: center;"><b>Annual Performance Objective for FFY 2009:</b> Increase use of appropriate preventive services by enrollees.</p> <p style="text-align: center;"><b>Annual Performance Objective for FFY 2010:</b> Increase use of appropriate preventive services by enrollees.</p> <p style="text-align: center;"><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b> Continued focus on quality monitoring and quality improvement in HealthChoice have contributed to steadily increasing rates of immunizations among children.	<b>Other Comments on Measure:</b>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b> Increase childhood immunization rates.</p>	<p><b>Goal #2 (Describe)</b></p>	<p><b>Goal #2 (Describe)</b></p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  MCO's HEDIS Report.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>  MCO and HEDIS Report.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Children in HealthChoice who turned 2 years old during measurement calendar year and were continuously enrolled for 12 months immediately preceding their second birthday, who were identified as having four DTP/DTaP, three hepatitis B and one chicken pox vaccine (VZV), by the enrollees second birthday.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>   Numerator:  Denominator:  Rate: 73   Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>   Numerator:  Denominator:  Rate:   Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>   Numerator:  Denominator:  Rate:   Additional notes on measure:</p>

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

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #3 (Describe)</b> Increase childhood immunization.</p>	<p><b>Goal #3 (Describe)</b></p>	<p><b>Goal #3 (Describe)</b></p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>  HEDIS Survey.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input checked="" type="checkbox"/> Other. <i>Specify:</i>  MCO and HEDIS Report.</p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator: Children in HealthChoice who turned 2 years old during measurement calendar year and were continuously enrolled for 12 months immediately preceding their second birthday, who were identified as having four DYP/DTaP, three IPV/OPV, one MMR, three H Influenza type B, three hepatitis B and one chicken pox vaccine (VZV), by the enrollees birthday.</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).  Definition of numerator:</p>
<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b></p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>   Numerator:  Denominator:  Rate: 73</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>   Numerator:  Denominator:  Rate:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>   Numerator:  Denominator:  Rate:</p>

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

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?

DHMH has an extensive system for evaluating and improving HealthChoice managed care organization (MCO) performances. Each component of the approach is aimed either at measuring the actual performance of the MCO or determining whether or not the MCO has the necessary infrastructure to provide high-quality care. Before DHMH approves an MCO for participation in HealthChoice, the MCO must undergo an extensive application process and must meet operational and financial standards. After joining HealthChoice, MCO's are evaluated according to a variety of standards.

In addition, DHMH has established provider network requirements in order to guarantee that enrollees have timely access to care. Quality Activities include: Value-Based Purchasing, a coordinated performance measurement initiative designed to use incentives and disincentives to hold MCO's accountable for performance.

Select Health Plan Employer Data and Information Set (HEDIS) measures, which allow the State to make comparisons of HealthChoice to national performance benchmarks. Consumer Assessment of Health Plans (CAHPS) survey, a national survey administered to enrollees to determine consumer's perception of the care and services they have received from their MCO's.

The MCO may also be subject to financial or enrollment sanctions. The Annual Quality of Care Audit System Performance Review (SPR) consists of 19 standards.

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?

Maryland will continue implementing the quality strategies outlined above. Data will continue to be available on an annual basis. Additional measures for Value-Based Purchasing have been identified, to be added or rotated in future years.

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

No current studies have been conducted

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.

DHMH found that MCHP enrollees were twice as likely to respond to the CAHPS survey when compared to the poorest Medicaid enrollees. The greater the child's family income the more likely the parent was to respond

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

Previous studies indicated parents of children who has disenrolled had not left the Program due to premium requirements.

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

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Please reference and summarize attachments that are relevant to specific questions

### OUTREACH

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

The Department continues to provide Program Brochures and Application forms in English and Spanish, on the Department web site, and we also speak to various groups about the program. Local Health Departments maintained existing grassroots relationship with community partners, such as local school, hospital, health clinics.

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]

School outreach and television spots seem to be most effective in reaching the low-income population.

Prior to 2001 applications through outreach were color coded to identify the source of referral.

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]

Maryland has had a freeze on outreach since 2001.

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]

For 2007; 67.80% have been enrolled.

Source of data is the Maryland Department of Health and Mental Hygiene HealthChoice Information System.

Report # HMF1111-R001.

### 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]

Pursuant to Maryland's 11115 Demonstration Waiver, voluntary dropping of employer-sponsored Insurance ESI within six months prior to application will result in denial of coverage for any MCHP or MCHP Premium applicant, until six months have elapsed from the date of the voluntary dropping of ESI coverage. Exceptions to the waiting period requirements include 1. Involuntary loss of coverage based on employer termination of coverage for all employees; 2. Job change; 3. Involuntary loss of employment; 4. Move out of service area of all plans offered by employer; 5. Expiration of COBRA benefits, and 6. Termination of limited benefit (vision plan, dental plan, etc.) that didn't include inpatient hospital coverage. The application forms asks whether anyone

applying for MCHP or MCHP Premium has dropped health insurance coverage in the past 0-3, 4-7, 7-9, 10-12 months. The application form also asks the reason for dropping ESI. If the applicants have dropped insurance within six (6) months prior to the month of application, the applicant must complete information about the insurer, policy number, group number, effective date and end date.

The CARES eligibility computer system assembles and reports specific reasons for dropping health insurance to the Department for MCHP and MCHP Premium applicants. The CARES system does not identify applicants separately by MCHP or MCHP Premium.

**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]

Same as #1.

**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]

Same as #1.

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

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

The program application includes questions about current and past health insurance coverage, which is used in the eligibility determination process to eliminate applicants who are either already insured or dropped coverage under an employer sponsored health benefit plan with dependent coverage in the past six months. Maryland will have a number of program requirements in place to deter individuals from terminating private coverage so they can substitute public coverage.

(1) These include current coverage exclusion. (2) Six month waiting period. (3) Monitoring.

Finally, Maryland monitors the actual incidence of crowd out, assessing the extent to which crowd out is experienced. If a problem is found, the State will consider additional crowd out prevention strategies.

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

Based on CARES Reports for SFY 2007 approximately 16.3% of children applying for MCHP had active health insurance at the time of application.

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

The small percentage of children denied due to voluntarily dropping ESI (0.5%) indicates the waiting period of six months from the date of voluntarily dropping ESI has been effective.

## **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]**

Changes occur in the child's circumstances that warrant redetermination of eligibility. If the change is such that the child no longer meets the minimum eligibility requirements but (may qualify for Medicaid or MCHP, the MCHP Premium caseworker notifies the parent that coverage may be established under MCHP, but that an application must be filed for MCHP with the local health department. The case manager will enclose the application form with the notification letter. The case manager will terminate MCHP Premium eligibility if the application for MCHP is not completed within 60 days of the date of the notification letter. The transfer process described above have been in place for Medicaid and MCHP since the beginning of the MCHP Program in July, 1998, and for Medicaid, MCHP and MCHP Premium since the beginning of the MCHP Program in July, 2001. We have encountered no difficulties with assignment (or re-assignment) of children to the appropriate assistance Program.

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

The same process is used as in #1.

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

The same delivery systems (including provider networks) is used in Medicaid. MCHP children are also enrolled in Maryland's HealthChoice managed Care Program.

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

Maryland uses a joint application.

## **ELIGIBILITY REDETERMINATION AND RETENTION**

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

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families

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

MCHP: Redetermination of eligibility is initiated with a computer-generated notice of redetermination due approximately 2.5 months before end of the current eligibility period. The notice is mailed to the head of household for eligible child along with a pre-printed renewal form. The head of household must review the form, update information as needed, sign and return the form to the local department of social services or local health department in the

jurisdiction of residence.

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]**

Approximately 3 weeks before end of current eligibility, a follow-up letter is sent if the renewal has not been received.

- 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]***

Maryland has a pre-printed redetermination form and the applicaiton is only four pages.

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

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

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

The simplified enrollment process.

No formal evaluation has been completed.

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]**

Percentage of children retained at redetermination is 83.20%.

Percentage disenrolled at redetermination is 16.8%.

We feel the impact of the DRA has contributed to closing of cases at redetermination.

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]**

The last survey was conducted in April, 2004.

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
0	0	0	0	0	0	0	0	0	0	0

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

No current study has been completed.

**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]**

The April, 2004 survey showed the monthly premiums was not the main reason their children left MCHP and parents thought the monthly premiums are affordable. This information was obtained from the 2004 report.

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

No study of the effect of cost-sharing was completed.

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]**

No study has been completed.

**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]**

- (1) Prevention
- (2) Investigation
- (3) referral of cases of fraud and abuse

Effective July 1, 2004 the Program Integrity Unit was established in the Medicaid Division in the Department of Health and Mental Hygiene. All fraud waste and abuse audits and investigations for both provider and recipient were centralized in this unit for Medicaid and SCHIP in Maryland. All referrals for fraud waste and abuse from internal sources and from external sources are referred to the Program Integrity Unit for Investigation. The Program Integrity Unit does training and outreach to Local Departments of Social Services and the Local Departments of Health for referral of suspected fraud waste and abuse in recipient cases. The Program Integrity Unit has a web site to report fraud waste and abuse for both provider and recipients. There is also a 1-800 hotline number to report fraud waste and abuse. The MFCU unit of the Attorney General's Office provides guidelines for adults and investigations for providers. The Office of Inspector General has provided training and guidelines for recipient fraud investigations. Effective July 1, 2006 the Program Integrity Unit became part of the Office of the Inspector General. This was a result of Maryland State Senate Bill 117 which put control of all fraud investigations and audits for Health Care under the Office of the Inspector General. The Program Integrity unit follows the guidelines for both the Federal and State Office of the Inspector General in the performance of audits and investigations.

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

Provider Credentialing

127 Number of cases investigated

10 Number of cases referred to appropriate law enforcement officials

Provider Billing

127 Number of cases investigated

10 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

157 Number of cases investigated

7 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
<b>Benefit Costs</b>			
Insurance payments	0	0	0
Managed Care	144495588	169500000	173600000
Fee for Service	57186360	67100000	68700000
<b>Total Benefit Costs</b>	201681948	236600000	242300000
(Offsetting beneficiary cost sharing payments)	-2933070	-3500000	-3600000
<b>Net Benefit Costs</b>	\$ 198748878	\$ 233100000	\$ 238700000

### Administration Costs

Personnel	1173413	1232000	1293600
General Administration	1958264	2056200	2159000
Contractors/Brokers (e.g., enrollment contractors)	2362127	2480200	2604000
Claims Processing	1490921	1565500	1643800
Outreach/Marketing costs	7260265	4866100	5099600
Other (e.g., indirect costs) 0	0	0	0
Health Services Initiatives	0	0	0
<b>Total Administration Costs</b>	14244990	12200000	12800000
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	22083209	25900000	26522222

<b>Federal Title XXI Share</b>	138446014	159445000	163475000
<b>State Share</b>	74547854	85855000	88025000

<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	212993868	245300000	251500000
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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.

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	100354	\$ 12523	102030	\$ 12917	106954	\$ 13324
Fee for Service	4569	\$ 108880	4646	\$ 112325	4869	\$ 115855

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

The above Benefit cost reflect a shift in the timing of payments between FFY 2007 and FFY 2008. FFY 2007 actual benefit cost of \$198.7 million is net reduction of \$8.5 million payments (about 0.67 mo) deferred in September, 2007 and subsequently paid in October, 2007 (FFY 2008). FFY 2008 estimate includes the above mentioned \$8.5 million payments (about 0.67 mo) deferred from September 1, plus the estimated regular 12 months of MCO payments for FFY 2008.

FFY 07 PMPM: The offsetting cost sharing of (\$2,933,070) was allocated 72% to MCO and 28% to FFS, in the same ratio as the gross payments: (\$2,111,810) MCO and (\$821,260)FFS.

Gross MCO \$144,495,488 less \$2,111,810 = \$142,383,678/ (100,3245 x 11.33 mons) = \$125.23 PMPM.

Gross FFS \$57,186,360 less \$821,260 = \$56,365,100 / (4,569 x 11.33 mons)= \$1,088.80 PMPM.

FFY 08 PMPM: The offsetting cost sharing of (\$3,500,000) was allocated 72% MCO & 28% FFS, in the same ratio as the gross payments: (\$2,520,000) MCO and (\$980,000)FFS.

Gross MCO \$169,500,000 less \$2,520,000 = \$166,980,000 (102,030 x 12.67 mons) = \$129.17 PMPM.

Gross FFS \$67,100,000 less \$980,000 - \$980,000 / (4,646 x 12.67 mons) = \$1,123.25 PMPM

FFY 09 PMPM: The offsetting cost sharing of (3,600,000) was allocated 72% MCO and 28% FFS, in the same ratio as the gross payments: (\$2,592,000) MCO and (\$1,008,000) FFS.

Gross MCO is \$173,600,00 less \$2,592,000 = 171,008,000 / (106,954 x 12 mons) = \$133.24 PMPM

Gross FFS \$68,700,000 less \$1,008,000 = \$67,692,000 / (4,869 x 12 mons) = \$1,158.55.

All expenditures and PMPM indicated above are statewide and include SCHIP related FFS costs incurred for school based services, as well as SCHIP related expenditures incurred in state administration outside of the DHMH Medical Care Programs, such as the DHMH Mental Hygiene Administration.

## 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.

- \_\_\_\_\_ 0 Number of **children** ever enrolled during the reporting period in the demonstration
- \_\_\_\_\_ 0 Number of **parents** ever enrolled during the reporting period in the demonstration
- \_\_\_\_\_ 0 Number of **pregnant women** ever enrolled during the reporting period in the demonstration
- \_\_\_\_\_ 0 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]

N/A to Maryland.

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

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

### Benefit Costs for Demonstration Population #2

**(e.g., parents)**

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

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

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

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

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

<b>Total Benefit Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
(Offsetting Beneficiary Cost Sharing Payments)	0	0	0	0	0
<b>Net Benefit Costs</b> (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Administration Costs**

Personnel	0	0	0	0	0
General Administration	0	0	0	0	0
Contractors/Brokers (e.g., enrollment contractors)	0	0	0	0	0
Claims Processing	0	0	0	0	0
Outreach/Marketing costs	0	0	0	0	0
Other (specify) 0	0	0	0	0	0
<b>Total Administration Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Federal Title XXI Share</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>State Share</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>TOTAL COSTS OF DEMONSTRATION</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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When was your budget last updated (please include month, day and year)? **[500]**

N/A to Maryland.

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

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

Maryland has a CHIP 1115 Waiver that preserves previously existing limitations on substitution of coverage for children in both Medicaid expansion and Separate Child Health Programs. As such, its effect is to prevent enrollment of children whose parents have voluntarily dropped employer-sponsored health coverage of the children within six months of the date of application for MCHP or MCHP Premium.

The limitations on coverage for children apply as follows:

- \*Unfants from 185% FPL to 300% FPL.
- \*Children Age 1 through 5 from 133% FPL to 300% FPL.
- \*Children Age 6 through 16 from 100% FPL to 300% FPL.
- \*Children Age 17 and 18 from 100% FPL to 300% FPL.

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

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

Maryland faced continued pressures during 2007-2008. Since the MCHP cost-containment measures have been eliminated, enrollment in MCHP has been steadily growing. Maryland has implemented a statewide Primary Adult CARE (PAC) program as part of Maryland's HealthChoice 1115 waiver renewal. Individuals eligible for PAC must be aged 19 or over, not eligible for Medicare, and have incomes under 116% of the federal poverty Level (100% for households of two or more). Some young adults aging out of Medicaid and MCHP as well as some parents of Medicaid and MCHP enrollees, may benefit from this program. PAC will cover primary care services provided in a physician's office or clinic, prescription drugs, outpatient mental health services limited diagnostic and lab tests, and certain additional benefits for people with diabetes.

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

Effective June 1, 2007 Maryland no longer is a combination Program. This change was made within the Department and has had no affect on the customers served by the Department.

The implemenation of the new regulations regarding Citizenship/Identity continue to give challenges to the local deparments that determine eligibility.

Staffing and funding remain an issue for both the Department of Health and Mental Hygine and the Local Health Departments that deterimine MCHP Eligibility. Level funding to the Local Health Departments has been an issue for the last four years.

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

The disenrollment rates in MCHP and MCHP Premium remain low.

MCHP and MCHP Premium continue to move forward with enrollment of customer even with the state's hiring freeze and the past years of level funding.

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]**

All program changes are unknown at this time.

If Maryland does not receive additional funds we may need to consider controlling the growth in the Medicaid/MCHP/MCHP Premium. If the expected shortfall does materialize this may require mandated changes to the program to hold enrollment growth.

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