

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

Preamble

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

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

The framework is designed to:

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

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

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

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

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

Signature: _____
Chris Traylor, Associate Commissioner

SCHIP Program Name(s): All, Texas

SCHIP Program Type:

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

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

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Submission Date: 12/27/2007

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

	SCHIP Medicaid Expansion Program				Separate Child Health Program				
	* Upper % of FPL are defined as Up to and Including								
Eligibility					From	0	% of FPL conception to birth	200	% of FPL *
	From		% of FPL for infants	% of FPL *	From	185	% of FPL for infants	200	% of FPL *
	From		% of FPL for children ages 1 through 5	% of FPL *	From	133	% of FPL for children ages 1 through 5	200	% of FPL *
	From		% of FPL for children ages 6 through 16	% of FPL *	From	100	% of FPL for children ages 6 through 16	200	% of FPL *
	From		% of FPL for children ages 17 and 18	% of FPL *	From	100	% of FPL for children ages 17 and 18	200	% of FPL *

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

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

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

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

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

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

Does your program require a face-to-face interview during initial application	<input type="checkbox"/>	No	<input 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	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			3	
			<p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>Any applicant that has had private health insurance coverage in the past 90 days at the time of application.</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <p>(A) termination of employment because of layoff or business closing; (B) termination of continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (Pub L. No. 99-272) where termination is based upon the expiration of the period of coverage (usually 18 months); (C) change in marital status of a parent of the child led to the loss of health insurance coverage; (D) loss of health benefits coverage due to: 1) loss of employment or reduction in the hours of employment where the individual is ineligible for COBRA continuation coverage or where the cost of COBRA continuation coverage exceeds 10 percent of the family's income; 2) employer termination of coverage for all employees or dependents or for the category of employees or dependents that includes the applicant; 3) change to employment that does not offer dependent coverage; CONTINUED IN NARATIVE SECTION</p>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

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

Does your program provide period of continuous coverage regardless of income	<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		

changes?	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	
			Enrollees with family incomes at or below 185% FPL receive continuous coverage for 12 months. Enrollees with family incomes above 185 up to and including 200% FPL receive 6 months of continuous coverage and then must reverify their income eligibility. If enrollees are no longer income-eligible for CHIP, they are disenrolled. If enrollees remain income eligible they continue receiving services for the remainder of the 12 month coverage period and coverage is not disrupted.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
			<p>Enrollment: At or below 150% of FPL: 0 Above 150% up to and including 185% of FPL: \$35 Above 185% up to and including 200% of FPL: \$50 Enrollment fees are for the 12-month enrollment period. Premium: N/A Yearly Cap: Texas uses a 1.25 percent aggregate cap per 12-month term of coverage for families at or below 150 percent of FPL. For families at 151 percent to 200 percent of FPL, a 2.5 percent aggregate cap applies per 12-month term of coverage.</p>	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Does your program	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
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impose deductibles?	<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 type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
			<p>Family resources are not taken into account in the determination of eligibility for children at or below 150 percent of FPL.</p> <p>For children with countable family income above 150 percent of FPL, a family resource test is applied. For these families, the resource limit will be \$10,000 or less in countable liquid resources, combined with excess vehicle value.</p> <p>Up to \$18,000 of the fair market value of the family's highest valued vehicle will be exempted. CONTINUED IN NARATIVE SECTION</p>	
	<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	
			<p>Applicants may deduct up to \$200 per month in eligible childcare expenses from their income for each dependent child under age two and \$175 in eligible childcare expenses from their income for each dependent child age two or older.</p>	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Enter any Narrative text below. **[7500]**
List all exemptions to imposing the period of

uninsurance CONTINUED:

4) involuntary termination of coverage by health insurer for a reason other than nonpayment of premiums; 5) in the case of divorce or separation, the noncustodial, nonapplicant parent refusing to continue providing coverage previously provided through that parent's employer; or (E) the family terminated health benefits plan coverage for the child because the cost to the child's family for the coverage exceeded 10 percent of the family's income.

Does your program require an assets test? If Yes, please describe below CONTINUED:

For other countable vehicles, fair market value in excess of \$7,500 will be counted.

The total value of certain types of vehicles, such as income producing or vehicles modified to transport disabled household members will be exempted. Additionally, family resources are evaluated as part of the screening and enrollment process for Medicaid eligibility. Unborn children to be delivered to families with incomes at or below 200 percent of FPL are exempt from family resource test requirements for eligibility determination.

Comments on Responses in Table:

- | | | | | | | |
|--|-------------------------------------|-----|--------------------------|----|--------------------------|-----|
| 2. Is there an assets test for children in your Medicaid program? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 3. Is it different from the assets test in your separate child health program?
If yes, please describe in the narrative section below the asset test in your program. | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 4. Are there income disregards for your Medicaid program? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 5. Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program. | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| 6. 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 checked="" type="checkbox"/>	<input type="checkbox"/>

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

**Medicaid
Expansion SCHIP
Program**

**Separate
Child Health
Program**

	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Benefit structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q) Prenatal Eligibility expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t) Other – please specify						
a. <u>Eligibility coverage period</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b.

<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"/>

c.

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

<p>a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)</p>	<p>The request for review process was previously handled by the State's administrative services contractor and in 2007, the process was transferred back to the State.</p>
<p>b) Application</p>	<p>The application was updated to include information and questions about the new asset limit and income disregard, extended coverage period, and new cost-sharing requirements.</p>
<p>c) Application documentation requirements</p>	<p>Beginning September 1, 2007, the State is allowing for households to deduct some childcare expenses from their income. A request for verification of deductible expenses is sent to the family prior to state action on the application. The request for verification of deductible childcare expenses is sent before eligibility is determined. CONTINUED IN NARRATIVE SECTION</p>
<p>d) Benefit structure</p>	<p>Beginning 9-1-07 the dental benefits increased: The amount of preventative services for children in Tier 1, Tier 2, and Tier 3 increased from \$175 to \$250. The amount of therapeutic services for children in Tier 1 increased from \$200 to \$280. The amount of therapeutic services for children in Tier 2 increased from \$300 to \$425. The amount of therapeutic services for children in Tier 3 increased from \$400 to \$565.</p>
<p>e) Cost sharing (including amounts, populations, & collection process)</p>	<p>Enrollees with family incomes at or below 150% FPL pay a \$0 enrollment fee per 12-month enrollment period. Enrollees with family incomes above 150% FPL and up to and including 185% FPL pay a \$35 enrollment fee per 12-month enrollment period. Enrollees with family incomes above 185% FPL and up to and including 200% FPL pay a \$50 enrollment fee per 12-month enrollment period.</p>
<p>f) Crowd out policies</p>	<p>For a child's initial enrollment in SCHIP, a three-month waiting period applies for a child who was covered by a health benefits plan at any time during the 90 days before the date of application for coverage under SCHIP, unless the child qualifies for an exception to the waiting period. The SCHIP eligibility date begins 90 days (three calendar months) after the last month in which the applicant was covered by a third party health benefits plan. CONTINUED IN NARRATIVE SECTION</p>
<p>g) Delivery system</p>	

h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	
j) Assets test in Medicaid and/or SCHIP	Family resources are not taken into account in the determination of eligibility for children at or below 150 percent of FPL For children with countable family income above 150 percent of FPL, a family resource test is applied. For these families, the resource limit will be \$10,000 or less in countable liquid resources, combined with excess vehicle value. Up to \$18,000 of the fair market value of the family's highest valued vehicle will be exempted. CONTINUED IN NARATIVE SECTION
k) Income disregards in Medicaid and/or SCHIP	Applicants may deduct up to \$200 per month in eligible childcare expenses from their income for each dependent child under age two and \$175 in eligible childcare expenses from their income for each dependent child age two or older.
l) Eligibility redetermination process	
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	
p) Premium assistance	
q) Prenatal Eligibility Expansion	The State implemented its SCHIP Perinatal Program, which expands health care coverage to unborn children with family incomes up to and including 200 percent of the FPL, on January 1, 2007.
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	

s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	
a. Eligibility coverage period	Enrollees with family incomes at or below 185% FPL receive continuous coverage for 12 months. Enrollees with family incomes above 185 up to and including 200% FPL receive 6 months of continuous coverage and then must reverify their income eligibility. If enrollees are no longer income-eligible for CHIP, they are disenrolled. If enrollees remain income eligible, they continue receiving services for the remainder of the 12-month coverage period and coverage is not disrupted.
b.	
c.	

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

3. Family resources are not taken into account in the determination of eligibility for children at or below 150 percent of FPL For children with countable family income above 150 percent of FPL, a family resource test is applied. For these families, the resource limit will be \$10,000 or less in countable liquid resources, combined with excess vehicle value. Up to \$18,000 of the fair market value of the family's highest valued vehicle will be exempted. For other countable vehicles, fair market value in excess of \$7,500 will be counted. The total value of certain types of vehicles, such as income producing or vehicles modified to transport disabled household members will be exempted. Additionally, family resources are evaluated as part of the screening and enrollment process for Medicaid eligibility. Unborn children to be delivered to families with income at or below 200 percent of FPL are exempt from family resource test requirements for eligibility determination.

5. Beginning September 1, 2007, the state is allowing for households to deduct some childcare expenses from their income. Eligible childcare expenses include verified expenses the family has paid for the care of a child in the household and/or transportation of a child in the household to and/or from day care or school. The maximum childcare deduction that a family can subtract is \$200 per month for each child under age two, and \$175 per month for each dependent age two or older.

7. Citizenship is self-declared, but documentation is required to prove legal permanent residency status.

c)CONTINUED:

If verification of childcare expenses is not provided and the client remains eligible without the deduction, the deduction is disallowed and the client determined eligible for SCHIP and mailed a notice. If the client does not meet eligibility requirements without the child care expense, the client is not enrolled. Eligible childcare expenses include verified expenses the family has paid for the care of a child in the household and/or transportation of a child in the household to and/or from day care or school.

f)CONTINUED:

Exceptions to the waiting period are:

(A) termination of employment because of a layoff or business closing;

(B) termination of continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (Pub L. No. 99-272) where the termination is based upon the expiration of the period of coverage (usually 18 months);

(C) change in marital status of a parent of the child led to the loss of health insurance coverage;

(D) loss of health benefits coverage due to: 1) loss of employment or reduction in the hours of employment where the individual is ineligible for COBRA continuation coverage or where the cost of COBRA continuation coverage exceeds 10 percent of the family's income; 2) employer termination of coverage for all employees or dependents or for the category of employees or dependents that includes the applicant; 3) change to employment that does not offer dependent coverage; 4) involuntary

termination of coverage by the health insurer for a reason other than nonpayment of premiums; 5) in the case of divorce or separation, the noncustodial, nonapplicant parent refusing to continue providing coverage previously provided through that parent's employer; or
(E) the family terminated health benefits plan coverage for the child because the cost to the child's family for the coverage exceeded 10 percent of the family's income.

j) CONTINUED: For other countable vehicles, fair market value in excess of \$7,500 will be counted. The total value of certain types of vehicles, such as income producing or vehicles modified to transport disabled household members will be exempted.

Additionally, family resources are evaluated as part of the screening and enrollment process for Medicaid eligibility.

Unborn children to be delivered to families with income at or below 200 percent of FPL are exempt from family resource test requirements for eligibility determination.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

If Data Not Reported, Please Explain Why:

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

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

Status of Data Reported:

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

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

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

Measurement Specification:

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

Data Source:

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

Definition of Population included in the Measure:

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

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

Year of Data:

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

Performance Measurement Data (HEDIS® or Other):

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

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

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

Explanation of Progress:

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

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

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

Other Comments on Measure:

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> used HEDIS 2006 Technical Specifications</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: encounter-level enrollment information and encounter-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person was enrolled, and the number of months the person was enrolled in the program. The encounter-level claims/encounter data contained CPT and ICD 9-CM codes.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2004 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2004 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2006 Technical Specifications were used to determine the eligible population.</p>
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 17 Denominator: 303 Rate: 5.6</p> <p><u>4 visits</u> Numerator: 51 Denominator: 303 Rate: 16.8</p> <p><u>1 visit</u> Numerator: 22 Denominator: 303 Rate: 7.3</p> <p><u>5 visits</u> Numerator: 93 Denominator: 303 Rate: 30.7</p> <p><u>2 visits</u> Numerator: 18 Denominator: 303 Rate: 5.9</p> <p><u>6+ visits</u> Numerator: 76 Denominator: 303 Rate: 25.1</p> <p><u>3 visits</u> Numerator: 26 Denominator: 303 Rate: 8.6</p> <p>Additional notes on measure: Please see attachment entitled Well Child Visits in the First 15 Months of Life.</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 7 Denominator: 112 Rate: 6.3</p> <p><u>4 visits</u> Numerator: 15 Denominator: 112 Rate: 13.4</p> <p><u>1 visit</u> Numerator: 8 Denominator: 112 Rate: 7.1</p> <p><u>5 visits</u> Numerator: 37 Denominator: 112 Rate: 33</p> <p><u>2 visits</u> Numerator: 5 Denominator: 112 Rate: 4.5</p> <p><u>6+ visits</u> Numerator: 29 Denominator: 112 Rate: 25.9</p> <p><u>3 visits</u> Numerator: 11 Denominator: 112 Rate: 9.8</p> <p>Additional notes on measure: N/A</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 3 Denominator: 54 Rate: 5.6</p> <p><u>4 visits</u> Numerator: 12 Denominator: 54 Rate: 22.2</p> <p><u>1 visit</u> Numerator: 3 Denominator: 54 Rate: 5.6</p> <p><u>5 visits</u> Numerator: 20 Denominator: 54 Rate: 37</p> <p><u>2 visits</u> Numerator: 3 Denominator: 54 Rate: 5.6</p> <p><u>6+ visits</u> Numerator: 9 Denominator: 54 Rate: 16.7</p> <p><u>3 visits</u> Numerator: 4 Denominator: 54 Rate: 7.4</p> <p>Additional notes on measure: Year of data: September 1, 2005 to August 31, 2006</p>
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The annual performance objective for FFY 2007 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or designated State standards. In addition to this goal, the The Texas Health and Human Services Commission (HHSC) has set overarching performance improvement goals for the MCOs to achieve in state fiscal year (SFY) 2007. One of these goals is to improve access to primary care services.

Are there any quality improvement activities that contribute to your progress? The current MCO contracts have additional requirements for timeliness and access to care.

Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2008:

- Improve Access to Primary Care Services for Members
- Improve Access to Behavioral Health Services for Members
- Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment

Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.

Annual Performance Objective for FFY 2010: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2010. HHSC will determine those goals for SFY 2010 in May 2009.

Explain how these objectives were set: HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans.

Other Comments on Measure: HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.

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

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> used HEDIS 2006 Technical Specifications</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: encounter-level enrollment information and encounter-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person was enrolled, and the number of months the person was enrolled in the program. The encounter-level claims/encounter data contained CPT and ICD 9-CM codes.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).</p>

FFY 2005	FFY 2006	FFY 2007
Definition of numerator: HEDIS 2004 Technical Specifications were used to determine the eligible population.	Definition of numerator: HEDIS 2004 Technical Specifications were used to determine the eligible population.	Definition of numerator: HEDIS 2006 Technical Specifications were used to determine the eligible population.
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 13024 Denominator: 24267 Rate: 53.7</p> <p>Additional notes on measure: Additional notes on measure: Baseline / Year information reported in 2005: Year 1 – January 1, 2002 to December 31, 2002 One or More Visits: 29,215/ 113,988 (25.63%)</p> <p>Enrollee numbers may be smaller for Year 3 due to changes implemented following the 2003 Legislative Session. Those changes include a premium increase for families above 100 percent of the FPL and a 90-day waiting period for coverage.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 14318 Denominator: 27036 Rate: 53</p> <p>Additional notes on measure: N/A</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 9055 Denominator: 16019 Rate: 56.5</p> <p>Additional notes on measure: Year of Data: September 1, 2005 to August 31, 2006</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The annual performance objective for FFY 2007 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or designated State standards. In addition to this goal, the Texas Health and Human Services Commission (HHSC) has set overarching performance improvement goals for the MCOs to achieve in state fiscal year (SFY) 2007. One of these goals is to improve access to primary care services.</p> <p>Are there any quality improvement activities that contribute to your progress? The current MCO contracts have additional requirements for timeliness and access to care.</p> <p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2008.</p> <ul style="list-style-type: none"> • Improve Access to Primary Care Services for Members • Improve Access to Behavioral Health Services for Members • Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p>Annual Performance Objective for FFY 2010: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2010. HHSC will determine those goals for SFY 2010 in May 2009.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>		
<p>Other Comments on Measure: HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Used HEDIS 2006 Technical Specifications</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Three data sources were used: encounter-level enrollment, health care claims/encounter data, and pharmacy data. The enrollment files contained data about the person's age, gender, the MCO in which the person was enrolled, and the number of months the person was enrolled in the program. The claims/encounter data contained CPT and ICD 9-CM codes. The pharmacy data contains data about filled prescriptions including the drug name, dose, date filled, and refill information.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Please see attachment entitled Use of Appropriate Medication for Children with Asthma.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Three data sources used to calculate the quality of care indicators: 1) person-level enrollment information: the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. 2) person-level health care claims/encounter data: CPT, ICD 9-CM, and POS codes, and other information 3) person-level pharmacy data: filled prescriptions including the drug name, dose, date filled, and refill information.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2004 Technical Specifications were used to determine the eligible population. Per HEDIS specifications, 2 years of data was utilized.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2004 Technical Specifications were used to determine the eligible population. Per HEDIS specifications, 2 years of data was utilized.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2006 Technical Specifications were used to determine the eligible population. Two years of pharmacy and encounter data were used to identify a patient as having persistent asthma.</p>
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 1558 Denominator: 2193 Rate: 71</p> <p><u>10-17 years</u> Numerator: 2255 Denominator: 3289 Rate: 68.6</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Please see attachment entitled Use of Appropriate Medication for Children with Asthma.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 1425 Denominator: 2058 Rate: 69.2</p> <p><u>10-17 years</u> Numerator: 2289 Denominator: 3435 Rate: 66.6</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Rate reported for 18-19 years: 131/215 (60.93%)</p> <p>The combined rate (5-17 years) is N/A because HEDIS breaks down this measure for more appropriate tracking and reporting by age cohort. The EQRO updated this measure to comply with HEDIS, which currently measures ages 5-9 and 10-17.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 1138 Denominator: 1191 Rate: 95.5</p> <p><u>10-17 years</u> Numerator: 1954 Denominator: 2098 Rate: 93.1</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Year of Data: September 1, 2005 to August 31, 2006 The combined rate (5-17 years) is N/A because HEDIS breaks down this measure for more appropriate tracking and reporting by age cohort. The EQRO updated this measure to comply with HEDIS, which currently measures ages 5-9 and 10-17.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: <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? The annual performance objective for FFY 2007 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or designated State standards. In addition to this goal, the Texas Health and Human Services Commission (HHSC) has set overarching performance improvement goals for the MCOs to achieve in state fiscal year (SFY) 2007. One of these goals is to improve access to primary care services.

Are there any quality improvement activities that contribute to your progress? Managed care contracts require MCOs to establish and implement care and disease management programs for members that have been diagnosed with asthma.

Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2008:

- Improve Access to Primary Care Services for Members
- Improve Access to Behavioral Health Services for Members
- Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment

Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.

Annual Performance Objective for FFY 2010: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2010. HHSC will determine those goals for SFY 2010 in May 2009.

Explain how these objectives were set: HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans.

Other Comments on Measure: HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.

MEASURE: Children's Access to Primary Care Practitioners

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The CHIP Established Enrollee Survey is administered biennially to caregivers of children recently enrolled in CHIP. The next survey will be completed in SFY 2008. The final report would be available in SFY 2009. Updated information will be provided in the FFY 2008 Annual Report.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> N/A</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: encounter-level enrollment information and encounter-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person was enrolled, and the number of months the person was enrolled in the program. The encounter-level claims/encounter data contained CPT and ICD 9-CM codes.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Please see attachment entitled Children's Access to Primary Care Practitioners.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For the baseline measure, HEDIS 2004 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: A stratified random sample of families was selected to participate in the Established Enrollee Survey. To be eligible for inclusion in the sample, the child had to be enrolled in CHIP in Texas for 12 continuous months in the past year. The sample was stratified to include representation from the 13 CHIP MCOs. A target was set of 3,900 completed telephone surveys.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
Year of Data: 2004	Year of Data: 2006	Year of Data:

FFY 2005	FFY 2006	FFY 2007																																																
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table data-bbox="113 337 630 443"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 18406</td> <td>Numerator: 37978</td> </tr> <tr> <td>Denominator: 19009</td> <td>Denominator: 40978</td> </tr> <tr> <td>Rate: 96.8</td> <td>Rate: 92.7</td> </tr> </table> <table data-bbox="113 475 630 581"> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 24584</td> <td>Numerator: 48420</td> </tr> <tr> <td>Denominator: 27306</td> <td>Denominator: 54252</td> </tr> <tr> <td>Rate: 90</td> <td>Rate: 89.3</td> </tr> </table> <p>Additional notes on measure: Please see attachment entitled Children's Access to Primary Care Practitioners.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 18406	Numerator: 37978	Denominator: 19009	Denominator: 40978	Rate: 96.8	Rate: 92.7	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 24584	Numerator: 48420	Denominator: 27306	Denominator: 54252	Rate: 90	Rate: 89.3	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table data-bbox="743 337 1197 443"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> </table> <table data-bbox="743 475 1197 581"> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> </table> <p>Additional notes on measure: 2004 and 2005 data used HEDIS. For 2006, HHSC reported the data using the CAHPS survey.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table data-bbox="1379 337 1833 443"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> </table> <table data-bbox="1379 475 1833 581"> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:
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<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 3358 Denominator: 3904 Rate: 86</p> <p>Additional notes on measure: The HEDIS measure was not run to obtain this data. Instead, presence of a usual source of care was determined by an affirmative response to the CAHPS survey question, "Do you have one person you think of as your child's personal doctor or nurse?"</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>																																																

FFY 2005	FFY 2006	FFY 2007
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The annual performance objective for FFY 2007 is for the MCOs to meet or exceed the State standards. In addition to this goal, the Texas Health and Human Services Commission (HHSC) has set overarching performance improvement goals for the MCOs to achieve in state fiscal year (SFY) 2007. One of these goals is to improve access to primary care services. The CHIP Established Enrollee Survey is administered biennially to caregivers of children recently enrolled in CHIP. The next survey will be completed in SFY 2008. The final report would be available in SFY 2009. Updated information will be provided in the FFY2008 Annual Report.</p> <p>Are there any quality improvement activities that contribute to your progress? The current contracts are risk-based and include specific contract requirements for meeting specific standards for access to care and network adequacy.</p> <p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2008:</p> <ul style="list-style-type: none"> • Improve Access to Primary Care Services for Members • Improve Access to Behavioral Health Services for Members • Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p>Annual Performance Objective for FFY 2010: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2010. HHSC will determine those goals for SFY 2010 in May 2009.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>		
<p>Other Comments on Measure: HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	585461	710690	21.39

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

- Increase in the rate of program participation among children potentially eligible for the program - as reflected in increases in the number of new enrollees.
- Growth in the population under age 19 at-risk of being uninsured or lacking private health insurance.
- Organizational streamlining and improvements in the eligibility determination processes.

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	1,084	74.1	18.1	1.2
1998 - 2000	973	70.2	16.3	1.1
2000 - 2002	1,013	65.2	15.9	.9

2002 - 2004	967	63.4	14.9	.9
2003 - 2005	927	58.3	14.0	.8
2004 - 2006	943	57.0	14.0	.8
Percent change 1996-1998 vs. 2004-2006	-13.0%	NA	-22.7%	NA

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

The number of children enrolled in Medicaid has grown, and almost doubled during the 2000-2006 period.

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

Historically, the CPS estimates have under-estimated the number of children ever enrolled in Medicaid/CHIP during an entire one-year period. The annual rate of uninsured children could be over-stated by the CPS due to the under-estimation of the Medicaid/CHIP population

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

Yes (please report your data in the table below)

No (skip to Question #4)

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

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

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

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

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

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

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

Telephone surveys conducted by the state's EQRO, the Institute for Child Health Policy, the University of Florida, indicate that children were enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification. The State does not have an estimate of the number of children who have been enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification. However, because the same application is used for Children's Medicaid and CHIP, all children are screened for both programs when they apply.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

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

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

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

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

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

Goal:

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

Type of Goal:

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

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

Status of Data Reported:

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

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

Measurement Specification:

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

Data Source:

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

Definition of Population Included in Measure:

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

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

Year of Data:

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

Performance Measurement Data:

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

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

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

Explanation of Progress:

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

Other Comments on Measure:

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) To compare annual data on the number and percent enrolled in CHIP to the estimated number of otherwise uninsured income-eligible children in the state.</p>	<p>Goal #1 (Describe) To compare annual data on the number and percent enrolled in CHIP to the estimated number of otherwise uninsured income-eligible children in the state.</p>	<p>Goal #1 (Describe) To compare annual data on the number and percent enrolled in CHIP to the estimated number of otherwise uninsured income-eligible children in the state.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> N/A</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> 1) U.S. Census Bureau. March 2004 and 2005 CPS; 2) Texas CHIP program enrollment files; and 3) Population projections data by age group from the TXSDC.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> 1) U.S. Census Bureau. March 2005 and 2006 CPS; 2) Texas CHIP program enrollment files; and 3) Population projections data by age group from the TXSDC.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> 1) U.S. Census Bureau. March 2007 CPS; 2) Texas CHIP program enrollment files; and 3) Population projections data by age group from the Texas State Data Center.</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: This is the estimated number of otherwise uninsured children under age 19 meeting the income eligibility criteria* for the CHIP program as of September 2007, but not necessarily enrolled in the program. *CHIP income eligibility criteria: children who are not Medicaid income eligible, with incomes at or below 200% of poverty based on net (countable) income.</p> <p>Definition of numerator: Please see attachment entitled Objectives Related to Reducing the Number of Uninsured Children.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: This is the estimated number of otherwise uninsured children under age 19 meeting the income eligibility criteria* for the CHIP program as of September 2007, but not necessarily enrolled in the program. *CHIP income eligibility criteria: children who are not Medicaid income eligible, with incomes at or below 200% of poverty based on net (countable) income.</p> <p>Definition of numerator: Please see attachment entitled Objectives Related to Reducing the Number of Uninsured Children.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: This is the estimated number of otherwise uninsured children under age 19 meeting the income eligibility criteria* for the CHIP program as of September 2007, but not necessarily enrolled in the program. *CHIP income eligibility criteria: children who are not Medicaid income eligible, with incomes at or below 200% of poverty based on net (countable) income.</p> <p>Definition of numerator: This is the number of otherwise uninsured children meeting the CHIP income eligibility criteria, enrolled in the program as of September 2007. Although total CHIP enrollment was 327,000 in September 2007, only an estimated 295,000 enrollees were CHIP income-eligible. The rest were Medicaid income-eligible children from families that exceeded Texas' Medicaid assets/resource limits.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>

FFY 2005	FFY 2006	FFY 2007
<p>Performance Measurement Data: Described what is being measured: To estimate the potential population of otherwise uninsured CHIP income-eligible children: Direct application/extrapolation of unadjusted historical data on uninsured derived from the March CPS. These data were applied to the projected population of children under age 19, by age group and CHIP-specific percent of poverty income levels, to obtain projections of the population of otherwise uninsured children meeting the CHIP income eligibility criteria.</p> <p>Numerator: 299000 Denominator: 537000 Rate: 55.7</p> <p>Additional notes on measure: Please see attachment entitled Objectives Related to Reducing the Number of Uninsured Children.</p>	<p>Performance Measurement Data: Described what is being measured: To estimate the potential population of otherwise uninsured CHIP income-eligible children: Direct application/extrapolation of unadjusted historical data on uninsured derived from the March CPS. These data were applied to the projected population of children under age 19, by age group and CHIP-specific percent of poverty income levels, to obtain projections of the population of otherwise uninsured children meeting the CHIP income eligibility criteria.</p> <p>Numerator: 268000 Denominator: 517000 Rate: 51.8</p> <p>Additional notes on measure: Please see attachment entitled Objectives Related to Reducing the Number of Uninsured Children.</p>	<p>Performance Measurement Data: Described what is being measured: To estimate the potential population of otherwise uninsured CHIP income-eligible children: Direct application/extrapolation of unadjusted historical data on uninsured derived from the March CPS. These data were applied to the projected population of children under age 19, by age group and CHIP-specific percent of poverty income levels, to obtain projections of the population of otherwise uninsured children meeting the CHIP income eligibility criteria.</p> <p>Numerator: 295000 Denominator: 523000 Rate: 56.4</p> <p>Additional notes on measure: Program participation is defined according to the number of otherwise uninsured children, meeting the CHIP income eligibility criteria, enrolled as of September 2007. Baseline/Year information reported in FFY 2006: Estimated Participation Rate(268,000 / 517,000) * (100) = 52%.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The program participation rate among otherwise uninsured income-eligible children under 19 improved from 52% in FFY 2006 to 56% in FFY 2007.</p> <p>Are there any quality improvement activities that contribute to your progress? Streamlining of eligibility determination process* resulted in an increase in the average monthly number of new enrollees during FFY 2007.</p> <p>*See explanation of how objectives were set</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2007: Starting Jan. 1, 2007, a CHIP Perinatal program will provide prenatal care benefits to the unborn children of low-income women who do not qualify for Medicaid. Once born, the infants will continue to receive CHIP medical benefits for the remainder of their 12-month eligibility period. Due to this program expansion, the monthly average enrollment in CHIP is projected to grow to about 370,000 in FFY 2007 -- compared to the monthly average enrollment of 309,000 during FFY 2006.</p> <p>Annual Performance Objective for FFY 2008: Starting Jan. 1, 2007, a CHIP Perinatal program will provide prenatal care benefits to the unborn children of low-income women who do not qualify for Medicaid. Once born, the infants will continue to receive CHIP medical benefits for the remainder of their 12-month eligibility period. Due to this program expansion, the monthly average enrollment in CHIP is projected to grow to about 430,000 -- compared to the monthly average enrollment of 309,000 during FFY 2006.</p> <p>Annual Performance Objective for FFY 2009: Starting Jan. 1, 2007, a CHIP Perinatal program will provide prenatal care benefits to the unborn children of low-income women who do not qualify for Medicaid. Once born, the infants will continue to receive CHIP medical benefits for the remainder of their 12-month eligibility period. Due to this program expansion, the monthly average enrollment in CHIP is projected to grow to about 440,000 -- compared to the monthly average enrollment of 309,000 during FFY 2006.</p> <p><i>Explain how these objectives were set:</i> The objectives assume growth in enrollment due to the extension of CHIP benefits to: 1) The unborn children of pregnant women at or below 200% of poverty that do not qualify for Medicaid, and; 2) The infants born to non-U.S. citizens mothers at or below 200% of poverty. In addition, U.S. Citizen and qualified U.S. resident children under age 19 at/or below 200% of poverty, who do not qualify for Medicaid, and who would otherwise be uninsured, will continue to qualify for CHIP benefits.</p>	<p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is to attain an average monthly enrollment of 357,000 otherwise uninsured income-eligible children. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2008:</p> <ul style="list-style-type: none"> • Improve Access to Primary Care Services for Members • Improve Access to Behavioral Health Services for Members • Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2008 is to attain an average monthly enrollment of 362,000 otherwise uninsured income-eligible children.</p> <p>Annual Performance Objective for FFY 2010: Not yet determined.</p> <p><i>Explain how these objectives were set:</i> These objectives are based on the expectation that enrollment will increase in FFY2008 and 2009 due to program changes as of 9-1-07: 1) continuous eligibility period extended from 6-12 months; 2) elimination of the 90-day benefit waiting period for new enrollees, and 3) families applying for the program can deduct from their reportable (countable) income certain child care-related expenses allowing children from higher income families (over 200% of FPL) to qualify for the program.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: The analysis of performance objectives listed above in the Explanation of Progress is based on forecasted CHIP enrollment statistics that also account for CHIP enrollees who are Medicaid-income eligible, but who cannot enroll in Medicaid because they do not meet: 1) The Medicaid resource/asset test, and/or; 2) Medicaid-related U.S. Citizen/U.S. resident status requirements.</p>

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

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

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

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

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe) N/A	Goal #3 (Describe) N/A	Goal #3 (Describe) N/A
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> N/A	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> N/A	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> N/A
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> N/A	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> N/A	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> N/A
Definition of Population Included in the Measure: Definition of denominator: N/A Definition of numerator: N/A	Definition of Population Included in the Measure: Definition of denominator: N/A Definition of numerator: N/A	Definition of Population Included in the Measure: Definition of denominator: N/A Definition of numerator: N/A
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: N/A Numerator: Denominator: Rate: Additional notes on measure: N/A	Performance Measurement Data: Described what is being measured: N/A Numerator: Denominator: Rate: Additional notes on measure: N/A	Performance Measurement Data: Described what is being measured: N/A Numerator: Denominator: Rate: Additional notes on measure: N/A
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? Annual Performance Objective for FFY 2007: N/A Annual Performance Objective for FFY 2008: N/A	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? N/A Are there any quality improvement activities that contribute to your progress? N/A Annual Performance Objective for FFY 2008: N/A Annual Performance Objective for FFY 2009: N/A

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

Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) Document the rate of disenrollment from CHIP over the last two State fiscal years and the trends and changes in the rate across time.</p>	<p>Goal #1 (Describe) Document the rate of disenrollment from CHIP over the last two State fiscal years and the trends and changes in the rate across time.</p>	<p>Goal #1 (Describe) Document the rate of disenrollment from CHIP over the last two State fiscal years and the trends and changes in the rate across time.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The CHIP Disenrollee Survey is administered biennially to caregivers of children recently disenrolled in CHIP. The next survey will be conducted in SFY 2008 with the final report in SFY 2009. Updated information will be provided in the FFY 2008 Annual Report.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input 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></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used in these analyses. First, the enrollment broker for CHIP provided enrollment files. These files were used to identify the children who met the sample selection criteria and to obtain contact information for the families. Second, telephone survey data was obtained from families whose children disenrolled from CHIP. The survey instrument was designed to identify the sociodemographic characteristics and health status of those who disenroll from CHIP and identify why.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Please see attachment entitled Objectives Related to SCHIP Enrollment.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Number of completed telephone surveys. Definition of numerator: Please see attachment entitled Objectives Related to SCHIP Enrollment.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Number of completed telephone surveys. Definition of numerator: Most frequently cited reasons for disenrollment. A random sample of families was selected to participate in the disenrollee survey using the following criteria: 1) the child had to have been enrolled in CHIP in Texas for six months or longer and 2) disenrolled for two months or longer between the period of December 2005 through April 2006. A</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>

FFY 2005	FFY 2006	FFY 2007
	target was set of 400 completed telephone surveys with families of disenrollees.	
<p>Year of Data:</p> <p>Performance Measurement Data: Described what is being measured: Please see Definition of Population Included in Measure.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Numerator: N/A Denominator: N/A Rate: N/A</p> <p>Baseline/Year information reported in 2005 - Most frequently cited reasons for disenrollment: Child was switched to Medicaid (189/500=37.80%) Could not or did not complete the renewal process (144/500=28.80%) Obtained other insurance policy (134/500=26.80%) Child no longer eligible for this program because family income was too high (199/500=23.80%)</p>	<p>Year of Data: 2006</p> <p>Performance Measurement Data: Described what is being measured: Please see Definition of Population Included in Measure.</p> <p>Most frequently cited reasons for disenrollment: Child switched from CHIP to Medicaid (141/400 = 35.25%) Child no longer eligible for this program because income was too high (120/400 = 30.00%) Could not or did not complete the renewal process (110/400 = 27.50%) Obtained other insurance policy (107/400 = 26.75%)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Numerator: See above Denominator: See above Rate: See above</p>	<p>Year of Data:</p> <p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The Texas Health and Human Services Commission (HHSC) has set overarching performance improvement goals for the MCOs to achieve in state fiscal year (SFY) 2007. One of these goals is to improve current member understanding about the CHIP benefit renewal process. The CHIP Disenrollee Survey is administered biennially to caregivers of children recently disenrolled in CHIP. The next survey will be conducted in SFY 2008 with the final report in SFY 2009. Updated information will be provided in the FFY 2008 Annual Report.</p> <p>Are there any quality improvement activities that contribute to your progress? Eligibility and enrollment files are reviewed monthly for trends.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2007: HHSC has set overarching performance improvement goals for the MCOs to achieve in state fiscal year (SFY) 2007. One of these goals is to improve current member understanding about the CHIP benefit renewal process.</p> <p>Annual Performance Objective for FFY 2008: HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2008. HHSC will determine those goals for SFY 2008 in May 2007.</p> <p>Annual Performance Objective for FFY 2009: HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p><i>Explain how these objectives were set:</i> HHSC writes the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>	<p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2008:</p> <ul style="list-style-type: none"> • Improve Access to Primary Care Services for Members • Improve Access to Behavioral Health Services for Members • Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p>Annual Performance Objective for FFY 2010: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2010. HHSC will determine those goals for SFY 2010 in May 2009.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>
<p>Other Comments on Measure: Year of Data: Note: The CHIP Disenrollee Survey is administered biennially to caregivers of children recently disenrolled in CHIP. The next survey will be filed by January 2006 with a final report approved by May 2006. Updated information will be provided in the FY 2006 Annual Report.</p>	<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) Identify the sociodemographic and health characteristics of the disenrollees relative to those who remain enrolled.</p>	<p>Goal #2 (Describe) Identify the sociodemographic and health characteristics of the disenrollees relative to those who remain enrolled.</p>	<p>Goal #2 (Describe) Identify the sociodemographic and health characteristics of the disenrollees relative to those who remain enrolled.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The CHIP Disenrollee Survey is administered biennially to caregivers of children recently disenrolled in CHIP. The next survey will be conducted in SFY 2008 with the final report in SFY 2009. Updated information will be provided in the FFY 2008 Annual Report.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Please see attachment entitled Objectives Related to SCHIP Enrollment.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Please see attachment entitled Objectives Related to SCHIP Enrollment.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Please see attachment entitled Objectives Related to SCHIP Enrollment. Definition of numerator: Please see attachment entitled Objectives Related to SCHIP Enrollment.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Please see attachment entitled Objectives Related to SCHIP Enrollment. Definition of numerator: Please see attachment entitled Objectives Related to SCHIP Enrollment.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data: 2006</p>	<p>Year of Data:</p>

FFY 2005	FFY 2006	FFY 2007
<p>Performance Measurement Data: Described what is being measured: Please see Definition of Population Included in Measure.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Please see the attachment entitled Objectives Related to SCHIP Enrollment.</p>	<p>Performance Measurement Data: Described what is being measured: Please see attachment entitled Objectives Related to SCHIP Enrollment.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Numerator: See above Denominator: See above Rate: See above</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? One of the overarching performance improvement goals that the Texas Health and Human Services Commission (HHSC) has set for the MCOs to achieve in state fiscal year (SFY) 2007 is to improve current member understanding about the CHIP benefit renewal process to help current members retain their enrollment status. The CHIP Disenrollee Survey and Established Enrollee (Caregiver) Survey are administered biennially to caregivers of children recently disenrolled and continuously enrolled in CHIP. The next surveys will be conducted in SFY 2008 and completed in SFY 2009. Updated information will be provided in the FFY 2008 Annual Report.</p> <p>Are there any quality improvement activities that contribute to your progress? Eligibility and enrollment files are reviewed monthly for trends.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2007: One of the overarching performance improvement goals that HHSC has set for the MCOs to achieve in state fiscal year (SFY) 2007 is to improve current member understanding about the CHIP benefit renewal process to help current members retain their enrollment status.</p> <p>Annual Performance Objective for FFY 2008: HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2008. HHSC will determine those goals for SFY 2008 in May 2007.</p> <p>Annual Performance Objective for FFY 2009: HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p><i>Explain how these objectives were set:</i> HHSC writes the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>	<p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2008:</p> <ul style="list-style-type: none"> • Improve Access to Primary Care Services for Members • Improve Access to Behavioral Health Services for Members • Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p>Annual Performance Objective for FFY 2010: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2010. HHSC will determine those goals for SFY 2010 in May 2009.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>
<p>Other Comments on Measure: Year of Data: Note: the CHIP Disenrollee Survey and Caregiver Survey (CAHPS) are administered biennially to caregivers of children recently disenrolled and continuously enrolled in CHIP. The next surveys will be in the field by December 2005 with final reports provided by May 2006. Updated information will be provided in the FY 2006 Annual Report.</p>	<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) Document trends in the case-mix and per member per month (PMPM) health care expenditures in conjunction with the disenrollment trends. Document children's insurance status and their access to employer-based coverage upon leaving the program.</p>	<p>Goal #3 (Describe) Document children's insurance status and their access to employer-based coverage upon leaving the program. Document trends in the case-mix and per member per month (PMPM) health care expenditures in conjunction with the disenrollment trends.</p>	<p>Goal #3 (Describe) Document children's insurance status and their access to employer-based coverage upon leaving the program. Document trends in the case-mix and per member per month (PMPM) health care expenditures in conjunction with the disenrollment trends.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> N/A</p>	<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The CHIP Disenrollee Survey is administered biennially to caregivers of children recently disenrolled in CHIP. The next survey will be conducted in SFY 2008 and completed in SFY 2009. The survey results and updated information regarding PMPM expenditures and insurance status will be provided in the FFY 2008 Annual Report.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> PMPM Expenditures: Claims and encounter data were used to classify the children with special health care needs.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Please see attachment entitled Objectives Related to SCHIP Enrollment.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Please see attachment entitled Objectives Related to SCHIP Enrollment. Definition of numerator: Please see attachment entitled Objectives Related to SCHIP Enrollment.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: N/A Definition of numerator: Definition of numerator: N/A Disenrollee Survey: A random sample of families was selected to participate in the disenrollee survey using the following criteria: 1) the child had to have been enrolled in CHIP in Texas for six months or longer and 2) disenrolled for two months or longer between the period of December 2005 through April 2006. A target was set of 400 completed telephone surveys with families of disenrollees.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>

FFY 2005	FFY 2006	FFY 2007
Year of Data:	Year of Data: 2006	Year of Data:
<p>Performance Measurement Data: Described what is being measured: Please see Definition of Population Included in the Measure.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Please see attachment entitled Objectives Related to SCHIP Enrollment.</p>	<p>Performance Measurement Data: Described what is being measured: Please see attachment entitled Objectives Related to SCHIP Enrollment.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Numerator: See above Denominator: See above Rate: See above</p> <p>Additional notes on measure: N/A</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? One of the overarching performance improvement goals that the Texas Health and Human Services Commission (HHSC) has set for the MCOs to achieve in state fiscal year (SFY) 2007 is to improve current member understanding about the CHIP benefit renewal process to help current members retain their enrollment status. The CHIP Disenrollee Survey is administered biennially to caregivers of children recently disenrolled in CHIP. The next survey will be conducted in SFY 2008 and completed in SFY 2009. The survey results and updated information regarding PMPM expenditures and insurance status will be provided in the FFY 2008 Annual Report.</p> <p>Are there any quality improvement activities that contribute to your progress? Eligibility and enrollment files are reviewed monthly for trends.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2007: One of the overarching performance improvement goals that HHSC has set for the MCOs to achieve in state fiscal year (SFY) 2007 is to improve current member understanding about the CHIP benefit renewal process to help current members retain their enrollment status.</p> <p>Annual Performance Objective for FFY 2008: HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2008. HHSC will determine those goals for SFY 2008 in May 2007.</p> <p>Annual Performance Objective for FFY 2009: HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p><i>Explain how these objectives were set:</i> HHSC writes the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>	<p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2008:</p> <ul style="list-style-type: none"> • Improve Access to Primary Care Services for Members • Improve Access to Behavioral Health Services for Members • Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p>Annual Performance Objective for FFY 2010: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2010. HHSC will determine those goals for SFY 2010 in May 2009.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>
<p>Other Comments on Measure: Year of Data: Note: The CHIP Disenrollee Survey is administered biennially to caregivers of children recently disenrolled in CHIP. The next survey will be in the field by January 2006 with a final report provided by May 2006. Updated information regarding PMPM expenditures and insurance status will be provided in the 2006 Annual Report.</p>	<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>

Objectives Related to Medicaid Enrollment

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

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 180 1272 235">Annual Performance Objective for FFY 2007: N/A Annual Performance Objective for FFY 2008: N/A</p> <p data-bbox="751 289 1272 315">Annual Performance Objective for FFY 2009: N/A</p> <p data-bbox="751 342 1173 368"><i>Explain how these objectives were set: N/A</i></p>	<p data-bbox="1373 180 1894 235">Annual Performance Objective for FFY 2008: N/A Annual Performance Objective for FFY 2009: N/A</p> <p data-bbox="1373 289 1894 315">Annual Performance Objective for FFY 2010: N/A</p> <p data-bbox="1373 342 1795 368"><i>Explain how these objectives were set: N/A</i></p>
Other Comments on Measure: N/A	Other Comments on Measure: N/A	Other Comments on Measure: N/A

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 180 1272 235">Annual Performance Objective for FFY 2007: N/A Annual Performance Objective for FFY 2008: N/A</p> <p data-bbox="751 289 1272 315">Annual Performance Objective for FFY 2009: N/A</p> <p data-bbox="751 342 1173 368"><i>Explain how these objectives were set: N/A</i></p>	<p data-bbox="1373 180 1894 235">Annual Performance Objective for FFY 2008: N/A Annual Performance Objective for FFY 2009: N/A</p> <p data-bbox="1373 289 1894 315">Annual Performance Objective for FFY 2010: N/A</p> <p data-bbox="1373 342 1795 368"><i>Explain how these objectives were set: N/A</i></p>
Other Comments on Measure: N/A	Other Comments on Measure: N/A	Other Comments on Measure: N/A

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1274 237">Annual Performance Objective for FFY 2007: N/A Annual Performance Objective for FFY 2008: N/A</p> <p data-bbox="751 302 1274 326">Annual Performance Objective for FFY 2009: N/A</p> <p data-bbox="751 358 1173 383"><i>Explain how these objectives were set: N/A</i></p>	<p data-bbox="1375 185 1898 237">Annual Performance Objective for FFY 2008: N/A Annual Performance Objective for FFY 2009: N/A</p> <p data-bbox="1375 302 1898 326">Annual Performance Objective for FFY 2010: N/A</p> <p data-bbox="1375 358 1797 383"><i>Explain how these objectives were set: N/A</i></p>
Other Comments on Measure: N/A	Other Comments on Measure: N/A	Other Comments on Measure: N/A

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) Document trends in number and percent of CHIP in Texas enrollees who have access to primary care practitioners.</p>	<p>Goal #1 (Describe) Document trends in number and percent of CHIP in Texas enrollees who have access to primary care practitioners.</p>	<p>Goal #1 (Describe) Document trends in number and percent of CHIP in Texas enrollees who have access to primary care practitioners.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The Institute for Child Health Policy, the organization that the Texas HHSC contracts with to evaluate its CHIP program did not run this measure this year.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The Institute for Child Health Policy, the organization that the Texas HHSC contracts with to evaluate its CHIP program did not run this measure this year. The HHSC Strategic Decision Support unit intends to run the measure for FFY 2008.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> N/A</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: encounter-level enrollment information and encounter-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person was enrolled, and the number of months the person was enrolled in the program. The encounter-level claims/encounter data contained CPT and ICD 9-CM codes.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> N/A</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For the baseline measure, HEDIS 2003 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: N/A</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: 2004</p>	<p>Year of Data:</p>	<p>Year of Data:</p>

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Please see attachment entitled <u>Objectives Related to Increasing Access to Care.</u></p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? N/A</p> <p>Are there any quality improvement activities that contribute to your progress? N/A</p> <p>Annual Performance Objective for FFY 2007: The annual performance objective for FFY 2007 is for the MCOs to meet or exceed the HEDIS established national benchmarks. In addition to this goal, HHSC has set overarching performance improvement goals for the MCOs to achieve in state fiscal year (SFY) 2007. One of these goals is to improve access to primary care services.</p> <p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the HEDIS established national benchmarks. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2008. HHSC will determine those goals for SFY 2008 in May 2007.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? N/A</p> <p>Are there any quality improvement activities that contribute to your progress? N/A</p> <p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the State standards. In addition to this goal, the Texas Health and Human Services Commission (HHSC) has set overarching improvement goals for the MCOs to achieve in SFY 2008:</p> <ul style="list-style-type: none"> •Improve Access to Primary Care Services for Members •Improve Access to Behavioral Health Services for Members •Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the HEDIS established national benchmarks. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p><i>Explain how these objectives were set:</i> HHSC writes the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>	<p>Annual Performance Objective for FFY 2010: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2010. HHSC will determine those goals for SFY 2010 in May 2009.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>
<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) Document trends in percent of CHIP in Texas enrollees who have a usual source of care.</p>	<p>Goal #2 (Describe) Document trends in percent of CHIP in Texas enrollees who have a usual source of care.</p>	<p>Goal #2 (Describe) Document trends in percent of CHIP in Texas enrollees who have a usual source of care.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> N/A</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> The Institute for Child Health Policy, the organization that the Texas HHSC contracts with to evaluate its CHIP program did not run this measure this year. New data for this measure will be reported in the FFY 2008 report.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The Consumer Assessment of Health Plans (CAHPS) questionnaire is used to determine enrollee usual source of care.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The Consumer Assessment of Health Plans (CAHPS) Survey 3.0 Medicaid module is used to determine enrollee usual source of care.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used in these analyses. The enrollment broker for CHIP provided enrollment files. These files were used to identify the children who met our sample selection criteria and to obtain contact information for the families. Second, we used the telephone survey data from families whose children were enrolled in CHIP for 12 months or longer. The survey instrument used incorporated several questions from the Consumer Assessment of Health Plans (CAHPS).</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> 1) Enrollment files obtained from the enrollment broker for CHIP in Texas were used to identify children who met sample selection criteria, obtain contact information for families, and compare sociodemographic characteristics of survey participants to those not located or refusing to participate. 2) Telephone survey data from families whose children were enrolled in CHIP in Texas for 12 months or more in FY2006 were used and included questions from CAHPS and questions addressing care for CSHCN.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: A random sample of families with</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: A stratified random sample of</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>

FFY 2005	FFY 2006	FFY 2007
<p>children enrolled in CHIP in Texas was selected to participate in the Caregiver telephone survey. In order to be included in the sample, the child had to have been enrolled in CHIP in Texas for 12 months or longer. A target was set of 5,400 completed telephone surveys with families of children enrolled in CHIP. The survey sample was stratified by health care plans and further stratified by sub populations of plans based on demographic or geographic criteria.</p>	<p>families was selected to participate in the Established Enrollee Survey. To be eligible for inclusion in the sample, the child had to be enrolled in CHIP in Texas for 12 continuous months in the past year. The sample was stratified to include representation from the 13 CHIP MCOs. A target was set of 3,900 completed telephone surveys.</p>	
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data:</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Methodology: Presence of a usual source of care was determined by an affirmative response to the CAHPS survey question, "Do you have one person you think of as your child's personal doctor or nurse?"</p> <p>Note: The CAHPS is administered biennially to caregivers of CHIP enrollees via a telephone survey. The next survey will be in the field by November 2005 with a final report provided by May 2006. Updated information will be provided in the FY 2006 Annual Report.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 3358 Denominator: 3904 Rate: 86</p> <p>Additional notes on measure: Measurement Period: December 2005-April 2006 Presence of a usual source of care was determined by an affirmative response to the CAHPS survey question, "Do you have one person you think of as your child's personal doctor or nurse?"</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: N/A</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The annual performance objective for FFY 2007 is for the MCOs to meet or exceed the State standards. In addition to this goal, the Texas Health and Human Services Commission (HHSC) has set overarching performance improvement goals for the MCOs to achieve in state fiscal year (SFY) 2007. One of these goals is to improve access to primary care services. The CHIP Established Enrollee Survey is administered biennially to caregivers of children enrolled in CHIP. The next survey will be completed in SFY 2008. The final report would be available in SFY 2009. Updated information will be provided in the FY2008 Annual Report.</p> <p>Are there any quality improvement activities that contribute to your progress? The current contracts are risk-based and include specific contract requirements for meeting specific standards for access to care and network adequacy.</p> <p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2008:</p> <ul style="list-style-type: none"> • Improve Access to Primary Care Services for Members • Improve Access to Behavioral Health Services for Members • Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2009: N/A</p> <p><i>Explain how these objectives were set:</i> N/A</p>	<p>Annual Performance Objective for FFY 2010: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2010. HHSC will determine those goals for SFY 2010 in May 2009.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>
<p>Other Comments on Measure: Baseline/Year information reported in 2005: Year 1 (4398/5411 = 81.28%)</p>	<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>

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

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) Document trends in number and percent of CHIP in Texas enrollees receiving well child care in the first 15 months of life.</p>	<p>Goal #1 (Describe) Document trends in number and percent of CHIP in Texas enrollees receiving well child care in the first 15 months of life.</p>	<p>Goal #1 (Describe) Document trends in number and percent of CHIP in Texas enrollees receiving well child care in the first 15 months of life.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> N/A</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> N/A</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Used HEDIS 2006 Technical Specifications</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used: encounter-level enrollment information and encounter-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person was enrolled, and the number of months the person was enrolled in the program. The encounter-level claims/encounter data contained CPT codes and ICD 9-CM codes.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Please see attachment entitled Objectives Related to Use of Preventative Care.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2004 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2004 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2006 Technical Specifications were used to determine the eligible population.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Please see attachment entitled Objectives Related to Use of Preventative Care.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Year of Data: September 1, 2004 to August 31, 2005 No Visits: 7/ 112 (6.25%) One Visit: 8/ 112 (7.14%) Two Visits: 5/ 112 (4.46%) Three Visits: 11/ 112 (9.82%) Four Visits: 15/ 112 (13.39%) Five Visits: 37/ 112 (33.04%) Six or More Visits: 29/ 112 (25.89%)</p> <p>Numerator: See above Denominator: See above Rate: See above</p> <p>Additional notes on measure: N/A</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Year of Data: September 1, 2005 to August 31, 2006 No Visits: 3/54 (5.56%) One Visit: 3/54 (5.56%) Two Visits: 3/54 (5.56%) Three Visits: 4/54 (7.41%) Four Visits: 12/54 (22.22%) Five Visits: 20/54 (37.04%) Six or More Visits: 9/54 (16.67%)</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The annual performance objective for FFY 2007 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or designated State standards. In addition to this goal, the Texas Health and Human Services Commission (HHSC) has set overarching performance improvement goals for the MCOs to achieve in state fiscal year (SFY) 2007. One of these goals is to improve access to primary care services.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: The annual performance objective for FFY 2007 is for the MCOs to meet or exceed the HEDIS established national benchmarks. In addition to this goal, HHSC has set overarching performance improvement goals for the MCOs to achieve in state fiscal year(SFY) 2007. One of these goals is to improve access to primary care services.</p> <p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the HEDIS established national benchmarks. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2008. HHSC will determine those goals for SFY 2008 in May 2007.</p> <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the HEDIS established national benchmarks. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p><i>Explain how these objectives were set:</i> HHSC writes the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>	<p>Are there any quality improvement activities that contribute to your progress? The current MCO contracts have additional requirements for timeliness and access to care.</p> <p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2008:</p> <ul style="list-style-type: none"> • Improve Access to Primary Care Services for Members • Improve Access to Behavioral Health Services for Members • Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p>Annual Performance Objective for FFY 2010: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or the State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2010. HHSC will determine those goals for SFY 2010 in May 2009.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>
<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) Document trends in number and percent of CHIP in Texas enrollees receiving well child care in the 3rd, 4th, 5th, and 6th years of life.</p>	<p>Goal #2 (Describe) Document trends in number and percent of CHIP in Texas enrollees receiving well child care in the 3rd, 4th, 5th, and 6th years of life.</p>	<p>Goal #2 (Describe) Document trends in number and percent of CHIP in Texas enrollees receiving well child care in the 3rd, 4th, 5th, and 6th years of life.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> N/A</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> N/A</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2004 Technical Specifications</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Used HEDIS 2006 Technical Specifications</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: encounter-level enrollment information and encounter-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person was enrolled, and the number of months the person was enrolled in the program. The encounter-level claims/encounter data contained CPT codes and ICD 9-CM codes.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Please see attachment entitled Objectives Related to Use of Preventative Care.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Two data sources were used to calculate the quality of care indicators: person-level enrollment information and person-level health care claims/encounter data. The enrollment files contained information about the person's age, gender, the MCO in which the person is enrolled, and the number of months the person was enrolled in the program. The person-level claims/encounter data contained CPT, ICD 9-CM, and POS codes, and other information necessary to calculate the quality of care indicators.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2004 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2004 Technical Specifications were used to determine the eligible population.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2006 Technical Specifications were used to determine the eligible population.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 13024 Denominator: 24267 Rate: 53.7</p> <p>Additional notes on measure: Year of Data: December 1, 2003 to November 30, 2004 Numerator, denominator, and rate for one or more visits. Enrollee numbers may be smaller for Year 3 due to changes implemented following the 2003 Legislative Session. Those changes include a premium increase for families with incomes above 100% FPL and a 90-day waiting period for coverage. Baseline/Year information reported in 2005: Year 1 (January 1, 2002 to December 31, 2002) One or More Visits: 29,215/113,988 (25.63%)</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 14318 Denominator: 27036 Rate: 53</p> <p>Additional notes on measure: Year of Data: September 1, 2004 to August 31, 2005</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 9055 Denominator: 16019 Rate: 56.5</p> <p>Additional notes on measure: Year of Data: September 1, 2005 to August 31, 2006</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: N/A</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The annual performance objective for FFY 2007 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or designated State standards. In addition to this goal, the Texas Health and Human Services Commission(HHSC)has set overarching performance improvement goals for the MCOs to achieve in state fiscal year (SFY) 2007. One of these goals is to improve access to primary care services.</p> <p>Are there any quality improvement activities that contribute to your progress? The current MCO contracts have additional requirements for timeliness and access to care</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2007: The annual performance objective for FFY 2007 is for the MCOs to meet or exceed the HEDIS established national benchmarks. In addition to this goal, HHSC has set overarching performance improvement goals for the MCOs to achieve in state fiscal year (SFY) 2007. One of these goals is to improve access to primary care services.</p> <p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the HEDIS established national benchmarks. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2008. HHSC will determine those goals for SFY 2008 in May 2007.</p> <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the HEDIS established national benchmarks. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p><i>Explain how these objectives were set:</i> HHSC writes the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>	<p>Annual Performance Objective for FFY 2008: The annual performance objective for FFY 2008 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC has set overarching improvement goals for the MCOs to achieve in SFY 2008:</p> <ul style="list-style-type: none"> • Improve Access to Primary Care Services for Members • Improve Access to Behavioral Health Services for Members • Increase Utilization of New Member Medical Check-ups within 90 Days of Enrollment <p>Annual Performance Objective for FFY 2009: The annual performance objective for FFY 2009 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2009. HHSC will determine those goals for SFY 2009 in May 2008.</p> <p>Annual Performance Objective for FFY 2010: The annual performance objective for FFY 2010 is for the MCOs to meet or exceed the HEDIS established national benchmarks and/or State standards. In addition to this goal, HHSC will set overarching improvement goals for the MCOs to achieve in SFY 2010. HHSC will determine those goals for SFY 2010 in May 2009.</p> <p><i>Explain how these objectives were set:</i> HHSC mandates the overarching performance improvement goals for the MCOs into the annual contract with the health plans.</p>
<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: N/A</p>	<p>Other Comments on Measure: HHSC develops state standards from MCO contract requirements, legislative/agency directives, and/or experience with MCO performance objectives. HHSC anticipates setting new standards two years prior to implementation to factor in lag time for data collection and analysis of individually calculated performance measures.</p>

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

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

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

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

The State of Texas EQRO contractor, the Institute for Child Health Policy, University of Florida, produces Quality of Care and Financial Performance reports on an annual basis. These reports provide information regarding state and health plan-specific performance using selected HEDIS indicators and Clinical Risk Groups (CRGs). CRGs are used to estimate enrollee health risk profiles and are also used to contextually place health care expenditures and health care use patterns in the MCO.

The EQRO invokes other strategies including biennial CAHPS telephone surveys of families with children who are newly enrolled, recently disenrolled, and continuously enrolled in CHIP. These telephone surveys cover issues such as enrollee satisfaction, experiences with enrollment, and reasons for disenrollment. In addition, the EQRO conducts an annual evaluation of all MCOs' Quality Assurance Improvement Plans serving the CHIP population.

In conjunction with the EQRO, the state requires the MCOs to submit an annual quality assurance summary of activities and complete a detailed administrative interview questionnaire to review overall performance and quality improvement activities required under the MCO contract.

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 State of Texas will continue to contract with an external independent EQRO for the production of annual quality of care and financial performance reports, as well as patient satisfaction surveys. The CAHPS surveys are administered every other year. The next survey results will be reported in 2008. The chart books (quality of care) are reported annually. The next chart books are expected to be reported in 2008.

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

The information provided in FFY 2006 still applies since the CAHPS surveys are conducted biennially. In State Fiscal Year (SFY) 2006, a special follow-up analysis to the CAHPS survey was conducted. The report was titled, Children with Special Health Care Needs: Quality of Care in the Medicaid and Children's Health Insurance Programs in Texas. The major finding indicated that Texas has a higher percentage of CSHCN in their public insurance programs than in the general population. For example, based on parent report using the CSHCN Screener, 22 percent of children in the Primary Care Case Management (PCCM) Program, 22 percent in CHIP, and 18 percent in the State of Texas Access Reform (STAR) MCO Programs have special health care needs. In comparison, an estimated 12 percent of children in Texas have special needs based on parent report with the CSHCN Screener.

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.

The information provided in FFY 2006 still applies since the CAHPS surveys are conducted biennially. In SFY 2006, the EQRO conducted four special surveys and the Texas STAR Program and CHIP in Texas Renewal/ Non-Renewal Survey Report was produced as a result of those surveys. A random sample of families whose children did and did not renew coverage in STAR or CHIP was selected for the study. The EQRO used the monthly CHIP enrollment files for the CHIP samples. The CHIP samples were stratified to include representation from the 10 service delivery areas (SDAs).

Renewing enrollees were only selected for the sample if they met all of the following criteria:

- 1) Individuals were enrolled for at least six months in the previous year;
- 2) Their renewal cut-off date fell in either the month of January or February 2006;

- 3) For CHIP members, there was a “renewal flag” indicating that enrollment packets were sent to them;
- 4) Individuals were enrolled in the months following the January/February cut-off date; and
- 5) The subsequent month's enrollment file indicates the start of a new enrollment period for them.

Non-renewing enrollees were only selected for the sample if they met all of the following criteria:

- 1) Individuals were enrolled for at least six months in the previous year;
- 2) Their renewal cut-off date fell in either the month of January or February 2006;
- 3) For CHIP members, there was a “renewal flag” indicating that enrollment packets were sent to them;
- 4) Individuals were disenrolled in the months following the January/February cut-off date; and
- 5) For the CHIP population, the reason for disenrollment was either "failure to re-enroll at the conclusion of the six month eligibility period" or "renewal complete – child no longer CHIP eligible." Disenrollment caused by "aging out" and other reasons were not considered.

For CHIP, a target was set of 1,000 completed telephone surveys; 500 completed surveys for those who did renew enrollment and 500 completed surveys for those who did not complete the renewal process. There were 1,000 completed surveys for CHIP respondents. The renewal and non-renewal surveys are comprised of many different types of questions and the confidence interval information provided is based on selected items with uniformly distributed responses. The confidence interval for CHIP enrollee responses is ± 1.77 percentage points for those who renewed coverage and ± 1.74 percentage points for those who did not renew coverage.

There are some specific findings which appeared to have an impact on the renewal process. These include findings that had a positive impact on the renewal process as well as those that had a negative impact on the renewal process.

- There was a statistically significant difference between the percentage of single parent households renewing versus not renewing coverage in CHIP (35 percent and 28 percent, respectively).
- The primary language spoken in the home was also a factor in the renewal process. In CHIP, 25 percent of those renewing coverage and 30 percent of those not renewing coverage spoke Spanish in the home. The differences were statistically significant for the CHIP population.
- Parental education was a factor related to renewal, but only for families whose children were in CHIP. Among CHIP respondents, 23 percent of those renewing coverage had less than a high school education compared to 31 percent of those who did not renew; this was statistically significant.
- The majority of respondents (over 75 percent for each category) stated the renewal packet instructions were “helpful” to “very helpful.” There were differences in perceptions about the helpfulness of the renewal instructions based on whether or not the families renewed their children’s coverage. For CHIP, 20 percent of those whose child did not renew reported instructions were only “somewhat helpful” or “not helpful at all,” compared to eight percent of those whose children did renew coverage.
- Over 90 percent of respondents in all four categories (STAR Program renewers and non-renewers and CHIP renewers and non-renewers) found the renewal materials easy to understand.
- Eighty-five percent of those who had children in CHIP, but did not renew coverage recalled receiving a renewal packet.
- The majority of respondents in both programs submitted a renewal packet if one had been received (89 percent in CHIP). However, these percentages are of those who reported receiving a renewal packet. When examining the entire population of those whose coverage was not renewed, only 76 percent of those whose children were in CHIP returned renewal packages.
- A substantial percentage of respondents who submitted renewal packets, but did not renew coverage for their child, were told they had missing information in their renewal packet. For CHIP respondents, 60 percent of those who did not renew coverage for their children were informed of missing information.

- Of the respondents who were told they had missing information, the majority reported they provided the missing information. Eighty-nine percent of CHIP respondents who did not renew coverage reported providing the missing information.

There are also some specific findings which do not appear to have had an impact on the renewal process. These findings are included to provide additional information to the Texas HHSC about the renewing and non-renewing CHIP and STAR populations.

- The majority of respondents to the four surveys were Hispanic (CHIP renewal, 60 percent Hispanic; CHIP non-renewal, 61 percent Hispanic; STAR renewal, 63 percent Hispanic; and STAR non-renewal, 62 percent Hispanic). No statistically significant differences were found between those renewing coverage and those not renewing coverage based on race and ethnicity for either program.
- Few respondents whose child's coverage had not been renewed were able to secure additional insurance coverage for their child. Twenty-four percent of those who had been in Medicaid and 28 percent of those who had been in CHIP had health insurance coverage at the time of the interview.

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

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

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

The Texas Health and Human Services Commission (HHSC) continued an outreach campaign promoting CHIP and Children's Medicaid. Since one application covers both programs, the two programs are marketed together. The HHSC outreach effort uses a three-prong strategy: community-based activism, mass media, and Internet marketing. In the past year, a greater emphasis has been placed on community-based activism.

The community-based activism involves work with social service-oriented community-based organizations and health plans that contract with HHSC and other organizations that do not. HHSC has produced print materials that these organizations can order online for no cost (see <http://www.chipmedicaid.com/cbo/order.htm>). HHSC is working to make organizations aware of the availability of these materials and encouraging them to order the materials and distribute them to the families they serve. The materials give brief information about CHIP/Children's Medicaid and direct people to the toll-free hotline number and the website, www.CHIPmedicaid.org.

Specifically, HHSC contracts with 28 non-profit community organizations throughout Texas, each doing outreach and application assistance for all HHSC benefits programs including TANF, food stamps, various Medicaid programs and CHIP/Children's Medicaid. Since these organizations help low-income individuals and families with a variety of needs, they help ensure our outreach efforts reach families with children that may be eligible for CHIP or Children's Medicaid. Similarly, the health plans HHSC contracts with to deliver CHIP services also share information about CHIP/Children's Medicaid with families at health fairs and at other community events.

HHSC is looking to increase its outreach through schools. HHSC worked successfully in the summer of 2007 to add text about CHIP/Children's Medicaid into a letter sent to all children eligible for free or reduced-priced meals in Texas schools. An estimated 2.5 million children were included in the mailing. Work also continues with school health specialists and other key school personnel encouraging districts to use the school registration process to identify uninsured children then share information about CHIP/Children's Medicaid with those families.

Another component of the community-based activism involves working with faith-based organizations. In Houston, HHSC is conducting a city-wide assessment of faith-based organizations involved in delivery of health and social services. A database is being developed as part of that project. The faith-based work in Houston has already resulted in establishment of a CHIP/Children's Medicaid Faith-based Coalition made up of 16 of Houston's largest churches. The coalition works to distribute CHIP/Children's Medicaid information through church activities and ministry work in the Houston area.

HHSC continues to work with state and local government organizations that work with low-income families. In 2007, HHSC began working with Texas workforce development boards to identify parents with uninsured children and share information with them about CHIP/Children's Medicaid. In Austin, the question, "Are your dependents covered by health insurance?" has been added to the Family Information section of the WorkSource Individual Employment Plan used by program specialists counseling job-seekers. We've encouraged WorkSource program specialists to use that question as an opportunity to share with the job-seeking parent information about CHIP/Children's Medicaid. For those job-seeking parents who do not work through Choices, Workforce Investment Act (WIA), Project Rio or one of the other WorkSource programs but who still need subsidized child care, WorkSource is including CHIP/Children's Medicaid informational cards in the mailings that go to each applicant who is placed on the subsidized child care waiting list. The goal is to replicate the Austin WorkSource model statewide.

Mass media components of the CHIP/Children's Medicaid outreach effort include statewide radio ads, Spanish language TV ads (in markets with heavy concentration of Hispanic viewers), print ads in minority publications, bus and bus station ads, billboard ads, and radio public service programming. The mass media components were purchased for exposure in May/June 2006, August/September 2006, May/June 2007 and September/August 2007. Plans call for another round of paid media in May/June 2008. Throughout the year, 240 radio stations across Texas use donated public service air time to broadcast the "Children's Health Minute," a 60 second weekly health tip segment "sponsored" by CHIP/Children's Medicaid. During the course of the year the health minute is estimated to reach more than 7 million listeners.

The Internet marketing component of the outreach campaign is the website, www.CHIPmedicaid.org, which has English and Spanish information for consumers as well as information and materials for organizations and individuals who work with families who may be eligible for these benefits. In a typical month (Oct. 2007) www.CHIPmedicaid.org will receive more than 1.8 million "hits" or requests.

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

Overall, the effectiveness of the outreach campaign is being measured by the number of new and renewal applications processed, hits to the website and, by extension, the number of children enrolled in CHIP and Children's Medicaid. None of our measures give us insight as to which of our outreach efforts are resulting in new or renewal applications but through our website and mass media presence and working with our network of non-profit organizations, health and medical organizations, schools, churches and government organizations, we feel we are efficiently targeting and reaching this audience.

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

Our community-based efforts are effective in helping us reach our target of families that may be eligible for CHIP/Children's Medicaid. Our school-based efforts are designed to more closely identify and target uninsured children and their families. Our paid media efforts target women ages 18 to 44 who are low-income and ethnic minorities.

4. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

According to our own enrollment statistics for CHIP and Children's Medicaid and using U.S. Census Bureau estimates of the number of uninsured children under age 19 who are U.S. citizens in families under 200% of the federal poverty level, we estimate 75% of eligible children in Texas are enrolled in either CHIP or Children's Medicaid.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

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

- Yes
 No
 N/A

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

See question 4

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

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

- Yes
 No
 N/A

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

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

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

- Yes
 No
 N/A

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

All States must complete the following 3 questions

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

The HHSC Office of Eligibility Services SCHIP Operations receives monthly reports of the number and types of exceptions granted to the 90-day period of uninsurance. All trends are analyzed to ensure that exceptions are granted correctly. The SCHIP administrative services contractor identifies and promptly mitigates issues to minimize any improper use of the 90-day exception policy. In addition, HHSC periodically requests Quality Assurance case readings from the SCHIP administrative services contractor to ensure accurate use of the 90-day wait policy

and there are semi-monthly SCHIP Operations and weekly SCHIP state report meetings with the SCHIP administrative services contractor.

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

In September 2007, 2.8% of new CHIP applicants indicated they had private health insurance within 90 days of their application. Data for the fiscal year prior to September is not currently available. New data for this measure will be reported in the FFY 2008 report.

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

In September 2007, 0.4% of applicants were subject to the 90-day waiting period because they had health insurance coverage during the 90 days before the application for CHIP coverage and did not meet one of the good cause exemptions. (Data for the fiscal year prior to September is not currently available. New data for this measure will be reported in the FFY 2008 report.)

Good cause exemptions to the 90-day waiting period include:

A) termination of employment because of a layoff or business closing;

(B) termination of continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (Pub L. No. 99-272) where the termination is based upon the expiration of the period of coverage (usually 18 months);

(C) change in marital status of a parent of the child led to the loss of health insurance coverage;

(D) loss of health benefits coverage due to: 1) loss of employment or reduction in the hours of employment where the individual is ineligible for COBRA continuation coverage or where the cost of COBRA continuation coverage exceeds 10 percent of the family's income; 2) employer termination of coverage for all employees or dependents or for the category of employees or dependents that includes the applicant; 3) change to employment that does not offer dependent coverage; 4) involuntary termination of coverage by the health insurer for a reason other than nonpayment of premiums; 5) in the case of divorce or separation, the noncustodial, nonapplicant parent refusing to continue providing coverage previously provided through that parent's employer; or

(E) the family terminated health benefits plan coverage for the child because the cost to the child's family for the coverage exceeded 10 percent of the family's income.

COORDINATION BETWEEN SCHIP AND MEDICAID

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

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

Texas has nearly identical processes* in place for initial certification and re-determination in CHIP and Medicaid. In both, a child's family will receive a renewal packet approximately 90 days prior to the last day of coverage under the program. Since the period of eligibility for both programs is six months**, the renewal process begins in the fourth month of coverage. Families in both programs may complete the renewal process entirely through the mailing of information. Neither program requires families to visit a physical location in order to renew their coverage. As long as the families complete the renewal process by the "cut-off" date for enrollment process in their last month of coverage, they can start another span of eligibility without a lapse in coverage.

*There is one difference between Medicaid and CHIP renewal processes concerning children less than one year of age. Children under the age of one who qualify for Medicaid are covered through their first birthday. As such, their families may not receive the renewal packet until the tenth month of coverage.

**House Bill 109, 80th Texas Legislative Session, extended the CHIP continuous eligibility period to 12 months effective September 1, 2007. Families continue to receive their renewal packet approximately 90 days prior to the last day of coverage.

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

Children determined by the Medicaid program to be CHIP-eligible are deemed to the CHIP program automatically. If a CHIP applicant appears to be Medicaid eligible, the child is referred to the Medicaid program.

If a child's eligibility status changes from Medicaid to CHIP, or vice versa, data regarding the child is electronically referred from one program to the other. Medicaid eligibility specialists will deem children eligible for CHIP when they find children ineligible for Medicaid, but have family incomes below the CHIP-qualifying upper limit of 200 percent of the FPL. CHIP eligibility specialists do not perform any additional eligibility work for the child and immediately initiate the enrollment process for the transferring child. In turn, if CHIP eligibility workers determine that a child may be eligible for Medicaid, the child is referred to Medicaid. Medicaid eligibility staff must still conclusively determine the final eligibility for Medicaid.

Texas has faced new challenges due to working with a new contractor that processes CHIP applications and administers the program. As issues are identified, Texas responds immediately and addresses those issues on an on-going basis. The integration of CHIP in Texas into the Texas Integrated Eligibility Redetermination System (TIERS) is anticipated to resolve the majority of these challenges.

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

No. The Medicaid system includes fee-for-service, health maintenance coverage in most metropolitan areas, and primary care case management coverage in most rural areas. The CHIP system has health maintenance coverage in the metropolitan areas and an exclusive provider organization in most rural areas. Some of the health maintenance organizations have contracts with Texas to provide services to both Medicaid and CHIP members.

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

N/A

ELIGIBILITY REDETERMINATION AND RETENTION

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

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families
 - How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
On average, 3. The initial packet is mailed at the beginning of the 4th month and followed by the reminder notice 2 weeks later. Non-responders will receive a 2nd renewal packet in the 5th month.
 - 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]**
For FFY 07 prior to 9/1/07, see response above. Effective 9/1/07, the 12 month enrollment period begins and the renewal packet is mailed during the 9th month. If the family fails to respond by the 15th business day of the 10th month of coverage, a reminder notice is sent to the family with a renewal application attached. If the family fails to respond to the reminder notice, a subsequent renewal reminder notice is sent to the family on the 1st business day of the 11th month of coverage.
- 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]***
- Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:* **[500]**

Texas contracts with an EQRO to conduct a disenrollee survey biennially with the intent to identify the sociodemographic and health characteristics of those who disenroll, why disenrollees leave the program, if disenrollees obtained health insurance coverage after leaving the program, and disenrollees' opinions of premium affordability.
- Other, *please explain:* **[500]**

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

The information provided in FFY 2006 still applies since the CAHPS surveys are conducted biennially. In SFY 2006, the EQRO conducted four special surveys and the Texas STAR Program and CHIP in Texas Renewal/ Non-Renewal Survey Report was produced as a result of those surveys. A random sample of families whose children did and did not renew coverage in STAR or CHIP was selected for the study. The EQRO used the monthly CHIP enrollment files for the CHIP samples. The CHIP samples were stratified to include representation from the 10 service delivery areas (SDAs).

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For CHIP, a target was set of 1,000 completed telephone surveys; 500 completed surveys for those who did renew enrollment and 500 completed surveys for those who did not complete the renewal process. There were 1,000 completed surveys for CHIP respondents. The renewal and non-renewal surveys are comprised of many different types of questions and the confidence interval information provided is based on selected items with uniformly distributed responses. The confidence interval for CHIP enrollee responses is ± 1.77 percentage points for those who renewed coverage and ± 1.74 percentage points for those who did not renew coverage.

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- Over 90 percent of respondents in all four categories (STAR Program renewers and non-renewers and CHIP renewers and non-renewers) found the renewal materials easy to understand.
- Eighty-five percent of those who had children in CHIP, but did not renew coverage recalled receiving a renewal packet.
- The majority of respondents in both programs submitted a renewal packet if one had been received (89 percent in CHIP). However, these percentages are of those who reported receiving a renewal packet. When examining the entire population of those whose coverage was not renewed, only 76 percent of those whose children were in CHIP returned renewal packages.
- A substantial percentage of respondents who submitted renewal packets, but did not renew coverage for their child, were told they had missing information in their renewal packet. For CHIP respondents, 60 percent of those who did not renew coverage for their children were informed of missing information.
- Of the respondents who were told they had missing information, the majority reported they provided the missing information. Eighty-nine percent of CHIP respondents who did not renew coverage reported providing the missing information.

The outcome of the surveys supported the following:

- Continuously review renewal packet notification processes for improvement.
- Consider different strategies to assist families in tracking the submission and status of their children’s renewal packets.
- Continuously review processes for managing missing renewal packet information for improvement.
- Continuously review renewal materials and processes provided for Spanish-speaking enrollees for improvement.

3. What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? **[500]**

The percentage of those that renewed, out of all potential renewals for the fiscal year was 60%

$$= \text{renewals} / (\text{renewals} + \text{deemed ineligible} + \text{nonrenewals})$$

The percentage of those who were disenrolled for the fiscal year was 40%

$$= \text{renewals} / (\text{renewals} + \text{total disenrollments} + \text{nonrenewals})$$

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

- Yes
 No
 N/A

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

HHSC completed an assessment during 2006. The report is not recurrent and is produced on an ad-hoc basis. The results of the 2006 assessment were included in the 2006 SCHIP Annual report, and are presented in the chart that follows. During 2007, an assessment was not completed; therefore, updated information is not available for submission this year. Assessments conducted after submission of the 2007 SCHIP Annual report will be included in the next available report.

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
63059	18828	30	40614	64	1624	3			1993	3

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 Texas Access Alliance (TAA) CHIP A010 Enrollment Report, February/March 2006, is a Monthly enrollment report based on data from Texas CHIP enrollment data system. It includes monthly totals for individuals who are no longer enrolled in Texas CHIP, reported by disenrollment reason.

The Disenrollee Survey in Texas CHIP, Fiscal Year 2006, prepared by the Institute for Child Health Policy, University of Florida, is a random telephone survey of families whose Texas CHIP coverage was not renewed. Non-renewing families were selected for the sample if they were disenrolled in February/March 2006 and the reason for disenrollment was either "failure to re-enroll" or "renewal complete, child no longer CHIP eligible."

Note: Data is not currently available for the total number of disenrollees who "Move to a new geographic area."

COST SHARING

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

The information provided in FFY 2006 still applies since the CAHPS surveys are conducted biennially. In 2004, Texas eliminated its annual enrollment fees and newly required CHIP premium payments for families between 101 and 150 percent of the FPL and increased premium payments for families above 150 percent FPL. The disenrollee survey conducted by the EQRO included questions to assess family opinions regarding premiums. Eighty-six percent of respondents perceived that the premium amount was just about right. This is slightly higher than the 81 percent of respondents who reported they thought the premiums were just about right in the 2004 disenrollee survey. In both 2004 and 2006, about 18 percent of respondents reported they experienced difficulty paying the premium either every month or every few months. Overall, respondents were largely in favor of contributing financially for their child's health care coverage. Ninety-four percent replied that they felt better paying part of the cost of their child's health care coverage, and 96 percent indicated that paying the premium was worth the peace of mind it provided. These results are similar to those expressed by respondents in the 2004 disenrollee survey.

Family member opinions about premiums were also analyzed to see if there were differences in opinions among racial/ethnic groups. Overall, opinions among the racial/ethnic groups were similar. However, 54 percent of Hispanics agreed or strongly agreed that paying for premiums sometimes seemed to be a waste of money because their child was healthy. This can be compared to the 12 percent of White, non-Hispanic respondents, 43 percent of Black, non-Hispanic respondents, and 32 percent of those representing other racial/ethnic groups who perceived that paying for premiums sometimes was a waste of money.

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

The information provided in FFY 2006 still applies since the CAHPS surveys are conducted biennially. Several factors were identified during the survey process that could account for changes in disenrollment from CHIP in Texas, for example, changes in incomes of families or satisfaction with CHIP in Texas while enrolled. In order to assess whether such changes between 2004 and 2006 have had an impact on disenrollment from CHIP in Texas, multivariate analyses were conducted controlling for child health and sociodemographic characteristics.

The following outcome variables were analyzed: perceptions of quality of care received through

CHIP in Texas, satisfaction with child's physician while enrolled in CHIP in Texas, switching from CHIP in Texas to Medicaid, and disenrolling due to ineligibility in CHIP in Texas because of high income. These outcome variables were constructed as binary variables with two possible outcomes:

(1) perceptions of quality of care received through CHIP in Texas (i.e., quality) = 1, if the respondent thought that the quality of care was 'excellent', 'very good' or 'good' and quality = 0 otherwise;

(2) satisfaction with child's physician while enrolled in CHIP in Texas (i.e., doctor) = 1, if the respondent was 'very satisfied' or 'somewhat satisfied' with the child's physician while enrolled in CHIP in Texas and doctor = 0 otherwise;

(3) switching from CHIP in Texas to Medicaid (i.e., Medicaid) = 1, if the response to the question "did your child stop participating in this program because he/she switched from CHIP to Medicaid" was 'yes' and Medicaid = 0 otherwise; and

(4) ineligibility in CHIP in Texas because of high income (i.e., income) = 1, if the response to the question "did your child stop participating in this program because your child was no longer eligible for this program because your income was too high" was 'yes' and income = 0 otherwise.

As a result, a logit model was used in the estimations.

For each outcome variable, two regressions models were estimated. In the first model, the following health and sociodemographic variables were used:

(1) whether the child had a special health care need as measured by the CSHCN Screener (the reference group is no special needs); and

(2) the child's race/ethnicity characterized as White, non-Hispanic; Black, non-Hispanic; Hispanic; or Other (the reference group is White, non-Hispanic).

The second model that was estimated expanded on the first model. Specifically, the second model used health and sociodemographic variables and added a temporal variable and interactions between the temporal variable and the health and sociodemographic variables.

The temporal variable indicated whether the caregiver was interviewed in 2004 or 2006 (where the reference group was 2004). Likelihood-ratio tests were used to compare these two regression models. The primary interest in comparing these two models was to explore if time was a significant factor affecting the responses of caregivers.

For the two regression models analyzing whether caregivers reported satisfaction with quality of care received through CHIP in Texas, results from the likelihood-ratio test showed that there were no changes in perceptions of quality of care received in CHIP in Texas between 2004 and 2006 ($X^2(5) = 2.20, p = 0.821$).

For the two regression models analyzing whether caregivers reported satisfaction with child's physician while enrolled in CHIP in Texas, results from the likelihood-ratio test showed that there were no changes in satisfaction with child's physician while enrolled in CHIP in Texas between 2004 and 2006 ($X^2(4) = 2.69$, $p = 0.611$).

For the two regression models analyzing whether caregivers reported switching from CHIP in

Texas to Medicaid as the reason for disenrolling from CHIP in Texas, results from the likelihood-ratio test showed that there were no changes between 2004 and 2006 ($X^2(5) = 9.18$, $p = 0.102$).

For the two regression models analyzing whether caregivers reported disenrolling due to ineligibility in CHIP in Texas because of high income, results from the likelihood-ratio test showed that the second model had more explanatory power ($X^2(5) = 12.35$, $p = 0.030$). Expected probabilities from the second model after controlling for health and sociodemographic variables revealed that 30 percent of families reported disenrolling from CHIP in Texas due to ineligibility because of high income in 2006 compared to 23 percent of families reporting ineligibility due to income in 2004. This difference may partly result from policy changes that implemented asset testing for families with incomes at or above 150 percent of FPL.

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

On September 1, 2007, the state eliminated the enrollment fee for children with family incomes at or below 150% FPL and aligned the enrollment fee schedule for children with family incomes above 150% FPL and up to and including 200% FPL with the 12-month coverage period. The impact of these changes cannot be assessed at this time; information may be reported in FFY08.

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

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

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

Children

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

Adults

- Yes, Check all that apply and complete each question for each authority.
- Family Coverage Waiver under the State Plan
 SCHIP Section 1115 Demonstration
 Health Insurance Flexibility & Accountability Demonstration
 Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)
2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
- Parents and Caretaker Relatives
 Childless Adults
 Pregnant Women
3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**
4. What benefit package does the ESI program use? **[7500]**
5. Are there any minimum coverage requirements for the benefit package? **[7500]**
6. Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**
7. Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**
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)**

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

(1) prevention

(2) investigation

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

The Office of Inspector General (OIG) of the Texas HHSC is the agency tasked with investigation of waste, fraud and abuse in Health and Human Services programs. These include, but are not limited to, food stamps, Medicaid and CHIP. Referral information is found on the internet at

<http://www.hhs.state.tx.us/OIG/index.shtml> and linked from Health and Human Services websites. The procedures used in the conduct of these investigations are included in the OIG Policies and Procedures Manual. Access to this manual is restricted to OIG employees and is password protected.

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

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

600 Number of cases investigated

267 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

7 Number of cases investigated

3 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP

Medicaid and SCHIP Combined

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

Yes, please answer question below.

No

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

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

2. The numbers stated above for Beneficiary Eligibility are for SCHIP only. The numbers provided for Provider Billing include both Medicaid and CHIP. The OIG investigates reported complaints regarding both CHIP and Medicaid providers; however, the OIG does not track CHIP provider cases separately. A total of 600 Medicaid and CHIP cases were investigated and 317 cases were closed during the reporting period.

A total of 267 cases regarding Medicaid and CHIP providers were referred to the Attorney General's (OAG) Medicaid Fraud Control. The number of cases regarding CHIP providers that were referred to the OAG is unknown. Cases are only referred to Attorney General and not to law enforcement. The OAG, however, pursues criminal convictions.

3. No, Texas does not rely on contractors to perform the above functions. However, the HHSC OIG does receive referrals of cases of client fraud and abuse from the Texas Access Alliance, a vendor that screens CHIP applications.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

COST OF APPROVED SCHIP PLAN

	2007	2008	2009
Benefit Costs			
Insurance payments			
Managed Care	428184265	932744053	1093673546
Fee for Service	75147942	102222977	135895922
Total Benefit Costs	503332207	1034967030	1229569468
(Offsetting beneficiary cost sharing payments)	-9820605	-13236430	-10936980
Net Benefit Costs	\$ 493511602	\$ 1021730600	\$ 1218632488

Administration Costs

Personnel			
General Administration	11474395	9345920	9345920
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	28578470	17980266	17980266
Other (e.g., indirect costs)			
Health Services Initiatives	126958	448080	
Total Administration Costs	40179823	27774266	27326186
10% Administrative Cap (net benefit costs ÷ 9)	54834622	113525622	135403610

Federal Title XXI Share	387193129	759526672	892231006
State Share	146498296	289978194	353727668

TOTAL COSTS OF APPROVED SCHIP PLAN	533691425	1049504866	1245958674
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations
- Tobacco settlement
- Other (specify) **[500]** Prescription drug rebates; cost-sharing

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; N/A

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	300921	\$ 139	431449	\$ 200	507226	\$ 202
Fee for Service		\$		\$		\$

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

1. Benefit Costs: Managed Care is per member/per month at # of eligibles. Fee-for-service is only prescription drugs.

Administrative Costs: Estimated costs listed under General Administration include combined estimated costs for Personnel and Administration. These administrative costs are non-eligibility related. Costs listed under Outreach/Marketing Costs include combined estimated costs for Contractor/Broker and costs for Outreach.

4. For FFY 2008 and 2009, the costs and clients include both the regular federally-funded CHIP program and our new CHIP Perinate program which began in January 2007. The PMPM rates in 2007 include CHIP Perinate for only part of the FFY and are therefore significantly lower in comparison to FFY08 and FFY09.

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 *

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

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

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

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

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

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

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

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

Benefit Costs for Demonstration Population #2

(e.g., parents)

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

Benefit Costs for Demonstration Population #3

(e.g., pregnant women)

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

Benefit Costs for Demonstration Population #4

(e.g., childless adults)

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

Total Benefit Costs

(Offsetting Beneficiary Cost Sharing Payments)

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

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Administration Costs

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

Federal Title XXI Share

State Share

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TOTAL COSTS OF DEMONSTRATION

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

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

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

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

The fiscal and program policies for health care for low income, uninsured children and families are set by the Texas Legislature. The 80th Texas Legislature met January through May 2007 and passed legislation changing SCHIP enrollment and eligibility policy. The impacts of the legislation increased CHIP enrollment.

A. Effective September 1, 2007, the following changes to the Children's Health Insurance Program (CHIP) were implemented:

- Extend the enrollment period to 12 months.
- Eliminate the 90-day waiting period for most children.
- Increase the asset limit from \$5,000 to \$10,000 per household.
- Increase the amount cars can be valued at when determining eligibility.
- Allow childcare expenses to be deducted from the household income when determining whether children are eligible for the program.

B. Effective January 1, 2007, the CHIP Perinate program was implemented. CHIP Perinate coverage provides prenatal care for the unborn children of low-income women who do not qualify for Medicaid.

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

One of the greatest challenges was the unwinding of the Texas ACCESS Alliance (TAA) contract transition day-to-day management of Children's Health Insurance Program (CHIP) operations and call centers to state staff.

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

Major accomplishments achieved in the Texas SCHIP program included HB109 implementation, elimination of enrollment fees for families with income levels below 150 percent FPL, accepting health plan selections by phone, CHIP Perinate implementation, and accepting missing information by phone.

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

A. CHIP Credit Card Processing – allows CHIP families to conveniently pay their enrollment fees using major credit cards or branded debit cards via the web. This change is HHSC directed process improvement initiatives.

B. CHIP Six Month Income check—requires HHSC to perform an income check during the 6th month of eligibility for families with income levels above 185% FPL ensuring the families remain eligible for CHIP. This change is required by HB109 legislation.

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