

# **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:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- 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: MI  
(Name of State/Territory)

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

Signature: \_\_\_\_\_  
**Mary-Anne Tribble**

SCHIP Program Name(s): All, Michigan

SCHIP Program Type:

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

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

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Submission Date: 2/29/2008

*(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

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

		SCHIP Medicaid Expansion Program				Separate Child Health Program				
* Upper % of FPL are defined as <u>Up to and Including</u>										
Eligibility					From		% of FPL conception to birth		% of FPL *	
	From		% of FPL for infants		% of FPL *	From	185	% of FPL for infants	200	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	150	% of FPL for children ages 1 through 5	200	% of FPL *
	From	0	% of FPL for children ages 6 through 16	150	% of FPL *	From	150	% of FPL for children ages 6 through 16	200	% of FPL *
	From	0	% of FPL for children ages 17 and 18	150	% of FPL *	From	150	% of FPL for children ages 17 and 18	200	% of FPL *

Is presumptive eligibility	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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provided for children?	<input checked="" type="checkbox"/>	<p>Yes, for whom and how long? <b>[1000]</b>  Presumptive eligibility is allowed when an online application is received from a trained agency such as the health department, or Title X agency. The presumptive eligibility can remain in effect for approximately 2 months. A child is presumed eligible whose income is at or below the maximum income level. Presumptive eligibility is determined by trained, qualified entity approved by the Department of Community Health. The qualified entity will determine eligibility based on information submitted by the family by way of application for children's healthcare coverage. The gross family income must not exceed the income levels established under Title XIX and Title XXI.</p>	<input checked="" type="checkbox"/>	<p>Yes - Please describe below:</p> <p>For which populations (include the FPL levels) <b>[1000]</b>  1-19 yrs. (150%-200% of FPL) and (185%-200% of FPL) 0-1yr. pregnant women under 19 yrs. Of age</p> <p>Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period <b>[1000]</b>  Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period P.E. is allowed one time during any consecutive 12-month period per applicant. P.E. eligibility is for 30 days.</p> <p>Brief description of your presumptive eligibility policies <b>[1000]</b>  Brief description of your presumptive eligibility policies  A child is presumed eligible whose income is at or below the maximum income level. Presumptive eligibility is determined by trained, qualified entity approved by the Department of Community Health. The qualified entity will determine eligibility based on information submitted by the family by way of application for children's healthcare coverage. The gross family income must not exceed the income levels established under Title XIX and Title XXI.</p>
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input checked="" type="checkbox"/>	<p>Yes, for whom and how long?  All applicants are automatically eligible for 3 months retroactive coverage at eligibility.</p>	<input type="checkbox"/>	Yes, for whom and how long?
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

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

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

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

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	6

period)?			To which groups (including FPL levels) does the period of uninsurance apply? <b>[1000]</b>	
			SCHIP applicants (150-200% FPL)	
			List all exemptions to imposing the period of uninsurance <b>[1000]</b>	
			Insurance that is not employer based, Insurance that is paid entirely by the parent (100%)	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No		
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes		
	Specify number of months		12	Specify number of months		12
	Explain circumstances when a child would lose eligibility during the time period in the box below			Explain circumstances when a child would lose eligibility during the time period in the box below		
	Request for termination of coverage, Death of child, loss of MI. residency			Request for termination of coverage, Death of child, loss of MI. residency , enrollment of child in Medicaid or private insurance.		
	<input type="checkbox"/>	N/A		<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No		
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes		
	Enrollment fee amount		Enrollment fee amount			
	Premium amount		Premium amount		10	
	Yearly cap		Yearly cap			
	If yes, briefly explain fee structure in the box below			If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)		
				Monthly premium of \$10.00 per family per month is charged. There is no limit on the number of children in the family.		
	<input type="checkbox"/>	N/A		<input type="checkbox"/>	N/A	

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

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

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

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	Standard \$90 deduction from each parent's earned income, \$200 per child for daycare costs		Standard \$90 deduction from each parent's earned income, \$200 per child for daycare costs	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Enter any Narrative text below. [7500]

**Comments on Responses in Table:**

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

Yes
  No
  N/A

3. Is it different from the assets test in your separate child health program? If yes, please describe in the narrative section below the asset test in your program.  Yes  No  N/A
4. Are there income disregards for your Medicaid program?  Yes  No  N/A
5. 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
6. Is a joint application used for your Medicaid and separate child health program?  Yes  No  N/A

7. Indicate what documentation is required at initial application

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

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

	<b>Medicaid Expansion SCHIP Program</b>			<b>Separate Child Health Program</b>		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Benefit structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

k) Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Eligibility redetermination process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Family coverage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Prenatal Eligibility expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t) Other – please specify						
a. _____	<input type="checkbox"/>					
b. _____	<input type="checkbox"/>					
c. _____	<input type="checkbox"/>					

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Application documentation requirements	citizenship
d) Benefit structure	
e) Cost sharing (including amounts, populations, & collection process)	

f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	
j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	
l) Eligibility redetermination process	online redetermination application is now accepted online redetermination application is now accepted
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	
p) Premium assistance	
q) Prenatal Eligibility Expansion	
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	

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:</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></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>

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:                      Numerator: Rate:                                      Denominator:</p> <p><u>1 visit</u> Numerator: 130 Denominator: 201 Rate: 64.7</p> <p><u>2 visits</u> Numerator: Denominator: Rate:</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: total 1+ visits</p>	<p><b>HEDIS Performance Measurement Data:</b> (If reporting with HEDIS/HEDIS-like methodology)</p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 48 Denominator: 154 Rate: 31.2</p> <p><u>1 visit</u> Numerator: 39 Denominator: 154 Rate: 25.3</p> <p><u>2 visits</u> Numerator: 25 Denominator: 154 Rate: 16.2</p> <p><u>3 visits</u> Numerator: 16 Denominator: 154 Rate: 10.4</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: 50 Denominator: 117 Rate: 42.7</p> <p><u>1 visit</u> Numerator: 23 Denominator: 117 Rate: 19.7</p> <p><u>2 visits</u> Numerator: 17 Denominator: 117 Rate: 14.5</p> <p><u>3 visits</u> Numerator: 12 Denominator: 117 Rate: 10.3</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> (If reporting with another methodology)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** The number of children receiving well child visits during the first 15 months of life decreased from the 2006 annual report

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

**Annual Performance Objective for FFY 2008:** 100%

**Annual Performance Objective for FFY 2009:** 100%

**Annual Performance Objective for FFY 2010:** 100%

*Explain how these objectives were set:*

**Other Comments on Measure:**

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

FFY 2005	FFY 2006	FFY 2007
<p><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 FY 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>                      FY 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>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent with 1+ visits                      Numerator: 2055                      Denominator: 3949                      Rate: 52</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent with 1+ visits                      Numerator: 2096                      Denominator: 4054                      Rate: 51.7</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent with 1+ visits                      Numerator: 1854                      Denominator: 3107                      Rate: 59.7</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:

**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:</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> Increase of 8% from 2006 HEDIS</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> 100%</p> <p><b>Annual Performance Objective for FFY 2009:</b> 100%</p> <p><b>Annual Performance Objective for FFY 2010:</b> 100%</p> <p><i>Explain how these objectives were set:</i></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>                      FY 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>                      FY 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>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><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:</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:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>

**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: 128                      Denominator: 165                      Rate: 77.6</p> <p><u>10-17 years</u>                      Numerator: 181                      Denominator: 241                      Rate: 75.1</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 309                      Denominator: 406                      Rate: 76.1</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator: 132                      Denominator: 136                      Rate: 97.1</p> <p><u>10-17 years</u>                      Numerator: 195                      Denominator: 212                      Rate: 92</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 327                      Denominator: 348                      Rate: 94</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator: 115                      Denominator: 118                      Rate: 97.5</p> <p><u>10-17 years</u>                      Numerator: 145                      Denominator: 154                      Rate: 94.2</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 259                      Denominator: 272                      Rate: 95.2</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> FY 2007 realized a 2% increase.</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> 100%</p> <p><b>Annual Performance Objective for FFY 2009:</b> 100%</p> <p><b>Annual Performance Objective for FFY 2010:</b> 100%</p> <p><i>Explain how these objectives were set:</i></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>                      FY 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>                      FY 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>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><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:</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:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>

FFY 2005	FFY 2006	FFY 2007																																																						
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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></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008: 100%</b></p> <p><b>Annual Performance Objective for FFY 2009: 100%</b></p> <p><b>Annual Performance Objective for FFY 2010: 100%</b></p> <p><i>Explain how these objectives were set:</i></p>																																																								
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## 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	61214	60508	-1.15
Separate Child Health Program	57287	53517	-6.58

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

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	158	24.9	5.6	.9
1998 - 2000	129	22.5	4.3	.7
2000 - 2002	106	17.4	4.1	.7
2002 - 2004	107	17.1	4.0	.6
2003 - 2005	88	16.3	3.3	.6
2004 - 2006	87	16.0	3.3	.6
Percent change	-44.9%	NA	-41.1%	NA

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

Michigan's goal has been to continually reduce the number of uninsured children within the state.

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

3. Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

Yes (please report your data in the table below)

No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

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

- A. Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.
- B. 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.)
- C. What are the limitations of the data or estimation methodology?
- D. How does your State use this alternate data source in SCHIP program planning?

4. 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

Over 70,000 uninsured children have been enrolled in Healthy Kids Medicaid as a direct result of the SCHIP enrollment simplification according to the Data Warehouse and the administrative contractor.

## 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> Remove barriers to pursuing medical through acceptance of online applications and presumptive eligibility for children and pregnant women. Presumptive eligibility is determined for children and pregnant women who apply from a qualified trained source such as a health department or qualified clinic. Eligible applicants were enrolled immediately in either SCHIP/MiChild or Healthy Kids Medicaid as appropriate.</p>	<p><b>Goal #1 (Describe)</b> Remove barriers to pursuing medical through acceptance of online applications and presumptive eligibility for children and pregnant women. Presumptive eligibility is determined for children and pregnant women who apply from a qualified trained source such as a health department or qualified clinic. Eligible applicants were enrolled immediately in either SCHIP/MiChild or Healthy Kids Medicaid as appropriate.</p>	<p><b>Goal #1 (Describe)</b> Remove barriers to pursuing medical care and coverage through acceptance of online applications, and presumptive eligibility.</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: 2004</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: 2005</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      MiChild enrollment files along with the total applications processed using the combined MiChild/HealthyKids(Medicaid)application. The State of Michigan data warehouse was accessed to identify the number of Medicaid recipients under age 19.Data warehouse updates and redesigns have allowed more efficient coordination of Medicaid and MiChild data. HEDIS@ has also been used.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      MiChild enrollment files along with the total applications processed using the combined MiChild/HealthyKids(Medicaid)application. The State of Michigan data warehouse was accessed to identify the number of Medicaid recipients under age 19.Data warehouse updates and redesigns have allowed more efficient coordination of Medicaid and MiChild data. HEDIS@ has also been used.</p>	<p><b>Data Source:</b>  <input checked="" 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: SCHIP applications received in 2005                       Definition of numerator: SCHIP applications received in 2004</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: SCHIP/MiChild applications received in 2006                       Definition of numerator: SCHIP/MiChild applications received in 2005</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: number of applications received in 2006                       Definition of numerator: number of applications received in 2007</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2006</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Comparison of the number of applications received for</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Number of applications received for SCHIP/MiChild. The</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      compare number of applications received in 2006 to 2007</p>

FFY 2005	FFY 2006	FFY 2007
<p>children under age 19 MICHild during FY 2004 to applications received in FY 2005. Decrease in enrollment of 4.5%. Enrollment in MICHild decreased from 36294 during FY 2005 to 34722 during FY 2005. By comparison, the number of children enrolled in medicaid increased proportionate to the number of children no longer enrolled in SCHIP/MICHild.</p> <p>Numerator: 252042 Denominator: 367942 Rate: 68.5</p> <p>Additional notes on measure: The decrease in SCHIP enrollments are a result of program integrity. Along with the weekly audits of enrollments and denials conducted by the state, Medicaid/MICHild Match tape match is now run each month to determine if SCHIP beneficiaries have also been enrolled in Medicaid. Those who are enrolled Medicaid are then removed from SCHIP/MICHild.</p>	<p>electronic applications 51% of all applications received for SCHIP/MICHild.</p> <p>Numerator: 367942 Denominator: 443164 Rate: 83</p> <p>Additional notes on measure: Continuation of the program integrity measures assure that the enrollment is for the correct program for children.</p>	<p>Numerator: 443164 Denominator: 528672 Rate: 83.8</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>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> Continued increase in the number of applications received requesting medical coverage.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> The online application is responsible for over 50% of all applications received.</p>
	<p><b>Annual Performance Objective for FFY 2007:</b> Increase applications by 15%</p> <p><b>Annual Performance Objective for FFY 2008:</b> Increase application receipt by 15%</p> <p><b>Annual Performance Objective for FFY 2009:</b> Increase applicaiton receipt by 87%</p> <p><i>Explain how these objectives were set:</i> According to the GOA, Michigan has the second lowest percentage in the nation of uninsured children. Michigan is tied for this position with two other states at 6.4% of the state's children still uninsured.</p>	<p><b>Annual Performance Objective for FFY 2008:</b> continue promoting children's health issues and encouraging parents to apply for medical coverage for their children</p> <p><b>Annual Performance Objective for FFY 2009:</b> continue promoting children's health issues and encouraging parents to apply for medical coverage for their children</p> <p><b>Annual Performance Objective for FFY 2010:</b> continue promoting children's health issues and encouraging parents to apply for medical coverage for their children</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 Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)**

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

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

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

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

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

**Objectives Related to SCHIP Enrollment**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Provide medical insurance to all uninsured children in Michigan who are eligible for SCHIP/MiChild.</p>	<p><b>Goal #1 (Describe)</b> Provide medical insurance to all uninsured children in Michigan who are eligible to be enrolled SCHIP/MiChild.</p>	<p><b>Goal #1 (Describe)</b> enroll all eligible children in 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>Data Source:</b>  <input checked="" 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 checked="" 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 checked="" 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></p> <p>Definition of denominator: Number of children accurately portrayed as eligible for MiChild in 2005</p> <p>Definition of numerator: Number of children accurately portrayed as eligible for MiChild in 2004</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: number of children enrolled in MiChild in 2005</p> <p>Definition of numerator: Number of children enrolled in MiChild in 2006</p>	<p><b>Definition of Population Included in the Measure:</b></p> <p>Definition of denominator: number of children enrolled in SCHIP/MiChild in 2007</p> <p>Definition of numerator: number of children enrolled in 2006</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>Performance Measurement Data:</b> Described what is being measured: continuous enrollment in MiChild</p> <p>Numerator: 34316 Denominator: 34480 Rate: 99.5</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: continuous enrollment in MiChild. Decrease in enrollment in SCHIP is a direct result of the tape match implemented in January 2004. Children enrolled in Medicaid and SCHIP at the same time were removed from SCHIP and continue to receive Medicaid.</p> <p>Numerator: 32782 Denominator: 34480 Rate: 95.1</p> <p>Additional notes on measure:</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: continuous enrollment in MiChild</p> <p>Numerator: 32782 Denominator: 29151 Rate: 112.5</p> <p>Additional notes on measure: fewer children are enrolled in SCHIP/MiChild due to a combination of the tape match and decrease in family income which results in Medicaid eligibility as opposed to SCHIP</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></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> Decrease in the number of children enrolled continuously in SCHIP however the number of children enrolled in Medicaid has increased considerably resulting in Michigan having the lowest number of uninsured children in the country.</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> Maintain current levels</p> <p><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>Annual Performance Objective for FFY 2008:</b> 100% of Michigan children enrolled in some form of medical coverage</p> <p><b>Annual Performance Objective for FFY 2009:</b> 100% of Michigan children enrolled in some form of medical coverage</p> <p><b>Annual Performance Objective for FFY 2010:</b> 100% of Michigan children enrolled in some form of medical coverage</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
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

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

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

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

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

**Objectives Related to Medicaid Enrollment**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Promote enrollment in Medicaid for children who do not otherwise qualify for SCHIP/MiChild.</p>	<p><b>Goal #1 (Describe)</b> promote enrollment in Medicaid for children who do not qualify for SCHIP/MiChild.</p>	<p><b>Goal #1 (Describe)</b> enroll children in Medicaid who do not qualify for SCHIP/MiChild</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Monthly Executive Reports from the contract administrator verifying the number of applicants and current enrollees referred to Medicaid.</p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                      Monthly Executive Reports from administrative contractor detailing the number of new applicants and current enrollees who have been referred to Medicaid.</p>	<p><b>Data Source:</b>  <input checked="" 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: Children aged 0-19 years of age who were referred to Medicaid based on ineligibility for SCHIP/MiChild during 2005                       Definition of numerator: Children referred in 2004</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: children 0-19 years of age who are referred to Medicaid after being determined ineligible for SCHIP/MiChild 2006                       Definition of numerator: 2005</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator: 0-19 years of age who do not qualify for SCHIP/MiChild                      fy 2007 total                       Definition of numerator: fy 2006 total</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                       Numerator: 26500                      Denominator: 43850                      Rate: 60.4                       Additional notes on measure: 60.4% increase in number of children receiving Medicaid based on referrals from SCHIP/MiChild</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                       Numerator: 43850                      Denominator: 48259                      Rate: 90.9                       Additional notes on measure: Increase in the number of children referred and enrolled to Medicaid as a result of ineligibility for MiChild</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      children who were ineligible for SCHIP/MiChild were referred to Medicaid during FY 2007                       Numerator: 48259                      Denominator: 85559                      Rate: 56.4                       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></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> The number of children referred to Medicaid by SCHIP increased by 56%</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> Tape match of SCHIP applicants against the Medicaid enrollment along with the depressed economy in Michigan results in more children qualifying for medicaid as opposed to SCHIP.</p>
	<p><b>Annual Performance Objective for FFY 2007:</b> maintain current</p> <p><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>Annual Performance Objective for FFY 2008:</b> continue referrals</p> <p><b>Annual Performance Objective for FFY 2009:</b> continue referrals</p> <p><b>Annual Performance Objective for FFY 2010:</b> continue referrals</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 (Continued)**

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

FFY 2005	FFY 2006	FFY 2007
	<p><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>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>

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

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Obtain accurate HEDIS reports from MICHild providers and monitor the results relating to Primary and Preventive Care for SCHIP/MICHild beneficiaries.</p>	<p><b>Goal #1 (Describe)</b> Obtain accurate HEDIS reports of SCHIP/MICHild providers and monitor the results relating to beneficiaries aged 0-19 years obtaining Preventative and Primary Medical Care.</p>	<p><b>Goal #1 (Describe)</b> Promote health awareness through coalitions and involvement with advocates, hospitals, health fairs and schools throughout the State Of Michigan Obtain accurate, usable HEDIS reports from SCHIP providers and monitor the results relating to primary and preventive 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 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></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>                      FY 2007 HEDIS</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: Number of enrolled SCHIP beneficiaries who obtained primary/preventive care.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: number of enrollees obtaining primary/preventive care.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: enrollees w/visits to primary care physicians</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 9914                      Denominator: 11075                      Rate: 89.5</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 11001                      Denominator: 12209                      Rate: 90.1</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 8987                      Denominator: 9792                      Rate: 91.8</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><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> continuance</p> <p><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>	<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> Michigan reached the objective set for 2007 as noted in the 2006 Annual report.</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> 96%</p> <p><b>Annual Performance Objective for FFY 2009:</b> 97%</p> <p><b>Annual Performance Objective for FFY 2010:</b> 100%</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 Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #2 (Describe)</b> Dental care pursued by enrollees.</p>	<p><b>Goal #2 (Describe)</b> Dental Care provided to SCHIP enrollees</p>	<p><b>Goal #2 (Describe)</b> 2 Obtain accurate information related to Dental Care for SCHIP recipients.</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 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></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>                      FY 2007 HEDIS</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: number of enrollees obtaining dental care.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: enrollees obtaining dental care</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 4416                      Denominator: 6418                      Rate: 68.8</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 4396                      Denominator: 7307                      Rate: 60.2</p> <p>Additional notes on measure: decrease in the number of enrollees pursuing/obtaining dental care.</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 3876                      Denominator: 5824                      Rate: 66.6</p> <p>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> Achieved and passed the objective by an additional 2%.</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> 70%  <b>Annual Performance Objective for FFY 2009:</b> 80%</p> <p><b>Annual Performance Objective for FFY 2010:</b> 100%</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Well-child visits during the first 15 months of life</p>	<p><b>Goal #1 (Describe)</b> well child visits during first 15 months of life.</p>	<p><b>Goal #1 (Describe)</b> our goal is to increase the number of children receiving well-child visits in the first 15 months of life</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 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></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>                      fy 2007 HEDIS</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: number of children receiving well child visits during first 15 months of life.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: number of children receiving well child visits during first 15 months of life</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: children receiving well-child visits</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 130                      Denominator: 201                      Rate: 64.7</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 48                      Denominator: 154                      Rate: 31.2</p> <p>Additional notes on measure: sharp decrease in the number of parents continuing with well child visits during first 15 months of life.</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 67                      Denominator: 117                      Rate: 57.3</p> <p>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>            Increase % of children receiving well child visits during first 15 months of life to acceptable range.            Stress importance of visits to new parents.  <b>Annual Performance Objective for FFY 2008:</b> 60%  <b>Annual Performance Objective for FFY 2009:</b> 75%</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> substantial decrease as compared to the 2006 Annual Report</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> 100%  <b>Annual Performance Objective for FFY 2009:</b> 100%</p> <p><b>Annual Performance Objective for FFY 2010:</b> 100%</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 #2 (Describe)</b> well child visits for 3-6 year old children</p>	<p><b>Goal #2 (Describe)</b> well child visits for 3-6 year old children</p>	<p><b>Goal #2 (Describe)</b> well-child visits for 3-6 year old 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>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></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>                      fy 2007 HEDIS</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: number of children whose parents pursued well child visits for 3-6 year old children.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: number of children whose parents pursued well child visits</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: children participating in visits</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 2055                      Denominator: 3949                      Rate: 52</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 2096                      Denominator: 4054                      Rate: 51.7</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 1854                      Denominator: 3107                      Rate: 59.7</p> <p>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: 55%</b>  <b>Annual Performance Objective for FFY 2008: 55%</b></p> <p><b>Annual Performance Objective for FFY 2009: 60%</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> Exceeded our objective by 5%.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008: 70%</b>  <b>Annual Performance Objective for FFY 2009: 75%</b></p> <p><b>Annual Performance Objective for FFY 2010: 80%</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> 2 yrs. old receiving necessary number of inoculations.</p>	<p><b>Goal #3 (Describe)</b> 2 year old receiving necessary inoculations for age.</p>	<p><b>Goal #3 (Describe)</b> 2 year olds receiving the necessary number of immunizations</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 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></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>                      fy 2007 HEDIS</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: 2 yr. olds who are up to date on inoculations</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: number of 2 year old children who are up to date on inoculations.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: children receiving immunizations</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 457                      Denominator: 601                      Rate: 76                       Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 478                      Denominator: 669                      Rate: 71.4                       Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator: 371                      Denominator: 456                      Rate: 81.4                       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: 76%</b>  <b>Annual Performance Objective for FFY 2008: 76%</b></p> <p><b>Annual Performance Objective for FFY 2009: 76%</b></p> <p><i>Explain how these objectives were set: past information results</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> Surpassed our objective by more than 6 percentage points</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008: 100%</b>  <b>Annual Performance Objective for FFY 2009: 100%</b></p> <p><b>Annual Performance Objective for FFY 2010: 100%</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

Continued reliability of HEDIS reports, BCBSM Quality Studies and the 2007 CAHPS 3.0 Member Satisfaction Surveys by BCBSM.

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?

Contract with NCS Pearson to conduct CAHPS surveys on the MIChild population not enrolled in BCBSM. Data is provided annually

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

No

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

HEDIS Report

CAHPS report

Monthly Executive Reports from the Administrative Contractor for FY 2007

MIChild Approval/Denial Report

MIChild Renewal Survey

MIChild Prescription Drug Report

MIChild Automated Call Distribution Report

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

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

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Please reference and summarize attachments that are relevant to specific questions

### OUTREACH

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

Educating parents on the importance of pursuing health care for their children and focus on sustainability of SCHIP/MiChild enrollment

2. 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]

Health Fairs, Back-To-School events, participation in coalitions, additional training of health care clinics to encourage online applications. How have you measured effectiveness? Increase in applications. Would you consider this a best practice? Yes,

3. 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]

Michigan does not target special populations on the state level. Michigan promotes the health care program statewide and full spectrum. Have these efforts been successful, and how have you measured effectiveness? Yes, they appear to be successful based on the number of applications received.

4. 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]

### SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

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]

Children who have been enrolled in employer-based comprehensive health insurance within 6 months prior to applying for SCHIP and were voluntarily removed from the health insurance by their parents must serve a 6 month waiting period before they are allowed participation in SCHIP/MiChild.

**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.**

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

- Yes  
 No

N/A

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

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

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

Yes  
 No  
 N/A

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

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

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

Parents must divulge on the application if the child has been insured within the previous six months and whether that insurance was employer based. The administrative contractor also runs a match at the time of enrollment to assure that the child is not enrolled in another comprehensive medical insurance program and/or Medicaid.

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

The percentage of applicants with other comprehensive insurance remains steady at 3% .

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

Michigan has not had any issues with substitution. ? Less than 1% of applicants drop health coverage in order to qualify for SCHIP enrollment. When parents realize that they would be leaving their children unprotected by health insurance for six months, they opt for continued coverage.

**COORDINATION BETWEEN SCHIP AND MEDICAID**

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

1. 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]

Medicaid and SCHIP have the same renewal requirements and procedures with the exception of citizenship verification. Medicaid now requires verification of U.S. citizenship while SCHIP does not require this verification.

2. 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 Medicaid unit and the administrative contractor coordinate transition of the child from Medicaid to SCHIP or SCHIP to Medicaid. The coverage in the new program whether it be Medicaid or SCHIP begins the day after the previous coverage is terminated. This provides seamless transfer with no loss of medical coverage to the child. Have you identified any challenges? No.

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

The same delivery system is not used in Medicaid and SCHIP. The SCHIP health plan contracts are completely separate contracts from Medicaid health plan contracts.

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

### ELIGIBILITY REDETERMINATION AND RETENTION

1. 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]**

Two notices are sent prior to the disenrollment

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

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]***

SCHIP beneficiaries can now complete the renewal process online as well as by paper renewal application.

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

SCHIP administrative contractor conducts surveys with disenrollees.

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

2. 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. Have you evaluated the effectiveness of any strategies? Yes. If so, please describe the evaluation, including data sources and methodology. Decreased number of terminations at redetermination.

3. 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]**

72% are retained at redetermination.

28% are disenrolled at redetermination.

4. 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]**

September 2007.

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
217	87	40			11	5			119	55

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]**.

Phone calls, renewal applications, mail survey.

August 2007

**COST SHARING**

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

No

2. 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]**

Michigan does not have cost sharing

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

N/A

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

1. 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)
2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
- Parents and Caretaker Relatives  
 Childless Adults  
 Pregnant Women
3. 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]**

The program provides an avenue whereby the state of Michigan contributes the monthly SCHIP capitation to the employer to assist in their costs of providing medical coverage to a beneficiary. To date there have been no instances where this has been accessed. No employer has as yet provided medical coverage for a beneficiary of the program.

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

Managed care.

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

Office visits, emergency treatment, lab work, prescriptions.

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

No

7. 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]**

1115 waiver provides only the capitation rate of each eligible SCHIP beneficiary.

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).

61000 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]**

There have been no employers who have taken advantage of the program.

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

Convincing employers to insure beneficiaries

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

Program results have remained the same

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]**

None

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]**

No impact on the enrollment and retention of children. How was this measured? Increased number of applications for SCHIP/MiChild

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]**

Unable to determine since there have been no instances where the beneficiary has had an employer participating.

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]**

The employer would contribute the capitation rate that the state would normally contribute.

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]**

Not able to determine since there has not yet been an employer who was willing to participate.

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

There is no required period for uninsurance however the applicant may not be currently enrolled in other insurance.

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

There is no waiting list for the adult beneficiary however Michigan does cap enrollment at 62,000.

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

1. 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]**

All of the above are included in the contracts with managed care and the SCHIP administrative contractor.

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

Provider Credentialing

\_\_\_\_\_ Number of cases investigated

\_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

Provider Billing

\_\_\_\_\_ Number of cases investigated

\_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

\_\_\_\_\_ Number of cases investigated

\_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP

Medicaid and SCHIP Combined

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

Yes, please answer question below.

No

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

The Managed Care Division within the Medical Services Administration makes unannounced site visits to review information and assure that the contractors are adhering to specifications.

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			
Managed Care	152950367	15601000	15913000
Fee for Service	68929108	64000000	60000000
<b>Total Benefit Costs</b>	221879475	79601000	75913000
(Offsetting beneficiary cost sharing payments)	-1427991	-1350000	-1250000
<b>Net Benefit Costs</b>	\$ 220451484	\$ 78251000	\$ 74663000

### Administration Costs

Personnel			
General Administration	753756	700000	750000
Contractors/Brokers (e.g., enrollment contractors)	1973144	1900000	2100000
Claims Processing			
Outreach/Marketing costs			
Other (e.g., indirect costs)			
Health Services Initiatives			
<b>Total Administration Costs</b>	2726900	2600000	2850000
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	24494609	8694556	8295889

<b>Federal Title XXI Share</b>	155042023	57137402	55956635
<b>State Share</b>	68136361	23713598	21556365

<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	223178384	80851000	77513000
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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	80160	\$ 220	79600	\$ 230	79600	\$ 230
Fee for Service	74360	\$ 680	75120	\$ 700	75120	\$ 700

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

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

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

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

SCHIP Non-HIFA Demonstration Eligibility						HIFA Waiver Demonstration Eligibility				
* Upper % of FPL are defined as Up to and Including										
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From	0	% of FPL to	35	% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

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

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

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

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

\_\_\_\_\_ 62000 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]**

Providing coverage to childless adults between the ages of 21-64 has had no impact on the enrollment, retention and access to care for children.

- 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					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
<b>Total Benefit Costs for Waiver Population #1</b>	0	0	0		

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

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

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

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

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

Insurance Payments					
Managed care per member/per month rate for managed care	11984302	12703360	13465562		
Fee for Service Average cost per enrollee in fee for service	50035477	53037606	56219862		
<b>Total Benefit Costs for Waiver Population #4</b>	62019779	65740966	69685424		

<b>Total Benefit Costs</b>	62019779	65740966	69685424		
(Offsetting Beneficiary Cost Sharing Payments)	-424827	-450317	-477336		
<b>Net Benefit Costs</b> (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)	61594952	65290649	69208088		

**Administration Costs**

Personnel	483053	512036	542758		
General Administration	15957	16915	17930		
Contractors/Brokers (e.g., enrollment contractors)	270491	286720	303924		
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
<b>Total Administration Costs</b>	769501	815671	864612		
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	6843884	7254517	7689788		

<b>Federal Title XXI Share</b>	43324585	46717336	50585482		
<b>State Share</b>	19039868	19388984	19487218		

<b>TOTAL COSTS OF DEMONSTRATION</b>	62364453	66106320	70072700		
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When was your budget last updated (please include month, day and year)? **[500]**

June 30, 2007

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

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

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

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1. 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]**

Michigan has been referred to as a one state recession. The reduction in workforce has resulted in more families qualifying for Medicaid than SCHIP during 2007.

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

Locating and enrolling uninsured children into healthcare.

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

Percentage of children receiving overall treatment for medical and dental care has increased. The number of uninsured children has decreased more than any other state.

4. 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]**

During 2007, the monthly premium for SCHIP increased from 5.00 per family per month to 10.00 per family per month. In spite of the depressed economy in Michigan, this increase did not deter thousands of parents from applying for and paying the increased premium. The online application has been a tremendous help in preventing churning by allowing parents to complete the annual redetermination of eligibility online Please comment on why the changes are planned. There are currently no changes planned for SCHIP for the upcoming year.

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