

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: _____ **NV** _____
(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 Wherry, Deputy Administrator DHCFP

SCHIP Program Name(s): **All, Nevada**

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.*

Contact Person/Title: **Elizabeth Aiello, Chief of Nevada Check Up**

Address: **1000 William Street, Suite 200**

City: **Carson City** State: **NV** Zip: **89701**

Phone: **(775) 684-3756** Fax: **(775) 684-8792**

Email: **eaiello@dncfp.nv.gov**

Submission Date: **12/26/2007**

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

- 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 Up to and Including										
Eligibility					From	0	% of FPL conception to birth	0	% of FPL *	
	From		% of FPL for infants		% of FPL *	From	133	% of FPL for infants	200	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	133	% of FPL for children ages 1 through 5	200	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	100	% of FPL for children ages 6 through 16	200	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	100	% of FPL for children ages 17 and 18	200	% of FPL *

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

Is retroactive eligibility	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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available?	<input type="checkbox"/>	Yes, for whom and how long?	<input checked="" type="checkbox"/>	Yes, for whom and how long? Newborns are enrolled as of the month of the infant's birth if the family is currently enrolled and the notification requirements are met. This also applies to any children born under the HIFA Waiver Pregnancy Program.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input 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 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 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 checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input 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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
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require a face-to-face interview during initial application	<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 period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			6	
			<p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>All groups.</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <p>The six month waiting period may be waived if the applicant provides evidence that the loss of insurance was due to actions outside the applicant's control such as:</p> <ul style="list-style-type: none"> a. Loss of employment other than voluntary termination; b. Death of the parent who was responsible for insurance coverage; c. Change to new employment that does not provide an option for dependent coverage; d. Change of address that results in no employer-sponsored coverage; e. Discontinuation of health benefits to all employees of the applicant's employer; f. Expiration of coverage periods established by the Consolidated Omnibus Reconciliation Act of 1985 (COBRA); g. Self-employment; h. Termination of health benefits due to a long-term disability; i. Termination of dependent coverage due to an extreme economic hardship on the part of either the employee or the employer. 	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
			<p>If yes, what database? [1000]</p> <p>Health Management Services Corporation currently provides Third Party Liability matches for Nevada Check Up.</p>	
	<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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			12	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
		Children may lose eligibility when 1 or more of the following conditions apply to the child: Moves out of state, becomes eligible or is enrolled in Medicaid or any other creditable health insurance; the month after the child turns 19; becomes incarcerated; dies; gets married; becomes emancipated; leaves the home; or if the parent/guardian fails to pay the quarterly premium. Other circumstances include: NCU becomes aware of income changes; changes in household composition; loses contact with the household; information uncovered during and audit/investigation showing erroneous information provided that affects eligibility; if the client requests a re-evaluation and the child is no longer eligible afterwards.		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	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)		
		Sliding fee scale, maximum \$70 per quarter per family. Premiums are prorated and charged as follows per quarter: 0% - 35% of FPL (Federal Poverty Level) = no premium; 36% - 150% of FPL = \$15.00 per quarter; 151% - 175% of FPL = \$35.00 per quarter; 176% - 200% = \$70.00 per quarter. No premiums are charged for Native Americans and Alaskan Natives.		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program impose copayments or coinsurance?	<input 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 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 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 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

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

Enter any Narrative text below. [7500]

Comments on Responses in Table:

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

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

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

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
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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 type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Citizenship</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Insured Status</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

n) Family coverage	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Prenatal Eligibility expansion	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t) Other – please specify						
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Application documentation requirements	
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	
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	The ESI program was implemented in Nevada during FFY 2007 which provides a premium subsidy for low income parents or caretakers of children who are working for a small employer that has creditable health insurance coverage and contributes at least 50% of the premium.
Pregnant women	The HIFA pregnancy program was implemented in Nevada during December 2006. The program is designed for uninsured pregnant women who do not qualify for Medicaid and whose net annual income is above 133% and up to and including 185% of the federal poverty level (FPL).
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	

t) Other – please specify	
a.	
b.	
c.	

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

Nevada residency is required. In order to be considered for enrollment in Nevada Check Up, a child must be a citizen of the United States, or have been residing in the United States at least five years and be a legal resident at the time of application. Nevada assures that a qualified alien as defined by Public Law 104-193 as amended, who has been in the United States in a qualified alien status for at least five years, or is not subject to the five-year bar set forth in section 403 of Public Law 104-193, is eligible for SCHIP.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

If Data Not Reported, Please Explain Why:

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

- Population not covered: Check this box if your program does not cover the population included in the measure.
- Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:

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

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

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

Measurement Specification:

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

Data Source:

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

Definition of Population included in the Measure:

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

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

Year of Data:

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

Performance Measurement Data (HEDIS® or Other):

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

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

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

Explanation of Progress:

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

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

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

Other Comments on Measure:

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005 Nevada has two HMOs; one used Hybrid and the other used Administrative data gathering. The rates for both were added into the combined rate reported below.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006 Nevada has two HMOs; one used Hybrid and the other used Administrative data gathering. The rates for both were added into the combined rate reported below.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007 for data collected in 2006. DHCFP moved to reporting rates using exact HEDIS Methodology and only one of the two Nevada health plans reported rates in 2007 because of re-procurement in mid calendar year.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> One HMO used Hybrid and one used Administrative</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> One HMO used Hybrid and one used Administrative.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 4 visits Denominator: Rate:</p> <p><u>1 visit</u> Numerator: Denominator: Rate:</p> <p><u>2 visits</u> Numerator: 6+ visits Denominator: 116 Rate: 40.7</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 4 visits Denominator: Rate:</p> <p><u>1 visit</u> Numerator: Denominator: Rate:</p> <p><u>2 visits</u> Numerator: 6+ visits Denominator: 125 Rate: 41.7</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 4 visits Denominator: Rate:</p> <p><u>1 visit</u> Numerator: Denominator: Rate:</p> <p><u>2 visits</u> Numerator: 6+ visits Denominator: 95 Rate: 41.1</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure: One of the two MCO Providers changed in November of 2006. Nevada Care was no longer a contracted provider and Anthem Blue Cross Blue Shield became the new provider. Due to this change, neither Nevada Care nor Anthem Blue Cross Blue Shield collected HEDIS data for the calendar year 2006. The HEDIS measures report for 2007 are only being reported by Nevada's other MCO, Health Plan of Nevada.</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The overall HEDIS rate for this measure appears to be the same in the 2007 HEDIS Rates Report as in the 2006 HEDIS Rates Report. If we look at the Health Plan of Nevada specific rate, the only rate reported for 2007, Nevada showed improvement for this indicator. The rate increased from 39.38% to 41.13%.

Are there any quality improvement activities that contribute to your progress? Health Plans track performance on a Performance Tracking Tool (PTT) which is monitored by the State of Nevada monthly and validated by EQRO.

Annual Performance Objective for FFY 2008: 43.88%

Annual Performance Objective for FFY 2009: 46.35%

Annual Performance Objective for FFY 2010: TBD based on HEDIS 2008 90th Percentiles

Explain how these objectives were set: The goal rate is 68.6% (HEDIS 2006 90th percentile). The QISMC methodology uses a “reduction of adverse outcomes” to move towards a specified goal. Usually QISMC seeks to gain 10 percent over the previous rate, and therefore the following formula is applied: $(\text{Goal} - \text{Rate}) \times 0.10 + \text{Rate}$. The goal is 68.6% percent and the rate is 41.13%, then QISMC produces $(68.6 - 41.13) \times .1 + 41.13 = 43.88\%$ as the interim objective for the next measurement period. The same methodology was used for FFY 2009.

Other Comments on Measure: For calendar years 2005-2007 the goal was to achieve HEDIS 2003 90th Percentile. For HEDIS year 2008 this is being rebased to HEDIS 2006 90th Percentile.

The Managed Care Organization contract was amended in the summer of 2007 to put this measure under a Pay for Performance incentive plan.

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

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005</p> <p>Nevada has two HMOs; one used Hybrid and the other used Administrative data gathering. The rates for both were added into the combined rate reported below.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006 - Both plans changed to Hybrid for this measure this year.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007 for data collected in 2006. DHCFP moved to reporting rates using exact HEDIS Methodology and only one of the two Nevada health plans reported rates in 2007 because of re-procurement in mid calendar year.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> One HMO used Hybrid and one used Administrative.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 1015 Denominator: 1718 Rate: 59.1</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 498 Denominator: 843 Rate: 59.1</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 313 Denominator: 411 Rate: 76.2</p> <p>Additional notes on measure:</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: One of the two MCO Providers changed in November of 2006. Nevada Care was no longer a contracted provider and Anthem Blue Cross Blue Shield became the new provider. Due to this change, neither Nevada Care nor Anthem Blue Cross Blue Shield collected HEDIS data for the fiscal year 2007. The HEDIS measures for 2007 are only being reported by Nevada's other MCO, Health Plan of Nevada.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Nevada made big gains in this area surpassing its goal of 63.2% by almost 13%.</p> <p>The Managed Care Organization contract was amended in the summer of 2007 to put this measure under a Pay for Performance incentive plan.</p> <p>Are there any quality improvement activities that contribute to your progress? This increase was attributed to the MCO's participating in all incentives required by the state's contract including Pay for Performance. This HEDIS measure was under the MCO Pay for Performance incentive program for calendar year 2006.</p> <p>Annual Performance Objective for FFY 2008: 77.5%</p> <p>Annual Performance Objective for FFY 2009: 77.5%</p> <p>Annual Performance Objective for FFY 2010: TBD based on HEDIS 2008 90th Percentiles</p> <p><i>Explain how these objectives were set:</i> The goal rate is 77.5% (HEDIS 2006 90th percentile). A hybrid QISMC methodology may use goals other than 100 percent (e.g., HEDIS Medicaid 90th percentiles), may choose more significant gains (e.g., 15 percent gain) and may set high performance levels (HPL). See other comments on measure below.</p>		
<p>Other Comments on Measure: For example, hybrid QISMC methodology may use the 90th percentile for the goal and also as the HPL. Once a health plan reaches the goal or HPL, the health plan no longer needs to show a 10 percent increase from the rate, but should strive to maintain the rate above the goal or HPL. The HPL is 76.16 percent and the HEDIS 2006 90th percentile is 77.5%, so this would be the new goal. For HEDIS year 2008 this is being rebased to the HEDIS 2006 90th Percentile.</p>		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Data was not gathered for 2006.</p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007 for data collected in 2006, using two youngest age groups. DHCFFP moved to reporting rates using exact HEDIS Methodology and only one of the two Nevada health plans reported rates in 2007 because of re-procurement in mid calendar year.</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: 2004</p>	<p>Year of Data:</p>	<p>Year of Data: 2006</p>

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 92 Denominator: 115 Rate: 80</p> <p><u>10-17 years</u> Numerator: 95 Denominator: 126 Rate: 75.4</p> <p><u>Combined rate (5-17 years)</u> Numerator: 187 Denominator: 241 Rate: 77.6</p> <p>Additional notes on measure: 2005 was the only year of collection data on asthma. Therefore no Performance Progress Year data is available.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:</p> <p><u>10-17 years</u> Numerator: Denominator: Rate:</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate: 100</p> <p><u>10-17 years</u> Numerator: Denominator: Rate: 85.5</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: This measure was collected by the health plan utilizing HEDIS Methodology but was not validated by the EQRO.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: One of the two MCO Providers changed in November of 2006. Nevada Care was no longer a contracted provider and Anthem Blue Cross Blue Shield became the new provider. Due to this change, neither Nevada Care nor Anthem Blue Cross Blue Shield collected HEDIS data for the fiscal year 2007. The HEDIS measures for 2007 are only being reported by Nevada's other MCO, Health Plan of Nevada.</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? HEDIS numbers were not reported for HEDIS year 2006.

Are there any quality improvement activities that contribute to your progress? Health Plans track performance on a Performance Tracking Tool (PTT) which is monitored by the State of Nevada monthly and validated by EQRO. Appropriate use of Asthma Medications for Children was a performance improvement project for the health plans in calendar year 2005.

Annual Performance Objective for FFY 2008: 95.8% and 93.5% for the two age groups respectively

Annual Performance Objective for FFY 2009: 95.8% and 93.5% for the two age groups respectively

Annual Performance Objective for FFY 2010: TBD based on HEDIS 2008 90th Percentiles for the two age groups

Explain how these objectives were set: The goal rate is for age 5-9 is 95.8% and the rate for age 10-17 is 93.5% (HEDIS 2006 90th percentile). A hybrid QISMC methodology may use goals other than 100 percent (e.g., HEDIS Medicaid 90th percentiles), may choose more significant gains (e.g., 15 percent gain) and may set high performance levels (HPL). See other comments on measure below.

Other Comments on Measure: For example, hybrid QISMC methodology may use the 90th percentile for the goal and also as the HPL. Once a health plan reaches the goal or HPL, the health plan no longer needs to show a 10 percent increase from the rate, but should strive to maintain the rate above the goal or HPL. Therefore the HEDIS 2006 90th percentile rate is the goal and the annual objective.
For HEDIS years 2005 through 2007 the goal was to achieve the HEDIS 2003 90th Percentile.

MEASURE: Children's Access to Primary Care Practitioners

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007 for data collected in 2006. DHCFP moved to reporting rates using exact HEDIS Methodology and only one of the two Nevada health plans reported rates in 2007 because of re-procurement in mid calendar year.</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

FFY 2005	FFY 2006	FFY 2007																																																						
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FFY 2005	FFY 2006	FFY 2007
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Nevada met all of its goals for 2007 and is above the HEDIS 2003 90th Percentile.</p> <p>Are there any quality improvement activities that contribute to your progress? Health Plans track performance on a Performance Tracking Tool (PTT) which is monitored by the State of Nevada monthly and validated by EQRO.</p> <p>Annual Performance Objective for FFY 2008: 12 – 24 months: 98.2% 25 months – 6 yrs: 91.5% 7 – 11 yrs: 92.0% 12 – 19 yrs: 90.02%</p> <p>Annual Performance Objective for FFY 2009: 12 – 24 months: 98.2% 25 months – 6 yrs: 91.5% 7 – 11 yrs: 92.0% 12 – 19 yrs: 90.2%</p> <p>Annual Performance Objective for FFY 2010: 12 – 24 months: TBD based on HEDIS 2008 percentiles 25 months – 6 yrs: TBD based on HEDIS 2008 percentiles 7 – 11 yrs: TBD based on 2008 HEDIS percentiles 12 – 19 yrs: TBD based on 2008 HEDIS percentiles</p> <p><i>Explain how these objectives were set:</i> The goal rate for 12-24 months is 98.2%, for 25 months–6 years is 91.5%, for 7-11 years is 92 and is 90.2 for age 12-19 years (HEDIS 2006 90th percentile) DHCFP modified the QISMC method into a hybrid method. The QISMC methodology uses a “reduction of adverse outcomes” to move towards a specified goal. See other comments on measure below.</p>		
<p>Other Comments on Measure: Usually QISMC seeks to gain 10 percent over the previous rate, and therefore the following formula is applied: $(\text{Goal} - \text{Rate}) \times 0.10 + \text{Rate}$. The QISMC hybrid methodology utilized a similar method, but set a high performance level (HPL) at the HEDIS 90th percentile. Once a health plan reaches the goal or HPL, the health plan no longer needs to show a 10 percent increase from the rate, but should strive to maintain the rate above the goal or HPL.</p>		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	39317	41862	6.47

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

2. 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	62	10.9	12.9	2.2
1998 - 2000	67	11.3	11.2	1.8
2000 - 2002	66	8.2	11.1	1.3
2002 - 2004	72	8.6	11.7	1.3
2003 - 2005	63	10.0	9.8	1.5
2004 - 2006	63	11.0	9.5	1.6
Percent change	1.6%	NA	-26.4%	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.

Our state has had an extremely rapid population growth, including children under age 19, while at the same time maintaining close to the same number of uninsured children under age 19 below 200% of poverty. As a result of this, uninsured children in this category have decreased 26.4%. This decrease in the uninsured population can be partially attributed to the existence of the Nevada Check Up program. NCU was initiated in this time period and at the end of FFY 2007 had 30,204 children enrolled.

- 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.

N/A

- 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.)

N/A

- C. What are the limitations of the data or estimation methodology?

N/A

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

N/A

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

There have been 1076 children enrolled in Medicaid due to SCHIP referrals for FFY 2007. Nevada Check Up utilizes a manual survey, which is done monthly, of all children referred to Medicaid. The results are documented on an Excel Spreadsheet and reported to management.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

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

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

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

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

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

Goal:

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

Type of Goal:

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

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
- Final: Check this box if the data you are reporting are considered final for FFY 2007.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

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

Data Source:

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

Definition of Population Included in Measure:

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

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

Year of Data:

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

Performance Measurement Data:

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

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

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

Explanation of Progress:

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

Other Comments on Measure:

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) Increase the percentage of children enrolled in Nevada Check Up (SCHIP) by 5% annually.</p>	<p>Goal #1 (Describe) Increase the percentage of children enrolled in Nevada Check Up (SCHIP) by 5% annually.</p>	<p>Goal #1 (Describe) Increase the percentage of children enrolled in Nevada Check Up (SCHIP) by 5% annually.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> NCU database</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> NCU database</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Nevada Check Up Database.</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Monthly average number of children enrolled in NCU for FFY 2004</p> <p>Definition of numerator: Monthly average number of children enrolled in NCU for FFY 2005</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Monthly average number of children enrolled in NCU for FFY 2005</p> <p>Definition of numerator: Monthly average number of children enrolled in NCU for FFY 2006</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Monthly average number of children enrolled in NCU for FFY 2006.</p> <p>Definition of numerator: Monthly average number of children enrolled in NCU for FFY 2007.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>Performance Measurement Data: Described what is being measured: The effect that the rate of increased enrollment of SCHIP eligible children within the State of Nevada has on the overall Uninsured Children under Age 19 with income below 200% of Poverty within this state.</p> <p>Numerator: 27335 Denominator: 25480 Rate: 107.3</p> <p>Additional notes on measure: Rate: = 7.28% increase in average monthly enrollment</p>	<p>Performance Measurement Data: Described what is being measured: The effect that the rate of increased enrollment of SCHIP eligible children within the State of Nevada has on the overall Uninsured Children under Age 19 with income below 200% of Poverty within this state.</p> <p>Numerator: 27421 Denominator: 27335 Rate: 100.3</p> <p>Additional notes on measure: Rate: .3% increase in average monthly enrollment.</p>	<p>Performance Measurement Data: Described what is being measured: The change in average monthly enrollment between FFY 2006 and 2007.</p> <p>Numerator: 28952 Denominator: 27421 Rate: 105.6</p> <p>Additional notes on measure: Rate 5.6% increase in average monthly enrollment.</p>

FFY 2005	FFY 2006	FFY 2007
CPS data located in section IIB	CPS data located in section IIB	
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The goal was met for FFY 2007.</p> <p>Are there any quality improvement activities that contribute to your progress? In November of 2006 the electronic referral system between Medicaid and SCHIP was reviewed and the filter was updated. The change in this system has greatly increased the referrals from Medicaid to Nevada Check Up. In September 2006, at the end of the Robert Wood Johnson Grant, Nevada's Covering Kids and Families (CKF) organization was reorganized under a Fund for Healthy Nevada and a VISTA Grant. This reorganization has adjusted CKF's goals and processes as well as initiated an application assistance train the trainer program and mobilized community resources to assist in outreach for Nevada Check Up.</p>
	<p>Annual Performance Objective for FFY 2007: Legislatively approved caseload increase.</p> <p>Annual Performance Objective for FFY 2008: Legislatively approved caseload increase.</p> <p>Annual Performance Objective for FFY 2009: Legislatively approved caseload increase.</p> <p><i>Explain how these objectives were set:</i> Nevada, through revision of its State Plan, intends to associate this measure to the Legislatively Approved Caseload, which is determined through caseload growth projection models.</p>	<p>Annual Performance Objective for FFY 2008: SFY monthly average 30,281</p> <p>Annual Performance Objective for FFY 2009: SFY monthly average 31,894</p> <p>Annual Performance Objective for FFY 2010: Legislatively approved caseload increase</p> <p><i>Explain how these objectives were set:</i> Nevada, through revision of its State Plan, intends to associate this measure to the Legislatively Approved Caseload, which is determined through caseload growth projection models.</p>
Other Comments on Measure:	<p>Other Comments on Measure: Explanation of Progress: Over the last year NCU enrollment has leveled off. Potential reasons for this are being reviewed. One issue noted was an irregularity in the electronic referral file received from the Medicaid program. Temporary manual processes have been put into place, resulting in an immediate increase in enrollment. It is believed this process change will result in increased caseloads over the next several months.</p>	Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) Process applications and enroll NCU applicants within 30 days from the date the application is received.</p>	<p>Goal #2 (Describe) Process applications and enroll NCU applicants within 30 days from the date the application is received.</p>	<p>Goal #2 (Describe) Process Applications and enroll NCU applicants within 30 days from the date the application is received.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> NCU weekly and monthly reports.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> NCU weekly and monthly reports</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> NCU weekly and monthly reports.</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of months.</p> <p>Definition of numerator: Is derived using a total of all eligibility workers' oldest applications, averaged for each month (represented as the number of days needed for processing for each monthly reporting period). Figure is subsequently annualized.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of months</p> <p>Definition of numerator: Is derived using a total of all eligibility workers' oldest applications averaged for each month (represented as the number of days needed for processing for each monthly reporting period.) Figure is subsequently annualized.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of months.</p> <p>Definition of numerator: Derived using a total of all eligibility workers' oldest applications, averaged for each month (represented as the number of days needed for processing for each monthly reporting period). Figure is subsequently annualized.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Efficiency of eligibility operations as it pertains to maximum duration of time taken to process program eligibility.</p> <p>Numerator: Denominator: Rate: 19</p> <p>Additional notes on measure: Actual numerator is 229 days, actual denominator is 12 months = 19 days processing. The average monthly processing time for applications in FFY 2005 was 19 days. This represented an average NCU</p>	<p>Performance Measurement Data: Described what is being measured: Efficiency of eligibility operations as it pertains to maximum duration of time taken to process program eligibility.</p> <p>Numerator: Denominator: Rate: 13</p> <p>Additional notes on measure: Actual numerator is 152 days; actual denominator is 12 months = 13 days processing time.</p>	<p>Performance Measurement Data: Described what is being measured: Efficiency of eligibility operations as it pertains to maximum duration of time taken to process program eligibility.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Actual Numerator is 212 days; actual denominator is 12 months = 18 days processing time.</p>

FFY 2005	FFY 2006	FFY 2007
monthly processing time for applications decrease of 45% in FFY 2005.		
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Goal remains met with processing time at less than 30 days.</p> <p>Are there any quality improvement activities that contribute to your progress? - NCU tracks statistics on all applications received and processed on a weekly basis.</p> <ul style="list-style-type: none"> - Applications to be processed are distributed evenly amongst staff as needed. - All eligibility workers have processing targets outlined in their Work Performance Standards.
	<p>Annual Performance Objective for FFY 2007: 30 days or less. Annual Performance Objective for FFY 2008: 30 days or less. Annual Performance Objective for FFY 2009: 30 days or less.</p> <p><i>Explain how these objectives were set:</i> Current management is looking at data collection methodology for this measure; it is not believed that the 13 day rate is sustainable. The 30 day goal is the Department of Health and Human Services Director's goal for all eligibility processes.</p>	<p>Annual Performance Objective for FFY 2008: 30 days or less. Annual Performance Objective for FFY 2009: 30 days or less. Annual Performance Objective for FFY 2010: 30 days or less.</p> <p><i>Explain how these objectives were set:</i> Management is looking at data collection methodology for this measure. Currently, the average processing days for each month of FFY 2007 are added together and divided by 12 months in the year to obtain the rate. The 30 day goal is the Department of Health and Human Services Director's goal for all eligibility processes.</p>
Other Comments on Measure:	<p>Other Comments on Measure: Nevada was recently approved an 1115 HIFA waiver. The new HIFA caseload, as well as a recently discovered technical issue associated with the electronic Medicaid referral process, are expected to utilize existing resources. Therefore we do not believe the current 13 day rate is sustainable.</p>	Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) CKF: Achieve effective outreach & education activities by community-based organizations in collaboration with Covering Kids & Families (CKF).</p> <p>Schools: Increase school-based outreach programs in the State of Nevada, resulting in an increase in the number of applications submitted that are directly attributable to school-based outreach activities.</p>	<p>Goal #3 (Describe) CKF: Achieve effective outreach & education activities by community-based organizations in collaboration with Covering Kids & Families (CKF).</p> <p>Schools: Increase school-based outreach programs in the State of Nevada, resulting in an increase in the number of applications submitted that are directly attributable to school-based outreach activities.</p>	<p>Goal #3 (Describe) CKF: Achieve effective outreach and education activities by community-based organizations in collaboration with Covering Kids & Families (CKF).</p> <p>Schools: Increase school-based outreach programs in the State of Nevada, resulting in an increase in the number of applications submitted that are directly attributable to school based outreach activities.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> NCU statistical reports</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> NCU statistical reports.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> NCU statistical reports.</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: CKF: Total number of applications referred by CKF in FFY2005</p> <p>Schools: Total number of applications referred by School based organizations in FFY2005</p> <p>Definition of numerator: CKF: Total number of applications referred by CKF in FFY2004.</p> <p>Schools: Total number of applications referred by School based organizations in FFY2004.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: CKF: Total number of applications referred by CKF in FFY2006.</p> <p>Schools: Total number of applications referred by School based organizations in FFY2006</p> <p>Definition of numerator: CKF: Total number of applications referred by CKF in FFY2005.</p> <p>Schools: Total number of applications referred by School based organizations in FFY2005</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: CKF: Total number of applications referred by CKF in FFY 2007.</p> <p>Schools: Total number of applications referred by School based organizations in FFY 2007.</p> <p>Definition of numerator: CKF: Total number of applications referred by CKF in FFY 2007.</p> <p>Schools: Total number of applications referred by school based organizations in FFY 2007.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>Performance Measurement Data: Described what is being measured:</p>	<p>Performance Measurement Data: Described what is being measured:</p>	<p>Performance Measurement Data: Described what is being measured:</p>

FFY 2005	FFY 2006	FFY 2007
<p>The increase or decrease in applications which were referred by CKF coalition and schools to Nevada's SCHIP program between FFY2004 and FFY2005</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: CKF: Numerator = 2326, Denominator = 1317. Rate for CKF = 76.6% Schools: Numerator = 806, Denominator = 904. Rate for Schools = -10.8%</p>	<p>The increase or decrease in applications which were referred by CKF coalition and schools to Nevada's SCHIP program between FFY2005 and FFY2006.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: CKF: Numerator = 2210; Denominator = 2326. Rate for CKF = -5% Schools: Numerator = 689; Denominator = 806. Rate for Schools = -14.2%</p>	<p>The increase or decrease in applications which were referred by CKF coalition and schools to Nevada's SCHIP program between FFY 2006 and FFY 2007.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: CKF: Numerator = 2339, Denominator = 2210. Rate for CKF = 6% Schools: Numerator = 997, Denominator = 689. Rate for Schools = 45%</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: n/a Annual Performance Objective for FFY 2008: n/a Annual Performance Objective for FFY 2009: n/a</p> <p><i>Explain how these objectives were set:</i> Applications are received from a multitude of referral sources. The CKF coalition is currently responsible for the majority of outreach activities that affect the SCHIP program. Subsequently any progress or lack thereof is outside of any direct influence of the State. The State of Nevada intends to modify the current State Plan and introduce a new measurement.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The goal was met as NCU had an increase in referrals from FFY 2006.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: n/a Annual Performance Objective for FFY 2009: n/a Annual Performance Objective for FFY 2010: n/a</p> <p><i>Explain how these objectives were set:</i> Applications are received from a multitude of referral sources. The CKF coalition is currently responsible for the majority of outreach activities that affect the SCHIP program. Subsequently any progress or lack thereof is outside of any direct influence of the State. For FFY 2007 both CKF referrals and school referrals increased from FFY 2006. The State of Nevada intends to modify the current State Plan and introduce a new measurement.</p>
<p>Other Comments on Measure: The Robert Wood Johnson CKF grant ended 8/31/06. The State has approved a grant "Fund for Healthy Nevadans" as part of the new CKF.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) Achieve a high degree of satisfaction with parents and guardians of NCU participants as measured by an annual survey.</p>	<p>Goal #1 (Describe) Achieve a high degree of satisfaction with parents and guardians of NCU participants as measured by an annual survey.</p>	<p>Goal #1 (Describe) Achieve a high degree of satisfaction with parents and guardians of NCU participants as measured by an annual survey.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> As measured by an annual survey</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Health Plan of Nevada, Inc. contracted for and received The Myers Group's 2005 Final Report for the Customer Assessment of Health Plans that was submitted with the 2005 annual CMS report. Nevada Care's survey was also attached but not reported as it was not a validated CAHPS rated survey.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CAHPS 3.0H Adult Medicaid Member Satisfaction Survey. (The Child Medicaid Member Satisfaction Survey was not administered in 2005). One HMO followed collection procedures, the second did not.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> The CAHPS 3.0H Adult Medicaid Member Satisfaction Survey was completed by Health Plan of Nevada.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Members of Health Plan of Nevada, one of Nevada's two Managed Care Organizations. Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: HPN had 238 responses from the eligible member population from 1/05 - 5/05 yielding a 22% response rate. Nevada Care did not follow the standard CAHPS protocols so no member responses were counted. The overall response rate therefore was very low, 1% which meant that conclusions could not be drawn for the total population. Definition of numerator: The number of answers in the specific categories.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

FFY 2005	FFY 2006	FFY 2007
<p>Performance Measurement Data: Described what is being measured: Customer satisfaction</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: The report showed significant score improvement in the rating of Health Plan of Nevada. However, of the five composite areas and the attributes within the composites, there were no significant differences in summary rates when compared with 2004.</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: There are many measures that are evaluated in this survey. Nevada Care did not complete a valid CAHPS survey.</p>	<p>Performance Measurement Data: Described what is being measured: Getting Needed Care 64.9 Getting Care Quickly 61.8 How Well Doctors Communicate 80.8 Courteous & Helpful Office Staff 82.7 Customer Service 70.3 Claims Processing 88.8 Rating of personal doctor or nurse 73.0 Rating of specialist seen most often 68.0 Rating of all health care 55.0 Rating of health plan 53.7</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Health Plan of Nevada(HPN)received 642 responses (365 by mail, 277 by telephone). After removing the 397 ineligible respondents (those who subsequently termed from HPN before data collection period was over, those who were incapacitated), the response rate achieved was 47.3%. This is almost twice as high as what third-party vendors had obtained the previous two years.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? We have been provided with outcome data this year but last year the response rate did not allow for conclusions.</p> <p>Are there any quality improvement activities that contribute to your progress? The Nevada Medicaid and SCHIP Strategy incorporates policies, procedures, contract compliance, and input from the public, stakeholder providers, recipient advocates, and multiple Nevada State departments that hold an interest in the improvement of access to care and of clinical and service quality received by Medicaid and SCHIP recipients.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2007: HPN will show improvement in all areas below the 25th percentile. A CAHPS survey will not be completed for the new HMO this year.</p> <p>Annual Performance Objective for FFY 2008: Nevada Check Up will conduct a satisfaction survey for the Fee For Service population. The HMOs will conduct a CAHPS child survey.</p> <p>Annual Performance Objective for FFY 2009: Ongoing data collection will be completed.</p> <p><i>Explain how these objectives were set:</i> As of 11/1/06, Nevada Care is no longer a contracted HMO for the Nevada Check Up program. The current contract has a HPN CAHPS survey for 2007, but the new HMO, Anthem, will not have had the enrollment time required to complete the survey in 2007. The EQRO budget proposal and the NCU budget proposal both have the provision for a child survey in 2008.</p>	<p>Annual Performance Objective for FFY 2008: Nevada Check Up will conduct a satisfaction survey for Fee For Service population. Anthem and HPN will conduct a CAHPS child survey. Baselines for these populations will be determined which will allow specific targets to be set.</p> <p>Annual Performance Objective for FFY 2009: To be determined</p> <p>Annual Performance Objective for FFY 2010: To be determined</p> <p><i>Explain how these objectives were set:</i> As of 11/01/2006, Nevada Care is no longer a contracted MCO for Nevada Check Up. The current contract had HPN complete a CAHPS survey for 2007, but the new MCO, Anthem, did not have the enrollment time required to complete the survey in 2007. The EQRO budget proposal and the NCU budget proposal both have the provision for a child survey in 2008.</p>
<p>Other Comments on Measure: Explanation of Progress: Nevada Care had no change, HPN did not have significant change in any of the 5 composite areas (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate; Courteous & Helpful Office Staff and Customer Service). HPN had a significant score improvement in Rating of Health Plan, which increased from 58% in 2004 to 70.8% in 2005.</p>	<p>Other Comments on Measure: Explanation of Progress: Nevada Care had no change; HPN did not have significant change in any of the 5 composite areas (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate; Courteous & Helpful Office Staff and Customer Service). HPN had a significant score improvement in Rating of Health Plan, which increased from 58% in 2004 to 70.8% in 2005.</p>	<p>Other Comments on Measure:</p>

Objectives Related to SCHIP Enrollment (Continued)

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

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

Objectives Related to SCHIP Enrollment (Continued)

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

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

Objectives Related to Medicaid Enrollment

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

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

Objectives Related to Medicaid Enrollment (Continued)

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

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

Objectives Related to Medicaid Enrollment (Continued)

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) Achieve year-to-year improvements in the percentage of targeted low income children that have had a visit with a dental provider during the year.</p>	<p>Goal #1 (Describe) Achieve year-to-year improvements in the percentage of targeted low income children that have had a visit with a dental provider during the year.</p>	<p>Goal #1 (Describe) Achieve year-to-year improvements in the percentage of targeted low income children that have had a visit with a dental provider during the year.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007 for data collected in 2006. DHCNP moved to reporting rates using exact HEDIS Methodology and only one of the two Nevada health plans reported rates in 2007 because of re-procurement in mid calendar year.</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 3656 Denominator: 7186 Rate: 50.9 Additional notes on measure: Comparison of HEDIS for Nevada with HEDIS Means nationally.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 5475 Denominator: 11123 Rate: 49.2 Additional notes on measure: Comparison of HEDIS for Nevada with HEDIS Means nationally.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 4044 Denominator: 7629 Rate: 53 Additional notes on measure: The Managed Care Organization contract was amended in the summer of 2007 to</p>

FFY 2005	FFY 2006	FFY 2007
		put this measure under a Pay for Performance incentive plan.
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: 54.2%</p> <p>Annual Performance Objective for FFY 2008: 58.8%</p> <p>Annual Performance Objective for FFY 2009: 62.9%</p> <p><i>Explain how these objectives were set:</i> Performance goals are based on the QISMC methodology that calls for a 10% reduction in adverse outcomes.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Progress was made towards 2007 objective of 54.2% increasing close to 4% but the outcome still fell short by 1%.</p> <p>Are there any quality improvement activities that contribute to your progress? Over 80% of NCU children are enrolled in a MCO. Dental coverage had been provided under the MCO contract in Clark County (Southern Nevada) but was under Fee for Service in the rest of the state. With the new MCO contracts initiated in November 2006, dental coverage was made mandatory under the MCO plan for Washoe County. This has facilitated an increase in providers and access in Northern Nevada.</p> <p>Annual Performance Objective for FFY 2008: 52.9%</p> <p>Annual Performance Objective for FFY 2009: 52.9%</p> <p>Annual Performance Objective for FFY 2010: TBD based on HEDIS 2008 90th Percentiles</p> <p><i>Explain how these objectives were set:</i> The goal rate is 52.9% (HEDIS 2006 90th percentile) A hybrid QISMC methodology may use goals other than 100 percent (e.g., HEDIS Medicaid 90th percentiles), may choose more significant gains (e.g., 15 percent gain) and may set high performance levels (HPL). See other comments on measure below.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: Explanation of Progress: The combined rate of dental visits, as well as each age group, increased in 2004 & slightly decreased in 2005. The rates continue to exceed the national mean in all age groups. The HMO contracts initiated November 1, 2006 extended the mandatory coverage area for dental services to the Managed Care Coverage areas in Northern Nevada. Contracts with MCOs impose standards for access and availability and DHCFP monitors to assure that standards are met.</p>	<p>Other Comments on Measure: For example, hybrid QISMC methodology may use the 90th percentile for the goal and also as the HPL. Once a health plan reaches the goal or HPL, the health plan no longer needs to show a 10 percent increase from the rate, but should strive to maintain the rate above the goal or HPL. For the HEDIS years 2005 through 2007 the goal was to achieve the HEDIS 2003 90th Percentile. For HEDIS year 2008 this is being rebased to the HEDIS 2006 90th Percentile.</p>

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

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

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

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

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) None reported</p>	<p>Goal #1 (Describe) None reported</p>	<p>Goal #1 (Describe) None reported.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

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

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

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

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

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

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

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

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

The State utilizes performance measures (HEDIS), Performance Improvement Projects (PIPs), Performance Tracking Tool (PTT), the annual compliance review, and the MCO's Annual Quality Improvement Program Evaluation to report on access to, quality, or outcomes of care received by SCHIP members. A brief overview for each section follows, along with some findings:

Performance Improvement Projects (PIPs)

PIPs are designed to assess health care processes, implement process improvements, and improve outcomes of care. Both MCOs conducted two PIPs in 2006-2007, one on the topic of childhood immunizations and the other on the topic of diabetes management (for Medicaid). Health Services Advisory Group (HSAG) followed standardized procedures for validating each of the PIPs, assessing the degree to which the projects were designed, conducted, and reported in a methodologically sound manner. This process facilitates the achievement of improvements in care and provides interested parties with confidence that reported improvement has, in fact, been accomplished.

Anthem is relatively new to the Nevada SCHIP market, and therefore, they are early in the process of implementing the two PIPs, Improving Childhood Immunization Rates and Improving Diabetes Screening and Control. However, both PIPs for Anthem received "Met" validation status for Activities I-IV. HPN also achieved "Met" validation status for Activities I-IV for both of their PIPs. Baseline and trend information is not yet available for the childhood immunization rates, given the early stage of the PIP studies.

Performance Measures

The performance measures utilize HEDIS measures to provide actual rates, along with health plan information and a systems review. This data can be trended and targeted interventions and improvements in rates can readily be demonstrated. For this reporting year, the HEDIS audit demonstrated HPN had strong policies and procedures for collecting, processing, and reporting HEDIS data, and was in full compliance with the HEDIS 2007 Technical Specifications. The claims and encounter data system used a sophisticated scanning process and advanced software to ensure accurate data processing. HPN also used certified HEDIS software for reporting the HEDIS rates, ensuring accurate programming and reporting of the rates.

The audit team did not discover any significant amount of incomplete encounter data. In fact, HPN demonstrated strong performance for the Children's Access to Primary Care Practitioners (for all age groups) measure. Children's Access to PCP (12-24 months, 25 months-6 years, and 7-11 years), and Annual Dental Visits were all above the HEDIS 2006 90th percentile scores. The largest improvement, however, was a 16.8 percentage point gain for Well-child Visits in the 3rd, 4th, 5th and 6th Years of Life. These measures demonstrate HPN appears to have relative strength in terms of timeliness and access to care.

Quality Strategy

Health Services Advisory Group (HSAG), in conjunction with DHCFP and the MCOs, developed a plan-specific Performance Tracking Tool (PTT) that provided a structure and framework for the DHCFP and the MCOs to work together to attain better health care outcomes for enrollees. The implementation and evolution of the State's Quality Strategy has been effective in targeting areas for performance improvement and eliciting the commitment of the MCOs to devote resources to primary care and disease management.

The Quality Strategy and PTT are used to trend rates, and set both current and future performance goals. Currently, the PTT uses the 2006 HEDIS 90th percentile as the performance goal. A hybrid QISM

methodology is utilized for interim goals and to help maintain rates that have reached the performance goal. The performance goal is adjusted every two years based on the new HEDIS 90th percentiles. This allows the MCOs to work towards a steady goal (rather than a moving target), yet allows the flexibility to increase the goals every few years to ensure the MCOs do not become complacent.

Annual Compliance Review

HSAG has provided continuous, comprehensive technical assistance to the DHCFP and the MCOs to help verify that the performance of quality improvement functions is timely, consistent, and effective. HSAG provided guidance in the development of the Quality Assessment and Performance Improvement Strategy (QAPI) for Nevada SCHIP Managed Care in 2002–2003 and a revision completed in February 2005.

The objectives of the 2006 QAPI evaluation were to assess the performance of HPN in complying with QAPI standards and performance process review elements. The scores obtained provide meaningful information that the DHCFP and the MCO can use for:

- Comparing the quality of service and health care that the MCO provides to its SCHIP members.
- Identifying, implementing, and monitoring system interventions to improve quality.
- Evaluating performance processes.
- Planning and initiating activities to sustain and enhance current performance processes.

HSAG conducted the 2006 Annual QAPI Evaluation of HPN and provided findings regarding their performance relative to 18 QAPI standards and seven performance process review elements. These standards allow the MCOs to be evaluated in terms of access, timeliness, and quality. In addition, HSAG conducted a review of individual files for the areas of credentialing, continuity of care/case management, delegation, denials, grievances, appeals, and provider disputes, to evaluate implementation of the standards. As a result of the 2006 on-site compliance review, HPN undertook a series of corrective actions, and provided both DHCFP and HSAG with a written summary of corrective actions implemented in the five areas that were the subject of recommendations for improvement in 2006. A comprehensive compliance review of both MCOs will be conducted by the External Quality Review Organization (EQRO) in SFY 09.

Quality Improvement (QI) Program Evaluation

The MCOs are required to submit a Quality Program Evaluation on an annual basis. The QI Program Evaluation is a comprehensive document that evaluates strengths and limitations of the MCOs quality improvement efforts conducted during the year, and provides direction for the MCOs upcoming quality improvement activities. The information provided in this report details the MCOs accomplishments, comparisons to national benchmarks (when applicable), challenges/barriers, interventions, and recommended changes for the new reporting year. The report examines member satisfaction, provider availability, member complaints, cultural and linguistic services, and utilization management.

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

The strategies provided (in Question #1 above) will continue to be utilized in future years. For 2007-2008, the MCOs will continue with the two PIPs mentioned above (i.e., Childhood Immunizations and Diabetes), and work collaboratively on a new blood lead testing PIP. The development of the Collaborative Blood Lead Testing PIP has begun, and the definitions for the study topic, study question, study indicators, and eligible population (PIP Activities I-IV) will be completed by February, 2008. In addition, the EQRO

Technical Report, and Nevada's State Quality Assessment and Performance improvement Strategy will be available in January 2008. These will be used for targeted interventions and setting additional goals for improvement over the next two years.

In addition to the above strategies, pay-for-performance has provided an incentive for health plans to improve and maintain rates on certain performance measures. In Nevada, pay-for-performance initially demonstrated some improvement in the rates for specific performance measures. However, the rates for other, non-incentive performance measures became stagnant or even declined as the health plans concentrated solely on the performance measures with incentives, and allowed performance on the other measures to become complacent. In an effort to improve rates and sustain the improvement across all performance measures, the DHCFP contracted with an actuary to calculate incentive payments based on rates across all performance measures, and disincentives for rates that do not show improvement. This is now part of the quality strategy and it is expected to alleviate complacency on performance goals.

Furthermore, using the concept of pay-for-performance, DHCFP has also linked data completeness to an incentive payment with a 20 percent direct pass-through to the health plan's providers. The idea is to improve the quality and quantity of encounter data from the providers, which in turn, should help to improve the rates for performance measures. To be eligible for this pass-through incentive payment, the health plans must provide information demonstrating how the encounter data submissions by provider will be calculated and how the incentive dollars will be distributed. These combined pay-for-performance incentives, disincentives, and encounter data improvement efforts are expected to provide real, sustained improvements across all the performance measures.

As an endeavor to prevent blood lead poisoning in our populations, and because this is such a prominent public health concern, Nevada's MCOs, Health Plan of Nevada and WellPoint (Anthem Blue cross Blue Shield Partnership Plan) have selected lead screening as the topic for the 2008 collaborative Performance Improvement Project (PIP). These two MCOs began discussing their blood Lead study topic in September with our External Quality Review Organization (EQRO); Health Services Advisory Group (HSAG) who will provide technical assistance, and the State of Nevada, Division of Health Care Financing and Policy (DHCFP) will monitor and oversee the MCOs progress. HSAG has provided the MCOs with some examples of best practices found in other states such as a summary of a past focused study (PIP from Ohio), and indicators used in other studies, and basic next steps that need to be completed for the MCOs collaborative PIP. As next steps the MCOs will collect blood lead data using the HEDIS 2008 Technical Specifications for Lead Screening in Children. The MCOs have been having bi-monthly calls to plan and implement the project. Nevada's Medicaid Managed Care Organizations (MCO) conduct provider education and member outreach and very soon our Medicaid Managed Care recipients will receive letters encouraging them to ask their providers about lead testing.

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?

The MCOs conducted a PIP (discussed above in Question #1) on childhood immunizations. Both MCOs have passed the validation of their PIPs through Activity IV. However, baseline and trend information is not yet available for the childhood immunization rates, given the early stage of the PIP studies.

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

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

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

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

Nevada Covering Kids and Families (CKF), funded through a Fund for Healthy Nevada grant, a Corporation for National and Community Service VISTA grant and various small funding streams, provides the outreach and application assistance for NCU. Over the past year CKF has expanded its focus to capacity building activities including a train the trainers program for application assistance, development of a NCU and Medicaid resource manual and building partnerships with community stakeholders.

The Fund for Healthy Nevada focused its grants on children's health care and provided funding for grants that had goals that support application assistance for NCU. Approximately 10 other organizations received grant funding with a goal of helping with NCU applications.

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]

Working with community stakeholders to build a network of awareness and application assistance has been effective in reaching low-income and uninsured children. Also the 1-877-KIDS NOW phone number is utilized as the main phone line for NCU, with referral to Medicaid. It is a nationally recognizable phone number and easy to remember.

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]

All of the Nevada Check Up customer service staff are bilingual in Spanish which helps target the Spanish speaking population. This targeting has been very successful; in September 2007 68% of the enrollees in Nevada Check Up were Hispanic.

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]

For the State of Nevada, as reported by the US Census Bureau on August 28, 2007, the number of children under the age of 19 at or below 200% of poverty who are eligible for SCHIP or Medicaid is 71,000. It is unknown how many out of these 71,000 children meet the legal residency or crowd out requirements to be eligible to enroll in Nevada Check Up or Medicaid.

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]**

If a family has creditable private insurance coverage at the time of, or within six months of, applying for Nevada Check Up, the application must be denied. The exception to this policy includes insurance coverage that was terminated due to any of the following:

- a. Loss of employment other than voluntary termination;
- b. Death of the parent who was responsible for insurance coverage;
- c. Change to new employment that does not provide an option for dependent coverage;
- d. Change of address that results in no employer-sponsored coverage;
- e. Discontinuation of health benefits to all employees of the applicant's employer;
- f. Expiration of coverage periods established by the Consolidated Omnibus Reconciliation Act of 1985 (COBRA);
- g. Self-employment;
- h. Termination of health benefits due to a long-term disability;
- i. Termination of dependent coverage due to an extreme economic hardship on the part of either the employee or the employer.

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]**

Please refer to the next questions answer below.

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]**

Nevada Check Up does not knowingly enroll anyone who has other insurance coverage. Questions on the application request the applicant to indicate if a child currently has health insurance coverage: if yes then they are required to indicate the type of coverage; if no the reason coverage was terminated and date of termination is required. Denial reasons, including "child has insurance" are compiled and reviewed monthly. Children who have had health insurance coverage within the last 6 months are not eligible for NCU, unless their guardians can demonstrate that the coverage was terminated through no fault of their own, or in rare occasions, when specific extreme financial hardship conditions are met. Additionally through vendor contract each calendar quarter, Health Management Services Holdings Corporation matches the entire Nevada Medicaid/SCHIP population against its database of insurance carrier eligibility files. HMS applies a complex algorithm to ensure accurate matches despite discrepancies in name spelling, addresses, dates of birth, etc. Staff verifies each matched policy with the carrier and identifies any additional coverage that may exist (pharmacy, dental, optical, etc.). Verified policies for Nevada's SCHIP population are sent to Nevada Check Up where staff issues a disenrollment notice to the family and they have 30 days to respond if they feel the State's decision was in error. This information is also loaded into the MMIS system so that claims may be appropriately cost avoided and post-payment collection activities may ensue. Another method for identifying TPL for children who are already enrolled in NCU is through claims processing with Nevada's fiscal agent and the HMOs. When other insurance coverage is discovered, NCU issues a disenrollment notice to the family and they have 30 days to respond if they feel the State's decision was in error. Children who have insurance coverage at the time of application are automatically denied for other insurance.

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

In FFY 2007, 6.46% of all child applicants were found to have health insurance at time of application.

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

Children who have had coverage in the last six months are ineligible for NCU unless their guardians can demonstrate that the coverage was terminated through no fault of their own. The mechanisms described in the question 'Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies' of this section are our processes to deter substitution.

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]**

The State's SCHIP and Medicaid programs both have annual redeterminations procedures with two primary differences.

For the SCHIP program, the redetermination form is a simplified pre-printed form, which provides all information provided from the prior year. The applicant is required to notate any changes, sign and return the form. In addition, under the level of verification provided for SCHIP, limited new information is required (usually only updated pay information).

For the Medicaid program, the redetermination form is a blank form, requiring the applicant to provide all previous information again. The applicant is required to complete all information, sign and return the information. For the level of verification provided, substantially more information is required.

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]**

When a recipient is terminated from Medicaid, they are referred to the SCHIP program, and screened for SCHIP eligibility. During this referral process the state has notated, even when a child is subsequently determined to be eligible, a one to two month lapse in coverage may occur.

When an SCHIP recipient is determined to "appear eligible for Medicaid" their SCHIP coverage is terminated. These recipients are referred to the Medicaid program, and screened for Medicaid eligibility. If the applicant is determined eligible under Medicaid policy, the applicant may request prior medical eligibility if they had any eligible services. However a break in continuum of eligibility does normally occur.

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

Yes - NCU uses Medicaid's plan of service and provider panel. In order for a provider to be eligible to treat SCHIP participants, they must sign a Medicaid Contracting Provider agreement.

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

In order to assure that Medicaid eligible children are enrolled in Medicaid, Nevada takes the following steps:

1. The Nevada Check Up application functions as both an application for Nevada Check Up and a pre-screening tool for Medicaid eligibility. Nevada Check Up screens all initial applications,

redeterminations and reevaluations for Medicaid through the use of an electronic screening tool that determines if a child may be eligible for Medicaid.

2. The Nevada Check Up application asks whether the application is to be considered as a referral to Medicaid. If the applicant selects “no” and appears to be Medicaid eligible, Nevada Check Up will deny coverage in writing without referring the applicant to Nevada State Division of Welfare and Supportive Services (DWSS) for a Medicaid eligibility determination.

If the applicant selects “yes” and the child appears to be eligible for Medicaid based on the results of the screening tool, coverage is denied for Nevada Check Up and a referral is made to DWSS for an eligibility determination for Medicaid.

3. Nevada Check Up enrollees are electronically screened daily to ensure that children are not enrolled in both Nevada Check Up and Medicaid.

4. Nevada Check Up also monitors referrals to NSWDC to ensure timely Medicaid determinations.

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]**
At 60 days prior to redetermination, a Redetermination Letter is sent requesting information.
 - 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]**
If the Redetermination Letter is not received in 30 days, a letter is sent advising the participant of disenrollment. They then have another 30 days to turn in their paperwork before they are actually disenrolled.
- 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]***

At the time of the Annual Redetermination period, a preprinted form (RD) is mailed to the customer. Information such as household members, date of birth, social security numbers, gender, and address is already preprinted on the RD form. The customer has to review the accuracy of the preprinted information and add additional information as it applies.

- Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment

please describe: **[500]**

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 disenrollment notices have been the most effective, most likely due to the threat of lost coverage for

non-compliance with our process.

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]**

For FFY 2007, 64% of the children enrolled in Nevada's SCHIP program were retained at redetermination and 34% were 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]**

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

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

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

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

COST SHARING

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]**

We have no co-pays in our plan.

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]**

No change.

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 NCU Plus program provides a monthly amount to participants that have enrolled in a qualifying insurance program while employed at a qualifying employer. Enrollment for the NCU Plus program is for the first month of enrollment in the employer sponsored insurance plan. The applicant cannot have existing insurance coverage at the time eligibility is determined; therefore, the enrollment is for a future month. Division of Health Care Financing and Policy (DHCFP) does not retro enroll applicants into NCU Plus. The coverage period for the program extends for one year from the date of eligibility determination, with the condition that every 90 days the participant must demonstrate continuing insurance coverage. No benefits other than the monthly subsidy amount will be paid for participants eligible for the NCU Plus program.

NCU Plus utilizes Participant Responsibility as defined in the Nevada Medicaid Services Manual, except that a participant must also adhere to the guidelines adopted by the creditable coverage provided by their employer.

In order for individuals to be determined eligible for the NCU Plus program, the employer for the individual must be deemed eligible to participate. The employer must:

- A. Be a small business employer;
- B. Provide an employer sponsored insurance plan that is creditable coverage; and
- C. Provide at least 50% of the monthly premium for the enrolled employed individuals and for the enrolled spouse.

In order to be eligible, individuals who apply for NCU Plus must:

- A. Not be eligible for Medicaid;
- B. Not be covered by any other creditable medical health insurance coverage nor have had creditable medical coverage within the last 6 months except where hardship is established or the loss of coverage was due to no fault of their own;
- C. Have income of 200% or less of Federal Poverty Level (FPL);
- D. Be a citizen or legal qualified alien of the United States at the time of application;
- E. Submit an application that includes all residents in the household;

F. Not be an individual whose income is generated from an organization that provides health care coverage through a State Health Benefits Plan (PEBS), if the benefits are

available to them;

G. Be employed by, or be the spouse of an individual employed by an eligible employer;

H. Enroll in the employer's creditable coverage after the initial application.

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

Up to \$100.00 paid in a monthly stipend to a qualified individual to offset the monthly group health insurance premium offered by his/her employer. Maximum is \$200.00 per month per household (\$100 per parent per month).

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

The employer sponsored insurance must be "creditable coverage" as defined under Nevada Revised Statute 689c.053.

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

The premium assistance is paid directly to the recipient to include the employee and/or his/her spouse. The program does not provide wrap-around benefits or cost sharing.

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]**

No

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).

<u> 0 </u>	Number of childless adults ever-enrolled during the reporting period
<u> 5 </u>	Number of adults ever-enrolled during the reporting period
<u> 0 </u>	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]**

Substitution is not allowed. To qualify for enrollment, the applicant must not be covered by insurance for the previous six months.

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

Nevada has experienced several challenges over the past year. Our outreach entities have reported issues with:

- an applicant cannot receive premium assistance until they are in an open enrollment period with their employer's insurance carrier;
- most small employers do not offer health insurance coverage for their employees;
- of small employers that offer health insurance coverage, the employer is not responsible to pay at least 50% of the premium.

With the pending SCHIP reauthorization, the likelihood of the removal of adult coverage from Title XXI has caused Nevada to decrease its outreach regarding the ESI program.

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

The program was initiated in 2007 with the development of all operations process – forms, reports and communication.

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]**

Changes have been on hold pending the outcome of the SCHIP reauthorization and possible fiscal constraints specific to Nevada.

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]**

36 children were found eligible and enrolled in Nevada's SCHIP program from 20 families. 8 children were maintained on Nevada Check Up due to the ESI program verification and 90 Day Redetermination process.

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]**

Total Premiums Paid: \$2235.00

Administrative: \$316,375.00

Outreach: \$143.00

Total Expenditures: \$318,753.00

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

State: 89

Employer: _____

Employee: _____

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

At least 50% of the monthly insurance premium.

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]**

No, applicants who can be covered under Medicaid or SCHIP are not eligible for this program.

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

As a condition of eligibility, the employee and his or her spouse must have been uninsured for a period of six months prior to enrollment in the program, except in cases where either coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) has expired or the employee has lost or changed employment (either voluntarily or involuntarily).

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

There is not currently a waiting list for this program.

Under the authority granted by Section 1115 of the Social Security Act, DHCFP can limit enrollment into the HIFA program during the demonstration waiver. Applicants submitting materials to DHCFP are not guaranteed coverage under the program even if they meet the eligibility requirements.

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]**

An NCU eligibility worker does an initial investigation. If further investigation is warranted, all pertinent information is forwarded to the Division of Welfare and Supportive Services Investigations and Recovery Unit. This unit is responsible for investigations of allegations of recipient fraud within multiple public assistance programs for the State of Nevada.

We have an internal Surveillance and Utilization Review Services unit that specifically handles provider fraud and abuse.

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

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

69 Number of cases investigated

3 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

1 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP

Medicaid and SCHIP Combined

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

Yes, please answer question below.

No

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

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

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

COST OF APPROVED SCHIP PLAN

	2007	2008	2009
Benefit Costs			
Insurance payments			
Managed Care	29896187	37760137	40824958
Fee for Service	14009397	17790544	19234522
Total Benefit Costs	43905584	55550681	60059480
(Offsetting beneficiary cost sharing payments)	-1655442	-2101761	-2272352
Net Benefit Costs	\$ 42250142	\$ 53448920	\$ 57787128

Administration Costs

Personnel	1534118	1947728	2105816
General Administration	978051	1241740	1342527
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	18598	19528	20504
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	2530767	3208996	3468847
10% Administrative Cap (net benefit costs ÷ 9)	4694460	5938769	6420792

Federal Title XXI Share	30339066	37875817	39816384
State Share	14441843	18782099	21439591

TOTAL COSTS OF APPROVED SCHIP PLAN	44780909	56657916	61255975
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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	24680	\$ 100	25838	\$ 93	26729	\$ 96
Fee for Service	4258	\$ 269	4329	\$ 210	4352	\$ 213

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	0	% of FPL to	200	% of FPL *
Childless Adults	From		% of FPL to	% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to	% of FPL *	From	134	% of FPL to	185	% 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

_____ 5 Number of **parents** ever enrolled during the reporting period in the demonstration

_____ 410 Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

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

The HIFA waiver ESI program has been in operation for only 8 months and has an enrollment of only 5 adults. This has not yet made a significant impact in the enrollment, retention or access to care for children enrolled in Nevada Check Up (NCU) but, as a result of a parent's applying to the ESI program, 36 newly identified eligible children were enrolled in NCU. Also, 8 children who were about to be disenrolled from NCU maintained enrollment due to updated information included on their parent's application for ESI. The prenatal coverage under the HIFA waiver program has been in operation for 10 months. During that time there have been 60 children, including newborns and their siblings, who were enrolled in NCU from mothers covered under the waiver prenatal coverage.

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

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
Benefit Costs for Demonstration Population #1 (e.g., children)					

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

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

Insurance Payments					
Managed care per member/per month rate for managed care	2235	280000	490000	550000	577500
Fee for Service Average cost per enrollee in fee for service	89	100	100	100	100
Total Benefit Costs for Waiver Population #2	2235	280000	490000	550000	577500

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

Insurance Payments					
Managed care per member/per month rate for managed care	140678 370	438092 214	459996 225	482998 236	507148 248
Fee for Service Average cost per enrollee in fee for service	377836 513	975109 476	1023862 500	1075059 525	1128812 551
Total Benefit Costs for Waiver Population #3	518514	1413201	1483858	1558057	1635960

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

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #4	0	0	0	0	0

Total Benefit Costs	520749	1693201	1973858	2108057	2213460
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)	520749	1693201	1973858	2108057	2213460

Administration Costs

Personnel	82071	86175	90484	95008	99758
General Administration	222826	301538	316615	332446	349068
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing	4188	27970	29369	30837	32379
Outreach/Marketing costs	4666	29300	30765	32303	33918
Other (specify)					
Total Administration Costs	313751	444983	467233	490594	515123
10% Administrative Cap (net benefit costs ÷ 9)	57861	188133	219318	234229	245940

Federal Title XXI Share	565374	1429376	1586709	1737198	1824058
State Share	269126	708808	854382	861453	904525
TOTAL COSTS OF DEMONSTRATION	834500	2138184	2441091	2598651	2728583

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

June 22, 2007

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

N/A

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

N/A

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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]**

For the reporting period, the State of Nevada's political and fiscal environment has been supportive of health care for low income, uninsured children and families. In this time period, the HIFA waiver program, including prenatal coverage and an employer sponsored insurance program for parents was initiated. Assembly Bill 629 appropriated, at full state cost, funding to cover Childless Adults in the employer sponsored insurance program and funding for Community Outreach.

Federally, the debate to reauthorize the Federal SCHIP Program has slowed the progress of the new initiatives that the State of Nevada has or would like to implement.

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

The greatest challenge the State of Nevada has faced is the slow growth of the HIFA Waiver as it relates to the Employer Sponsored Insurance program. This program has few enrollees and through initial investigation this appears to be partially due to the strict program requirements.

The Federal SCHIP reauthorization has slowed the progress on the current ESI and Childless Adult programs that the State of Nevada is implementing.

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

In FFY 2007, Nevada Check Up has experienced a 9% increase in eligible recipients. In this time period enrollment also surpassed its previous all time high, climbing above 30,000 enrollees in some of the months.

Nevada also implemented the HIFA Waiver covering pregnant women and initiating an employer subsidized insurance program.

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]**

Future planning is difficult at this time due the uncertainty of the reauthorization of the Federal SCHIP program and the financial status of the State of Nevada.

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