

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

## **Preamble**

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

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

The framework is designed to:

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

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

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

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

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

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

Signature: \_\_\_\_\_  
**Judith Arnold**

SCHIP Program Name(s): All, New York

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: Gabrielle Armenia, Act. Director, CHPlus Enrollment

Address: Room 1621 Corning Tower, Empire State Plaza

City: Albany State: NY Zip: 12237-0004

Phone: 518-473-0566 Fax: 518-473-5273

Email: gla01@health.state.ny.us

Submission Date: 12/31/2007

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

## SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
	* Upper % of FPL are defined as <u>Up to and Including</u>									
Eligibility						From	0	% of FPL conception to birth	0	% of FPL *
	From		% of FPL for infants		% of FPL *	From	200	% of FPL for infants	250	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	133	% of FPL for children ages 1 through 5	250	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	100	% of FPL for children ages 6 through 16	250	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	100	% of FPL for children ages 17 and 18	250	% of FPL *

Is presumptive eligibility	<input type="checkbox"/>	No	<input type="checkbox"/>	No
----------------------------	--------------------------	----	--------------------------	----

provided for children?	<input type="checkbox"/>	Yes, for whom and how long? <b>[1000]</b>	<input checked="" type="checkbox"/>	<p>Yes - Please describe below:</p> <p>For which populations (include the FPL levels) <b>[1000]</b>  All children (all FPL levels) who appear eligible for CHPlus but are lacking required documentation are allowed two months of presumptive eligibility to support enrollment</p> <p>Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period <b>[1000]</b>  One period of presumptive eligibility is provided per person per plan.</p> <p>Brief description of your presumptive eligibility policies <b>[1000]</b>  Plans are allowed to enroll children in their plan on a presumptive basis if they have a completed application, they lack documentation, and they meet all other eligibility criteria.</p>
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

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

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

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

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

<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	
			<p>The 12-month period of continuous coverage is subject to the following exclusions:</p> <ol style="list-style-type: none"> <li>1) The child no longer resides in New York State.</li> <li>2) The child turns 19 years of age.</li> <li>3) The child has obtained other health insurance coverage.</li> <li>4) The child has access to the New York State health insurance program (NYSHIP).</li> <li>5) The required family contributions are not received in accordance with Child Health Plus policy and procedures.</li> <li>6) The child becomes Medicaid eligible.</li> </ol> <p>Households are required to report to the health plan within 30 days any changes in residency or health care coverage that may make the child ineligible for subsidy payments in the CHPlus program.</p>	
<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	
			0	
	Premium amount		Premium amount	
			9	
	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)		
		<p>There is a \$9 per month family contribution for children whose household income is between 160-222% of the federal poverty level (FPL) with a \$27 per month family maximum. For those children whose household income is between 223 – 250% of the FPL, the family contribution is \$15 month with a \$45 per month family maximum.</p>		
<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 type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
			Gross income between 200-250% of the FPL is disregarded when determining eligibility for CHPlus.	
	<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 checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Enter any Narrative text below. [7500]

**Comments on Responses in Table:**

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

Yes
  No
  N/A

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

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

Are there income disregards for your Medicaid program?

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

Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program.

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

Is a joint application used for your Medicaid and separate child health program?

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

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

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

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

Assets test in Medicaid and/or SCHIP

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

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

Income disregards in Medicaid and/or SCHIP

Eligibility redetermination process

Enrollment process for health plan selection

Family coverage

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

Premium assistance

Prenatal Eligibility expansion

Waiver populations (funded under title XXI)

Parents

Pregnant women

Childless adults

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

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

Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse

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

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

Other – please specify

---



---



---

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

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

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

Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<hr/> <hr/>
Application	<hr/> <hr/>
Application documentation requirements	<hr/> <hr/>
Benefit structure	<hr/> <hr/>
Cost sharing (including amounts, populations, &	<hr/> <hr/>

collection process)	
Crowd out policies	
Delivery system	
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
Eligibility levels / target population	
Assets test in Medicaid and/or SCHIP	
Income disregards in Medicaid and/or SCHIP	
Eligibility redetermination process	
Enrollment process for health plan selection	
Family coverage	
Outreach	Have implemented targeted outreach strategies.
Premium assistance	
Prenatal Eligibility Expansion	
Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
Other – please specify	

b.	
c.	

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

#5. Gross income between 200 and 250 percent of the FPL is disregarded when determining eligibility for CHPlus.

## **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><b>Did you report on this goal?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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>                      Measure rotated out by National Committee for Quality Assurance (NCQA) for the most recent Health Plan Employer Data and Information Set (HEDIS®).</p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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>                      Measure rotated out by National Committee for Quality Assurance (NCQA) for the most recent Health Plan Employer Data and Information Set (HEDIS)</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      2005 version of HEDIS used.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: SCHIP population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b></p>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator:                      4 visits Denominator:                      Numerator: Rate:                                      Denominator:</p> <p><u>1 visit</u> Numerator:                      5 visits Denominator:                      Numerator: Rate:                                      Denominator:</p> <p><u>2 visits</u> Numerator:                      6+ visits Denominator:                      Numerator: Rate:                                      Denominator:</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator:                      4 visits Denominator:                      Numerator: Rate:                                      Denominator:</p> <p><u>1 visit</u> Numerator:                      5 visits Denominator:                      Numerator: 1414 Rate:                                      Denominator: 1687</p> <p><u>2 visits</u> Numerator:                      6+ visits Denominator:                      Numerator: Rate:                                      Denominator:</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Percent with specified number of visits</p> <p><u>0 visits</u> Numerator:                      4 visits Denominator:                      Numerator: Rate:                                      Denominator:</p> <p><u>1 visit</u> Numerator:                      5 visits Denominator:                      Numerator: Rate:                                      Denominator:</p> <p><u>2 visits</u> Numerator:                      6+ visits Denominator:                      Numerator: Rate:                                      Denominator:</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** We are not reporting on this measure for 2007.

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

**Annual Performance Objective for FFY 2008:** Achieve an 85% rate for children between the ages of three and six years who had a well-child and preventive health visit.

**Annual Performance Objective for FFY 2009:** Achieve an 86% rate for children between the ages of three and six years who had a well-child and preventive health visit.

**Annual Performance Objective for FFY 2010:** Achieve an 87% rate for children between the ages of three and six years who had a well-child and preventive health visit.

*Explain how these objectives were set:*

**Other Comments on Measure:**

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30)  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <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>                      Measure rotated out by National Committee for Quality Assurance (NCQA) for the most recent Health Plan Employer Data and Information Set HEDIS®.</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                      2005 version of HEDIS used.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator: SCHIP population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b>  <b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  <u>Percent with 1+ visits</u>                      Numerator:</p>	<p><b>Year of Data:</b> 2005  <b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent with 1+ visits                      Numerator: 20346</p>	<p><b>Year of Data:</b>  <b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent with 1+ visits                      Numerator:</p>

<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
Denominator: Rate:	Denominator: 25334 Rate: 80.3	Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> We did not report on this measure in 2007.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> N/A</p> <p><b>Annual Performance Objective for FFY 2008:</b> Achieve an 83% rate for children between the ages of three and six years who had a well-child and preventive health visit.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Achieve an 84% rate for children between the ages of three and six years who had a well-child and preventive health visit.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Achieve an 85% rate for children between the ages of three and six years who had a well-child and preventive health visit.</p> <p><i>Explain how these objectives were set:</i></p>		
<p><b>Other Comments on Measure:</b></p>		

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2004 version of HEDIS used.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2005 version of HEDIS used.</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  Data is submitted by health plans to the NY State Department of Health's public reporting system called Quality Assurance Reporting Requirement (QARR). QARR is largely based on measures published by the National Committee for Quality Assurance (NCQA) and the Health Plan Employer Data and Information Set (HEDIS)</p>
<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator: SCHIP population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator: SCHIP population only.</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input checked="" type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator:</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 4531                      Denominator: 6269                      Rate: 72.3</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 4409                      Denominator: 4704                      Rate: 93.7</p> <p>Additional notes on measure: NCQA revised the definition of asthma for the cases that would qualify to be used in the denominator. By becoming more restrictive in the cases that qualify as asthma, an increase in the asthma rate resulted. This is not comparable to the numbers reported in the 2005 annual report.</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications  <u>5-9 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 5074                      Denominator: 5363                      Rate: 94.6</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** We exceeded our performance objective by achieving a 95% utilization rate of children with Asthma receiving the appropriate medications.

**Are there any quality improvement activities that contribute to your progress?** Quality improvement is a continuous process and the Department is committed to improving access to affordable, high quality health care in New York State.

**Annual Performance Objective for FFY 2008:** Maintain a 90% or greater rate for children aged 5 to 17 years with persistent asthma who received appropriate medications to control their condition.

**Annual Performance Objective for FFY 2009:** Maintain a 90% or greater rate for children aged 5 to 17 years with persistent asthma who received appropriate medications to control their condition.

**Annual Performance Objective for FFY 2010:** Maintain a 90% or greater rate for children aged 5 to 17 years with persistent asthma who received appropriate medications to control their condition.

*Explain how these objectives were set:*

**Other Comments on Measure:**

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

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

FFY 2005	FFY 2006	FFY 2007																																																						
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 3579</td> <td>Numerator: 41715</td> </tr> <tr> <td>Denominator: 3735</td> <td>Denominator: 44279</td> </tr> <tr> <td>Rate: 95.8</td> <td>Rate: 94.2</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 45462</td> <td>Numerator: 62246</td> </tr> <tr> <td>Denominator: 49307</td> <td>Denominator: 68459</td> </tr> <tr> <td>Rate: 92.2</td> <td>Rate: 90.9</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 3579	Numerator: 41715	Denominator: 3735	Denominator: 44279	Rate: 95.8	Rate: 94.2	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 45462	Numerator: 62246	Denominator: 49307	Denominator: 68459	Rate: 92.2	Rate: 90.9	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 3320</td> <td>Numerator: 46107</td> </tr> <tr> <td>Denominator: 3400</td> <td>Denominator: 48665</td> </tr> <tr> <td>Rate: 97.6</td> <td>Rate: 94.7</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 44038</td> <td>Numerator: 64435</td> </tr> <tr> <td>Denominator: 46844</td> <td>Denominator: 70952</td> </tr> <tr> <td>Rate: 94</td> <td>Rate: 90.8</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 3320	Numerator: 46107	Denominator: 3400	Denominator: 48665	Rate: 97.6	Rate: 94.7	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 44038	Numerator: 64435	Denominator: 46844	Denominator: 70952	Rate: 94	Rate: 90.8	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 3082</td> <td>Numerator: 51496</td> </tr> <tr> <td>Denominator: 3199</td> <td>Denominator: 53959</td> </tr> <tr> <td>Rate: 96.3</td> <td>Rate: 95.4</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 41735</td> <td>Numerator: 74551</td> </tr> <tr> <td>Denominator: 44835</td> <td>Denominator: 80958</td> </tr> <tr> <td>Rate: 93.1</td> <td>Rate: 92.1</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 3082	Numerator: 51496	Denominator: 3199	Denominator: 53959	Rate: 96.3	Rate: 95.4	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 41735	Numerator: 74551	Denominator: 44835	Denominator: 80958	Rate: 93.1	Rate: 92.1
<u>12-24 months</u>	<u>7-11 years</u>																																																							
Numerator: 3579	Numerator: 41715																																																							
Denominator: 3735	Denominator: 44279																																																							
Rate: 95.8	Rate: 94.2																																																							
<u>25 months-6 years</u>	<u>12-19 years</u>																																																							
Numerator: 45462	Numerator: 62246																																																							
Denominator: 49307	Denominator: 68459																																																							
Rate: 92.2	Rate: 90.9																																																							
<u>12-24 months</u>	<u>7-11 years</u>																																																							
Numerator: 3320	Numerator: 46107																																																							
Denominator: 3400	Denominator: 48665																																																							
Rate: 97.6	Rate: 94.7																																																							
<u>25 months-6 years</u>	<u>12-19 years</u>																																																							
Numerator: 44038	Numerator: 64435																																																							
Denominator: 46844	Denominator: 70952																																																							
Rate: 94	Rate: 90.8																																																							
<u>12-24 months</u>	<u>7-11 years</u>																																																							
Numerator: 3082	Numerator: 51496																																																							
Denominator: 3199	Denominator: 53959																																																							
Rate: 96.3	Rate: 95.4																																																							
<u>25 months-6 years</u>	<u>12-19 years</u>																																																							
Numerator: 41735	Numerator: 74551																																																							
Denominator: 44835	Denominator: 80958																																																							
Rate: 93.1	Rate: 92.1																																																							
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>																																																						
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> We continued to exceed a 90% utilization rate of children receiving primary care.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> Quality improvement is a continuous process and the Department is committed to improving access to affordable, high quality health care in New York State.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Maintain a 90% or greater rate for children who had a visit with a primary care practitioner within the last year (Age 12 months - 6 years) or within the last two years (7 - 19 years).</p> <p><b>Annual Performance Objective for FFY 2009:</b> Maintain a 90% or greater rate for children who had a visit with a primary care practitioner within the last year (Age 12 months - 6 years) or within the last two years (7 - 19 years).</p> <p><b>Annual Performance Objective for FFY 2010:</b> : Maintain a 90% or greater rate for children who had a visit with a primary care practitioner within the last year (Age 12 months - 6 years) or within the last two years (7 - 19 years).</p> <p><i>Explain how these objectives were set:</i></p>																																																								
<p><b>Other Comments on Measure:</b></p>																																																								

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	51576	0	-100
Separate Child Health Program	636786	651853	2.37

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

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	490	43.1	9.8	.9
1998 - 2000	358	36.6	7.2	.7
2000 - 2002	277	28.1	5.7	.6
2002 - 2004	271	27.8	5.6	.6
2003 - 2005	248	27.7	5.2	.6
2004 - 2006	228	27.0	4.8	.6
Percent change	-53.5%	NA	-51.0%	NA

1996-1998 vs. 2004-2006				
----------------------------	--	--	--	--

Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

New York, through its diversified public programs and outreach efforts, has many opportunities to make families aware of the health insurance programs available for adults and children. New York has also taken steps in reducing perceived barriers to enrollment in CHPlus and has instituted policies and the facilitated enrollment program to assist families in completing the application form and ensuring that the enrollment process is completed. The numbers in the above chart reflect this effort as both the absolute number of uninsured children under age 19 below 200 percent of poverty as well as the number of uninsured children under age 19 below 200 percent of poverty as a percent of total children has dramatically decreased.

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

The Current Population Survey does not provide information necessary to accurately estimate the SCHIP eligible population, including information regarding immigration status. Additionally, the families on the CPS do not correspond to the units that apply together for Medicaid or SCHIP and CPS FPL income does not estimate income for such applicant units. While we have overlooked these limitations to create a performance measure relative to some base period, we know of no way to accurately measure the percentage of SCHIP eligible children enrolled in NYS or any other state based on current federal surveys like the CPS, SIPP, MEPS, etc.

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

Yes (please report your data in the table below)

No (skip to Question #4)

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

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

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

What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

What are the limitations of the data or estimation methodology?

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

How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

Facilitated enrollers have been able to enroll hard to reach populations because they provide application assistance in the community, speak the languages of the population they serve and are available during non-traditional hours. During the past federal fiscal year, approximately 184,000 children were enrolled in Medicaid as a result of the facilitated enrollment program. This information was extracted from our facilitated enrollment data system which tracks the activities of the community based facilitated enrollers and data reported by the health plan facilitated enrollers.

## SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

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

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

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

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

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

### **Goal:**

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

### **Type of Goal:**

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

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

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

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

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

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

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

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

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

### **Measurement Specification:**

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

### **Data Source:**

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

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

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

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

### **Year of Data:**

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

**Performance Measurement Data:**

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

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

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

**Explanation of Progress:**

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

**Other Comments on Measure:**

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

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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Updated Information.	<b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Updated Information.	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The population is low-income children under age 19 in New York State as estimated from the CPS. Estimates use a three year average as reported by the Census Bureau. This measure compares the uninsured rate for low-income children under 19 in the three year period 2002 - 2004 to the uninsured rate in the baseline period (1998 – 2000).	<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The population is low-income children under age 19 in New York State as estimated from the CPS. Estimates use a three year average as reported by the Census Bureau. This measure compares the uninsured rate for low-income children under 19 in the three year period 2003 - 2005 to the uninsured rate in the baseline period (1998 – 2000).	<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The population is low-income children under age 19 in New York State as estimated from the CPS. Estimates use a three year average as reported by the Census Bureau. This measure compares the uninsured rate for low-income children under 19 in the three year period 2004 - 2006 to the uninsured rate in the baseline period (1998 – 2000).
<b>Definition of Population Included in the Measure:</b>  Definition of denominator: Uninsured rate in the baseline period, calculated as low-income uninsured children under 19 in 1998-2000 divided by all low-income children under 19 in 1998-2000. The value is 17.5%.  Definition of numerator: Uninsured rate in the target period, calculated as low-income uninsured children under 19 in 2004-2006 divided by all low-income children under 19 in 2002-2004. The value is 13.7%.	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: Uninsured rate in the baseline period, calculated as low-income uninsured children under 19 in 1998-2000 divided by all low-income children under 19 in 1998-2000. The value is 17.5%.  Definition of numerator: Uninsured rate in the target period, calculated as low-income uninsured children under 19 in 2004-2006 divided by all low-income children under 19 in 2003-2005. The value is 12.6%.	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: Uninsured rate in the baseline period, calculated as low-income uninsured children under 19 in 1998-2000 divided by all low-income children under 19 in 1998-2000. The value is 17.5%.  Definition of numerator: Uninsured rate in the target period, calculated as low-income uninsured children under 19 in 2004-2006 divided by all low-income children under 19 in 2004-2006. The value is 11.8%.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>Performance Measurement Data:</b> Described what is being measured: This measure shows the ratio of the uninsured rate for low-income children in the target period (numerator) to its value in the baseline period (denominator). A decline in this ratio	<b>Performance Measurement Data:</b> Described what is being measured: This measure shows the ratio of the uninsured rate for low-income children in the target period (numerator) to its value in the baseline period (denominator). A decline in this ratio	<b>Performance Measurement Data:</b> Described what is being measured: This measure shows the ratio of the uninsured rate for low-income children in the target period (numerator) to its value in the baseline period (denominator). A decline in this ratio

FFY 2005	FFY 2006	FFY 2007
<p>indicates progress, as it shows a decrease in the uninsured rate relative to the baseline period.</p> <p>Numerator: 14 Denominator: 18 Rate: 77.8</p> <p>Additional notes on measure:</p>	<p>indicates progress, as it shows a decrease in the uninsured rate relative to the baseline period.</p> <p>Numerator: 13 Denominator: 18 Rate: 72.2</p> <p>Additional notes on measure:</p>	<p>indicates progress, as it shows a decrease in the uninsured rate relative to the baseline period.</p> <p>Numerator: 12 Denominator: 18 Rate: 66.7</p> <p>Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> In FFY 2007, our uninsured rate declined to a level that is 68 percent of the baseline period. This nearly one third reduction in our rate of low income uninsured children exceeded our expectations.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> There were no specific quality improvement activities associated with our progress.</p>
	<p><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b> Decrease the ratio of low-income uninsured children under 19 when compared to all low income children under 19 to 67%.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Decrease the ratio of low-income uninsured children under 19 when compared to all low income children under 19 to 66%.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Decrease the ratio of low-income uninsured children under 19 when compared to all low income children under 19 to 65%.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>
<b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This is a new objective for FFY 2007	<b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This is a new objective for FFY 2007	<b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This is a new objective for FFY 2007
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator: Enrollment rate in the baseline year, calculated as average monthly Child Health Plus and Medicaid enrollment of children under 19 for the year ending in May 2000 divided by the sum of that enrollment plus low-income uninsured children under 19 in 1998-2000. The value is 81.7%.  Definition of numerator: Enrollment in the target year, calculated as average monthly Child Health Plus and Medicaid enrollment of children under 19 for the year ending May 2004 divided by the sum of that enrollment plus low-income uninsured children under 19 in 2002-2004. The value is 88.1%.	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: Enrollment rate in the baseline year, calculated as average monthly Child Health Plus and Medicaid enrollment of children under 19 for the year ending in May 2000 divided by the sum of that enrollment plus low-income uninsured children under 19 in 1998-2000. The value is 81.7%.  Definition of numerator: Enrollment in the target year, calculated as average monthly Child Health Plus and Medicaid enrollment of children under 19 for the year ending May 2005 divided by the sum of that enrollment plus low-income uninsured children under 19 in 2003-2005. The value is 89.1%.	<b>Definition of Population Included in the Measure:</b>  Definition of denominator: Enrollment rate in the baseline year, calculated as average monthly Child Health Plus and Medicaid enrollment of children under 19 for the year ending in May 2000 divided by the sum of that enrollment plus low-income uninsured children under 19 in 1998-2000. The value is 81.7%.  Definition of numerator: Enrollment in the target year, calculated as average monthly Child Health Plus and Medicaid enrollment of children under 19 for the year ending May 2006 divided by the sum of that enrollment plus low-income uninsured children under 19 in 2004-2006. The value is 89.8%.
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>Performance Measurement Data:</b> Described what is being measured: This measure shows the ratio of the enrollment rate in the target period (numerator) to its value in the baseline period (denominator). An increase in this ratio indicates progress, as it shows a higher enrollment rate relative to the baseline period.  Numerator: 88	<b>Performance Measurement Data:</b> Described what is being measured: This measure shows the ratio of the enrollment rate in the target period (numerator) to its value in the baseline period (denominator). An increase in this ratio indicates progress, as it shows a higher enrollment rate relative to the baseline period.  Numerator: 89	<b>Performance Measurement Data:</b> Described what is being measured: This measure shows the ratio of the enrollment rate in the target period (numerator) to its value in the baseline period (denominator). An increase in this ratio indicates progress, as it shows a higher enrollment rate relative to the baseline period.  Numerator: 90

FFY 2005	FFY 2006	FFY 2007
Denominator: 82 Rate: 107.3  Additional notes on measure:	Denominator: 82 Rate: 108.5  Additional notes on measure:	Denominator: 82 Rate: 109.8  Additional notes on measure:
	<b>Explanation of Progress:</b>  <b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b>  <b>Are there any quality improvement activities that contribute to your progress?</b>	<b>Explanation of Progress:</b>  <b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> Having achieved a 10 percent increase in enrollment since the baseline period, we will strive to maintain this standard for the next three years.  <b>Are there any quality improvement activities that contribute to your progress?</b>
	<b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b>  <i>Explain how these objectives were set:</i>	<b>Annual Performance Objective for FFY 2008:</b> Maintain the ratio of children enrolled in CHPlus and Medicaid to the baseline year at 110%. <b>Annual Performance Objective for FFY 2009:</b> Maintain the ratio of children enrolled in CHPlus and Medicaid to the baseline year at 110%. <b>Annual Performance Objective for FFY 2010:</b> Maintain the ratio of children enrolled in CHPlus and Medicaid to the baseline year at 110%.  <i>Explain how these objectives were set:</i>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

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

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

**Objectives Related to SCHIP Enrollment**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

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

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

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

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

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

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

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

**Objectives Related to Medicaid Enrollment**

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:	<b>Definition of Population Included in the Measure:</b>  Definition of denominator:  Definition of numerator:
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b>
<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:	<b>Performance Measurement Data:</b> Described what is being measured:   Numerator: Denominator: Rate:  Additional notes on measure:
	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<b>Explanation of Progress:</b>  <p style="text-align: center;"><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p style="text-align: center;"><b>Are there any quality improvement activities that contribute to your progress?</b></p>

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

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

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

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 183 1226 233"><b>Annual Performance Objective for FFY 2007:</b> <b>Annual Performance Objective for FFY 2008:</b></p> <p data-bbox="751 289 1226 315"><b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="751 342 1125 368"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 183 1848 233"><b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b></p> <p data-bbox="1373 289 1848 315"><b>Annual Performance Objective for FFY 2010:</b></p> <p data-bbox="1373 342 1747 368"><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

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

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

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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <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>	<b>Status of Data Reported:</b> <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: 2006</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Information submitted by participating health plans in yearly operations report. This report includes but not limited to enrollee utilization, member months and plan operating costs.	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Information submitted by participating health plans in yearly operations report. This report includes but not limited to enrollee utilization, member months and plan operating costs.	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Information submitted by participating health plans in yearly operations report. This report includes but is not limited to enrollee utilization, member months and plan operating costs.
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP population only.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP population only.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: .24</p> <p>Additional notes on measure: Analyze the geographical breakdown of the enrollees and determine if there is sufficient plan and provider participation in all areas. Numerator is the number of physician visits and the denominator is the enrollee member months.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: .25</p> <p>Additional notes on measure: Analyze the geographical breakdown of the enrollees and determine if there is sufficient plan and provider participation in all areas. The number of plans in the CHPlus B program have remained stable. Provider networks are sufficient to handle the enrollment thereby affording children a primary care physician (PCP). PCP visits have remained consistent over time on a per member basis. The average physician visit per member month for 2002 - 2005 were .23, .26, .24 and .25 respectively.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: .26</p> <p>Additional notes on measure: The number of plans in the CHPlus program have remained stable. Provider networks are sufficient to handle the enrollment thereby affording children a primary care physician (PCP). PCP visits have remained consistent over time on a per member basis. The average physician visit per member month for 2003 through 2006 were .26, .24, .25 and .26 respectively.</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b> Work with the participating health plans to raise awareness to the importance of children receiving well-care visits and vaccines so as to increase physician visits.  <b>Annual Performance Objective for FFY 2008:</b> Work with the participating health plans to raise awareness to the importance of children receiving well-care visits and vaccines so as to increase physician visits.  <b>Annual Performance Objective for FFY 2009:</b> Work with the participating health plans to raise awareness to the importance of children receiving well-care visits and vaccines so as to increase physician visits.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> A slight increase in physician utilization rates from 2006 to 2007 indicates that we are meeting our goal of working with participating health plans to encourage use of services for children.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> Fully integrating our Vaccines For Children Program into the CHPlus program has contributed to successfully achieving our 2007 performance objective.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Work with the participating health plans to raise awareness of the importance of children receiving well-care visits and vaccines so as to increase physician visits.  <b>Annual Performance Objective for FFY 2009:</b> Work with the participating health plans to raise awareness of the importance of children receiving well-care visits and vaccines so as to increase physician visits.  <b>Annual Performance Objective for FFY 2010:</b> Work with the participating health plans to raise awareness of the importance of children receiving well-care visits and vaccines so as to increase physician visits.</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>



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

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

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

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

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

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

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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <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>	<b>Status of Data Reported:</b> <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: 2006</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2004 version of HEDIS used.	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2005 version of HEDIS used.	<b>Measurement Specification:</b> <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> See Section II	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> See Section II.	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> See Section II
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP population only.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP population only.	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
<b>Year of Data:</b> 2004	<b>Year of Data:</b> 2005	<b>Year of Data:</b> 2006
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure: Managed care plans operating in NYS are required to submit quality assurance reporting requirement data (QARR) to DOH yearly. For the most part, measures are adapted from HEDIS with some additional NYS specific measures added. These data are audited for commercial, medicaid managed care and CHPlus	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure: Managed care plans operating in NYS are required to submit quality assurance reporting requirement data (QARR) to DOH yearly. For the most part, measures are adapted from HEDIS with some additional NYS specific measures added. These data are audited for commercial, Medicaid managed care and CHPlus	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure: Managed care plans operating in NYS are required to submit quality assurance reporting requirement data (QARR) to DOH yearly. For the most part, measures are adapted from HEDIS with some additional NYS specific measures added. These data are audited for Commercial, Medicaid managed care and CHPlus

FFY 2005	FFY 2006	FFY 2007
populations.	populations.	populations.
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure: Since 1999, managed care plans participating in the CHPlus program have reported statewide increases in rates for those measures considered relevant to child and adolescent health. The increases in rates in each of the measures reported, as highlighted in Section II above, demonstrates that significant strides in improving access to health care for this population has occurred.</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure: Since 1999, managed care plans participating in the CHPlus program have reported statewide increases in rates for those measures considered relevant to child and adolescent health. The increases in rates in each of the measures reported, as highlighted in Section II above, demonstrates that significant strides in improving access to health care for this population has occurred</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>  Numerator:  Denominator:  Rate:</p> <p>Additional notes on measure: Since 1999, managed care plans participating in the CHPlus program have reported statewide increases in rates for those measures considered relevant to child and adolescent health. The increases in rates in each of the measures reported, as highlighted in Section II above, demonstrates that significant strides in improving access to health care for this population has occurred</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b> See Section II, Program's Performance Measurement and Progress.</p> <p><b>Annual Performance Objective for FFY 2008:</b> See Section II, Program's Performance Measurement and Progress.</p> <p><b>Annual Performance Objective for FFY 2009:</b> See Section II, Program's Performance Measurement and Progress.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> See Section II, Program's Performance Measurement and Progress.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> See Section II.</p> <p><b>Annual Performance Objective for FFY 2008:</b> See Section II, Program's Performance Measurement and Progress.</p> <p><b>Annual Performance Objective for FFY 2009:</b> See Section II, Program's Performance Measurement and Progress.</p> <p><b>Annual Performance Objective for FFY 2010:</b> See Section II, Program's Performance Measurement and Progress.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>

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

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

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

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

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

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

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?

We do not use any other strategies except what is noted above.

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 New York State Department of Health will continue to have plans report annually for the Quality Assurance Reporting Requirements on selected measures pertaining to the Child Health Plus program. Based on the individual plan performance, the Department will continue to require plans to respond with acceptable quality improvement initiatives in those areas where problems or potential problems are identified through the QARR reporting process.

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

No

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

In 2006, the Department commissioned a survey of families enrolled in CHPlus to identify trends in service delivery and consumer satisfaction of CHPlus health plans and providers. Findings from the survey include the following:

- 84 percent of parents/guardians rated their child's overall care as an eight or above on a scale of one to ten;
- 78 percent of parents/guardians reported they did not have a problem accessing the care their child needed and 8 out of 10 said the child "usually" or "always" received care quickly;
- 95 percent of parents/guardians would recommend their child's health plan to their family or friends; and
- 89 percent of parents/guardians "sometimes" or "never" had difficulty understanding a doctor or other health provider because they spoke different languages. Eleven percent "usually" or "always" said they had a problem. When there were difficulties, 62 percent reported there was "always" or "usually" an interpreter available.

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

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

---

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

### **OUTREACH**

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

In April 2007, Governor Spitzer created a Children's Cabinet, bringing together over 20 State agencies to focus on children's health insurance and early education. DOH has played an integral role in developing strategies for increasing enrollment among eligible children and partnering with other State agencies to expand coverage. DOH staffs the three Cabinet health workgroups: (1) local implementation, which focuses on engaging community partners to conduct outreach and enrollment activities; (2) using technology to streamline verification of eligibility at enrollment and renewal, which is identifying opportunities for accessing State databases to verify eligibility in lieu of documents; and (3) auto enrollment, which is exploring avenues for using enrollment information from other means-tested programs as the basis for enrolling children in health insurance.

DOH has launched a number of additional activities to identify eligible uninsured children and encourage them to enroll. It developed new marketing materials (e.g., print materials and radio ads) for children's health insurance and began a CHPlus radio advertising campaign on ethnic radio stations aimed at the Hispanic and African American communities. DOH worked with State agencies and other partners to match data to identify uninsured children likely to be eligible for targeted outreach. Working with community and government partners, DOH launched a series of locally tailored outreach and enrollment campaigns to identify uninsured children and provide assistance completing the application for health insurance.

Outreach is also done through the State's facilitated enrollment (FE) program. This program is comprised of 42 community based organizations (CBOs) and participating health plans. In addition to the FE program's outreach efforts, during FFY 2007, the Department conducted outreach and enrollment pilot projects in various cities throughout the state. Outreach and enrollment pilots are being conducted in Western New York (Buffalo and Rochester). The pilots were designed to assess the ability of community-based organizations to raise public awareness about the availability of Medicaid and Child Health Plus, identify uninsured children and families and link the families needing coverage to enrollment opportunities in their community.

Working in collaboration, the Department of Health and the Western Region Office (WRO) have partnered facilitated enrollers with strategically selected community organizations. The community partners will identify uninsured children and parents served by their programs and link them to facilitated enrollers. FEs will provide application assistance to the families and work with their community partners to refine and develop effective strategies. Strategies to identify the uninsured may include a question on insurance status on program forms or as part of case management, surveys and letters to families. Once identified community partners will link families to FEs through referrals or appointment systems. FEs can also conduct on-site enrollment and participate in special events. DOH staff will work closely with community partners to support their efforts. DOH staff will provide training, technical assistance on the development and implementation of strategies, campaign materials and troubleshoot as needed. WRO staff will serve as the local liaison with the community partners and FEs. The community partners and FEs have been asked to submit bi-weekly activity reports to help evaluate the effectiveness of this strategy.

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]**

After over ten years of successfully enrolling low-income, uninsured children in the CHPlus program, we have found that different enrollment strategies are necessary for the hard-to-reach populations. Previously, mass media marketing and word-of-mouth were the most effective means of reaching the target population. Since we have successfully enrolled such a large portion of the eligible population, the remaining uninsured children are more difficult to reach. We are focusing on developing a more targeted outreach approach, building on community partnerships, to enroll these children.

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

The facilitated enrollment program targets a culturally diverse population by providing multilingual application assistance in minority and immigrant communities. New York State has contracts with 42 facilitated enrollment agencies across the state providing assistance in 60 languages reaching immigrant and rural communities that previously had minimal access to the public health insurance system. Facilitated enrollers are conveniently located in communities where eligible families and individuals work, go to school, worship and shop.

Facilitated enrollment agencies are primarily community based and reflect the communities in which they are located. The facilitated enrollment program is designed to eliminate access barriers by providing application assistance in locations and at times that are convenient to families including evening and weekend hours.

As previously stated, during the months of July and August 2007, the DOH launched a radio advertising campaign on ethnic radio stations targeting Hispanic and African American communities. During this timeframe, the CHPlus hotline saw a spike in call volume with inquiries about the program. Overall, we measure effectiveness by monitoring the number of applications taken by FE's and program enrollment.

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]**

NYS estimates that 88 percent of children below 200 percent of the FPL are enrolled in our Medicaid and SCHIP programs. The data sources are administrative records and the 2007 CPS for children uninsured in 2006.

### **SUBSTITUTION OF COVERAGE (CROWD-OUT)**

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

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

- Yes
- No
- N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. **[7500]**

**States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.**

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

- Yes  
 No  
 N/A

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

New York State monitors the potential for crowd-out through information collected on the application. All applicants must answer a series of questions on prior insurance status as part of the eligibility determination process. These questions include the following:

1. Number who answered 'Yes' to having health insurance in the past 6 months.
2. Of those with prior insurance, how many were insured through an employer.
3. Number who indicated the following reasons as to why the enrollee's prior employer based insurance was discontinued.
  - a. The employer stopped offering health insurance;
  - b. The employer stopped offering or stopped paying for health insurance for my child(ren), but continued to cover the working parent;
  - c. The cost of the health insurance went up and I could not afford it anymore;
  - d. Child Health Plus costs less than the insurance my child(ren) used to have;
  - e. Child Health Plus offers better benefits than the insurance my child(ren) used to have;
  - f. I am no longer working for the employer where my child(ren) had the health insurance.

The results of the questions are reported to the State through their data collection system, KIDS. The state plan specifies that if, on average, over a nine-month period, the crowd-out percentage equals or exceeds 8%, a waiting period must be imposed.

New York has monitored the crowd-out percentage since the approval of the State Plan under Title XXI. This percentage has not exceeded 3% over a nine-month period at any time during this past federal fiscal year. Therefore, we can conclude there is no significant occurrence of crowd-out in the CHPlus program.

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

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

- Yes
- No
- N/A

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

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

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

New York State monitors the potential for crowd-out through information collected on the application and submitted by each insurer into the Knowledge, Information and Data System (KIDS). All new applicants must answer a series of questions on prior insurance status as part of the eligibility determination process. These questions include the following:

- a. Number who answered 'Yes' to having health insurance in the past 6 months.
- b. Of those with prior insurance, how many were insured through an employer.
- c. Number who indicated the following reasons as to why the enrollee's prior employer based insurance was discontinued:
  - 1. The employer stopped offering health insurance.
  - 2. The employer stopped offering or stopped paying for health insurance for my child(ren), but continued to cover the working parent;
  - 3. The cost of the health insurance went up and I could not afford it anymore;
  - 4. Child Health Plus costs less than the insurance my child(ren) used to have;
  - 5. Child Health Plus offers better benefits than the insurance my child(ren) used to have;
  - 6. I am no longer working for the employer where my child(ren) had the health insurance.

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

Data for the past FFY 2007 indicates that approximately two (2) percent of children who apply have insurance, however, many of these children are about to lose coverage due to a parent's change in job or employment which would make them eligible for CHPlus.

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

The results of the questions are compiled by the information reported on the application and submitted by the insurers to the Department on KIDS. The data reported to the department for the past federal fiscal year showed that approximately one (1) percent of the CHPlus enrollees dropped their group health plan coverage to enroll in NYS's SCHIP program.

## **COORDINATION BETWEEN SCHIP AND MEDICAID**

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

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

Both Medicaid and SCHIP use a mail-in renewal form. Documentation of residency is no longer required at recertification for CHPlus. Residency documentation is required at renewal for Medicaid if the enrollee has a change in address. There is a difference in income verification requirements between the two programs. Income documentation was eliminated for CHPlus if the applicant supplies the social security number for all of the wage earners in the household. The Medicaid program does not have the same policy and requires documentation. CHPlus implemented a prospective one month grace period at recertification for the payment of the family contribution, if required.

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]**

If a child's eligibility status changes, every effort is made to facilitate a seamless transition between Medicaid and CHPlus. Most insurers participate in both programs and also maintain similar provider networks.

If a family had a decrease in income at renewal and the CHPlus enrollee appears Medicaid eligible, they may remain enrolled in the CHPlus program as long as they apply for Medicaid within 60 days from their renewal in CHPlus. If the application is forwarded to the Local Department of Social Services (LDSS) within 60 days, the child can remain enrolled until a Medicaid eligibility determination is made. If the child is found eligible for Medicaid, they are disenrolled from the CHPlus program at the end of the month the determination was made. This enables children to have access to health care services during the transition period. In most cases, their current health plan can assist the family in completing an application and submitting it to the LDSS office for an eligibility determination.

If a Medicaid enrollee appears CHPlus eligible, the local district notifies the family and provides information regarding the steps they should take in order to transition to CHPlus. Through the facilitated enrollment program, health plan and community based enrollers assist families with the application and enrollment process and assist in the transition between programs. The LDSS makes every effort to transition the ineligible children to the CHPlus program but there may be gaps in coverage. The Department of Health is in the process of developing an electronic solution to seamlessly transition children between Medicaid and CHPlus.

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

Most insurers participate in both Medicaid and CHPlus. Many of the insurers have the same provider networks for both programs. This enables a seamless system of delivery for those children who may have a change in eligibility status and are required to change from one program to the other as they remain enrolled within the same plan.

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

## ELIGIBILITY REDETERMINATION AND RETENTION

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

Conducts follow-up with clients through caseworkers/outreach workers

Sends renewal reminder notices to all families

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

At least two notices are sent to the family prior to disenrolling the child from the program.

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]**

Ninety (90) days prior to the end of the eligibility period, a notice is sent to the family notifying them that they must recertify their child's eligibility or the child will be disenrolled. If the health plan does not receive the recertification application 30 days before the end of the enrollment period, a reminder notice is sent. Some health plans send an additional notice 60 days prior to the end of the enrollment period.

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]***

The Department has reduced the information that is necessary to recertify for CHPlus. Enrollees need only attest to their current income if they can supply the SSN for all of the wage earners in the household. Social Security numbers are matched against the wage reporting system to verify the income written on the application. In addition, enrollees can attest to their address at recertification.

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

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

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

A combination of outreach and notification is effective. Anecdotal evidence and data analysis suggests that the revised renewal applications are improving renewal rates in both programs. Renewal rates have improved by over 10% since the new process was implemented.

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, 71% of children in the program were retained at recertification and 28% were disenrolled at recertification. These children are disenrolled for failure to respond to recertification notices. Another 1% are disenrolled for other reasons, i.e. ineligible, change of residence, obtain other insurance, voluntarily disenroll or failure to pay family share of the premium.

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]**

November 2007

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

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

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
320200	119200	37			18400	6	1900	1	180600	56

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

The information is available on KIDS and is reported to the Department by participating insurers who are responsible for enrolling children in the program. It should be noted that most of the 119,200 children noted in the chart above reflect the temporary enrollment of children who appear to be Medicaid eligible.

**COST SHARING**

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

No

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

N/A There is no cost sharing in our program

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

N/A

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

Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

- Yes, please answer questions below.
- No, skip to Program Integrity subsection.

**Children**

- Yes, Check all that apply and complete each question for each authority.
  
- Family Coverage Waiver under the State Plan
- SCHIP Section 1115 Demonstration
- Medicaid Section 1115 Demonstration
- Health Insurance Flexibility & Accountability Demonstration

**Adults**

- Yes, Check all that apply and complete each question for each authority.
  
- Family Coverage Waiver under the State Plan
- SCHIP Section 1115 Demonstration
- Health Insurance Flexibility & Accountability Demonstration
- Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Please indicate which adults your State covers with premium assistance. (Check all that apply.)

- Parents and Caretaker Relatives
- Childless Adults
- Pregnant Women

Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**

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

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

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

Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

\_\_\_\_\_ Number of childless adults ever-enrolled during the reporting period  
\_\_\_\_\_ Number of adults ever-enrolled during the reporting period  
\_\_\_\_\_ Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

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

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

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)** **[7500]**

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

State: \_\_\_\_\_

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_

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

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

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

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

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

Does your state have a written plan that has safeguards and establishes methods and procedures for:

- (1) prevention
- (2) investigation
- (3) referral of cases of fraud and abuse?

Please explain: **[7500]**

The CHPlus program works in conjunction with the Medicaid program to administer the safeguards for the prevention, investigation and referral of cases of fraud and abuse. The safeguards established to accomplish this task are as follows:

**Provider Network Reviews**

- Provider network reviews are conducted to ensure that provider networks are adequate and that they do not include disciplined or sanctioned providers.
- All managed care organizations are required to credential providers prior to them providing treatment to members. Recredentialing activities must be conducted at least once every three years.
- Every managed care organization is required to periodically submit its entire provider network to the state via our secure Health Provider Network. Each network is reviewed to ensure that disciplined or sanctioned providers are not included. CHPlus networks are reviewed at least annually. If a disciplined or sanctioned provider is found to be included, the Department notifies

the managed care organization in writing (via a warning letter or a statement of deficiency letter, both of which require that the provider be removed from the network).

#### Onsite Surveys of Credentialing/Recredentialing Processes

- Onsite surveys are conducted every two years to ensure that managed care organizations credential and recredential providers appropriately.
- Follow-up reviews are conducted in the off year to ensure that deficiencies, if any, are addressed.

#### Fraud and Abuse Prevention Plans (10 NYCRR Part 98-1.21)

- Managed care organizations that participate in public or government sponsored programs and have more than 10,000 enrollees annually must submit a fraud and abuse prevention plan to the Department of Health (Department). Health maintenance organizations that file fraud and abuse prevention plans with the State Insurance Department (SID) are exempt from this requirement. (Health maintenance organizations submit fraud and abuse prevention plans to SID; prepaid health service plans submit fraud and abuse prevention plans to the Department.)

- In accordance with the regulations, Department fraud and abuse prevention plans were due on January 1, 2007 and had to be implemented within six months after they were approved.

- Fraud and abuse prevention plans must include the creation of a full time separate Special Investigation Unit (SIU). They must also include procedures for identifying and preventing possible fraud and abuse, investigating suspect cases, and detecting repetitive fraud. In addition, the prevention plans must verify that the organizations will do the following:

- Ensure confidential reporting;

- Guarantee that the Department will have access to all information and records;

- Promptly investigate suspect cases and implement corrective actions;

- Agree to coordinate with other MCOs, as needed;

- Develop a fraud and abuse prevention manual;

- Provide in-service training for employees;

- Establish, apply and disseminate disciplinary policies to employees; and

- Take action to deal with employees who fail to follow applicable standards.

- Managed care organizations are also required to submit confirmed cases of fraud and abuse to the Department on an ongoing basis. Such information must include a description of the suspected fraud or abuse, the person(s) involved, the approximate dollar amount and the disposition of the case.

- In addition, they must submit an annual report which is due on the January 15, 2007. The report must address the organization's:

- Experience, performance, and cost effectiveness in implementing their fraud and abuse prevention plan;

-Anticipated modifications to improve performance or remedy observed deficiencies; and

-Number of fraud and abuse complaints.

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

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

2 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]**

Health plans were required to submit a facilitated enrollment integrity compliance plan for approval. These plans included information on how applications are being reviewed for quality and completeness, telephone verification on a sample of applications to ensure that information is accurate and secret shopping of facilitated enrollment staff to ensure appropriate behavior. These plans were effective January 1, 2007.

Health plans are required to submit quarterly reports on facilitated enrollment integrity activities for Department review. Additionally, the Department will conduct onsite reviews of the facilitate enrollment compliance activities as part of its annual audit process.

Provider networks for CHPlus health plans are reviewed annually. The data is matched against various databases to ensure that disciplined or sanctioned providers are not included. Onsite reviews and follow-

SCHIP Annual Report Template – FFY 2007 75

up surveys are also conducted to ensure that managed care organizations are appropriately credentialing and recredentialing providers.

Additionally, the CHPlus staff audits at least annually each health plan's eligibility verification and recertification procedures to ensure children are enrolled appropriately. Plans are also reviewed to ensure that they are complying with all state and federal laws as well as administrative policies and procedures issued by program staff. Audits are conducted through site visits and/or desk audits to determine adherence to enrollment policies and procedures.

These audits include a review of a statistically valid sample of cases from each health plan and any other information necessary to ensure compliance with the program requirements. The information contained on the application is reviewed to determine if the child is eligible for CHPlus, the case is reviewed to ensure all CHPlus procedures were followed and is further reviewed to ensure the information submitted to KIDS (data collection system) is accurate. The Department reviewed over 4,900 files in FFY 2007 in conducting this audit function.

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

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

### COST OF APPROVED SCHIP PLAN

	2007	2008	2009
<b>Benefit Costs</b>			
Insurance payments	496090000	563150000	646030000
Managed Care			
Fee for Service			
<b>Total Benefit Costs</b>	496090000	563150000	646030000
(Offsetting beneficiary cost sharing payments)	-15750000	-16220000	-17430000
<b>Net Benefit Costs</b>	\$ 480340000	\$ 546930000	\$ 628600000

### Administration Costs

Personnel	2110000	2080000	2150000
General Administration	6440000	5060000	5060000
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	14680000	23510000	23510000
Other (e.g., indirect costs)		1890000	1890000
Health Services Initiatives			
<b>Total Administration Costs</b>	23230000	32540000	32610000
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	53371111	60770000	69844444

<b>Federal Title XXI Share</b>	327320500	376655500	429786500
<b>State Share</b>	176249500	202814500	231423500

<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	503570000	579470000	661210000
---	-----------	-----------	-----------

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, our program did not experience a shortfall.

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	293000	\$ 149	310000	\$ 155	333000	\$ 164
Fee for Service		\$		\$		\$

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

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

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

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

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

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

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

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

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

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

### Benefit Costs for Demonstration Population #2

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

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

**Benefit Costs for Demonstration Population #3**

**(e.g., pregnant women)**

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

**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					
<b>Total Benefit Costs for Waiver Population #3</b>					

**Total Benefit Costs**

(Offsetting Beneficiary Cost Sharing Payments)

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

--	--	--	--	--	--

**Administration Costs**

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

**Federal Title XXI Share**

**State Share**

--	--	--	--	--	--

**TOTAL COSTS OF DEMONSTRATION**

--	--	--	--	--	--

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

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

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

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

---

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

Governor Eliot Spitzer is a strong supporter of the Child Health Plus program. One of his highest priorities is to ensure that all New York State children have access to affordable, high quality health care. To help attain this goal, the 2007-2008 State Budget included an income eligibility expansion of the Child Health Plus program. The proposed expansion increased the income eligibility level for subsidized Child Health Plus coverage from 250 to 400 percent of the Federal Poverty Level.

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

The greatest challenge New York State experienced during the reporting period was the disapproval of the State Plan amendment to expand income eligibility under the Child Health Plus program. With the expansion, virtually all children in New York State would have access to affordable health insurance through a combination of Medicaid, Child Health Plus and private commercial insurance.

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

One accomplishment the program has achieved is a 71 percent recertification rate during the reporting period. This has been achieved through simplification of the recertification process and easing the documentation requirements.

During the reporting period, we also implemented a facilitated enrollment integrity compliance program with the health plans to ensure that facilitated enrollers take quality, accurate applications. Program components include performing a quality assurance review on each application to ensure completeness and internal logic, verification phone calls on a sample of applications to ensure that information reported on the application is accurate and a secret shopping program to ensure that facilitated enrollers are acting appropriately during the interview/ application process.

What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

During the next fiscal year, we will continue to pursue approval of the program eligibility expansion. We are also exploring ways to make the application process simpler through the use of various external databases. In addition, will be undertaking an extensive media campaign as well as locally developed outreach strategies to further increase program enrollment.

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