

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.

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 | | % of FPL conception to birth | | % of FPL * |
| | From | | % of FPL for infants | | % of FPL * | From | 133 | % of FPL for infants | 200 | % of FPL * |
| | From | | % of FPL for children ages 1 through 5 | | % of FPL * | From | 133 | % of FPL for children ages 1 through 5 | 200 | % of FPL * |
| | From | 100 | % of FPL for children ages 6 through 16 | 133 | % of FPL * | From | 133 | % of FPL for children ages 6 through 16 | 200 | % of FPL * |
| | From | 100 | % of FPL for children ages 17 and 18 | 133 | % of FPL * | From | 133 | % of FPL for children ages 17 and 18 | 200 | % of FPL * |

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

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

| | | | | |
|------------|-------------------------------------|---|-------------------------------------|--|
| available? | <input checked="" type="checkbox"/> | Yes, for whom and how long? All enrolled Children for up to 3 months prior to the application month if the child would have been eligible. | <input checked="" type="checkbox"/> | Yes, for whom and how long? All enrolled children back to the first day of the application month; and for newborns back to their date of birth if it is within 3 months prior to the month of application |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

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

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

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

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

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

| | | | | |
|-------------|--------------------------|-----|--------------------------|-----|
| application | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |
|-------------|--------------------------|-----|--------------------------|-----|

| | | | | |
|--|-------------------------------------|--------------------------|---|-----|
| Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)? | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | Yes |
| | Specify number of months | | Specify number of months | |
| | | | 4 | |
| | | | <p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>All</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <p>Guardian who had insurance for the child changed jobs or stopped working or, the employer providing the insurance stopped paying part of the cost for family coverage or, the child's insurance was dropped by a parent or stepparent who was paying the full insurance payment under a COBRA policy and no other parent's employer pays part of the cost for family insurance. Insurance was cancelled by an insurance company for a reason which is not related to unpaid or late payments. Insurance was dropped by a family member other than the parent or stepparent living in the home with the child. Insurance was dropped because the cost is more than 10% of the family's current gross monthly income or was more than 10% of the family's gross monthly income at the time the insurance was dropped. The prior health insurance did not have doctors in the area where the child lives. The child is pregnant at the time the family applies for FAMIS. Prior insurance was a public benefit program.</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 checked="" 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 | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Yes |

| | | | | |
|-------------------------------|---|-----|---|-----|
| regardless of income changes? | Specify number of months | | Specify number of months | |
| | Explain circumstances when a child would lose eligibility during the time period in the box below | | Explain circumstances when a child would lose eligibility during the time period in the box below | |
| | | | | |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

| | | | | |
|--|--|-----|--|-----|
| Does your program require premiums or an enrollment fee? | <input checked="" type="checkbox"/> | No | <input checked="" type="checkbox"/> | No |
| | <input type="checkbox"/> | Yes | <input 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) | |
| | <input type="checkbox"/> | N/A | <input type="checkbox"/> | N/A |

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

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

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

| | | | | |
|--|-------------------------------------|-----|-------------------------------------|-----|
| Does your program require income disregards? | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | No |
| | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | Yes |
| | If Yes, please describe below | | If Yes, please describe below | |

| | | |
|--------------------------|--|------------------------------|
| | \$90 of earned income per month/per worker; dependent care expense per month (maximum \$200 for child under age 2, \$175 maximum for adult or child age 2 or older); \$50 of total child support received per month per family or budget unit. | |
| <input type="checkbox"/> | N/A | <input type="checkbox"/> N/A |

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

Enter any Narrative text below. [7500]

Comments on Responses in Table:

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

7. Indicate what documentation is required at initial application

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

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

| | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) Application | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) Application documentation requirements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d) Benefit structure | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e) Cost sharing (including amounts, populations, & collection process) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f) Crowd out policies | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g) Delivery system | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h) Eligibility determination process (including implementing a waiting lists or open enrollment periods) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i) Eligibility levels / target population | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| j) Assets test in Medicaid and/or SCHIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| k) Income disregards in Medicaid and/or SCHIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| l) Eligibility redetermination process | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| n) Family coverage | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| o) Outreach (e.g., decrease funds, target outreach) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| p) Premium assistance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| q) Prenatal Eligibility expansion | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| r) Waiver populations (funded under title XXI) | | | | | | |
| Parents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pregnant women | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Childless adults | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| t) Other – please specify | | | | | | |
| a. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |
| c. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | |
|--|-------|
| a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law) | _____ |
| b) Application | _____ |
| c) Application documentation requirements | _____ |
| d) Benefit structure | _____ |
| e) Cost sharing (including amounts, populations, & collection process) | _____ |
| f) Crowd out policies | _____ |
| g) Delivery system | _____ |
| h) Eligibility determination process (including implementing a waiting lists or open enrollment periods) | _____ |
| i) Eligibility levels / target population | _____ |
| j) Assets test in Medicaid and/or SCHIP | _____ |
| k) Income disregards in Medicaid and/or SCHIP | _____ |
| l) Eligibility redetermination process | _____ |

| | |
|---|---|
| m) Enrollment process for health plan selection | |
| n) Family coverage | |
| o) Outreach | |
| p) Premium assistance | |
| q) Prenatal Eligibility Expansion | |
| r) Waiver populations (funded under title XXI) | |
| Parents | |
| Pregnant women | Expansion of eligibility from 166% to 185% of FPL effective 7/1/2007. |
| Childless adults | |
| s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse | |
| t) Other – please specify | |
| a. | |
| b. | |
| c. | |

Enter any Narrative text below. **[7500]**
Citizen and Identity requirements are for SCHIP only, and do not apply to Medicaid Expansion program.

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 checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS version 2005</p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> The denominator was limited to include only cases in which medical records were received. HEDIS version 2006</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007 Quality Compass</p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Virginia's EQRO conducted the well-child care study based on hybrid HEDIS methodology using administrative claims data provided by DMAS extracted from the MMIS claim and encounter history files. Statistical sampling of the population was performed by the EQRO, and the medical record data was obtained directly from the managed care plans and servicing providers.</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: Number of cases with the specified number of well-child visits documented in claims data or in medical records.</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: Number of cases with the specified number of well-child visits documented in claims data or in medical records.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Data abstracted from medical records counted only if it included a note indicating a visit with a PCP, the date the well-child visit occurred, and evidence of all three of the following components: developmental assessment, physical exam, and anticipatory guidance. See additional notes.</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: 8 Denominator: 165 Rate: 4.8</p> <p><u>4 visits</u> Numerator: 27 Denominator: 165 Rate: 16.4</p> <p><u>1 visit</u> Numerator: 7 Denominator: 165 Rate: 4.2</p> <p><u>5 visits</u> Numerator: 15 Denominator: 165 Rate: 9.1</p> <p><u>2 visits</u> Numerator: 15 Denominator: 165 Rate: 9.1</p> <p><u>6+ visits</u> Numerator: 84 Denominator: 165 Rate: 50.9</p> <p><u>3 visits</u> Numerator: 15 Denominator: 165 Rate: 9.1</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 5 Denominator: 158 Rate: 3.2</p> <p><u>4 visits</u> Numerator: 18 Denominator: 158 Rate: 11.4</p> <p><u>1 visit</u> Numerator: 10 Denominator: 158 Rate: 6.3</p> <p><u>5 visits</u> Numerator: 23 Denominator: 158 Rate: 14.6</p> <p><u>2 visits</u> Numerator: 17 Denominator: 158 Rate: 10.8</p> <p><u>6+ visits</u> Numerator: 65 Denominator: 158 Rate: 41.1</p> <p><u>3 visits</u> Numerator: 20 Denominator: 158 Rate: 12.7</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 22 Denominator: 280 Rate: 7.9</p> <p><u>4 visits</u> Numerator: 40 Denominator: 280 Rate: 14.3</p> <p><u>1 visit</u> Numerator: 11 Denominator: 280 Rate: 3.9</p> <p><u>5 visits</u> Numerator: 62 Denominator: 280 Rate: 22.1</p> <p><u>2 visits</u> Numerator: 14 Denominator: 280 Rate: 5</p> <p><u>6+ visits</u> Numerator: 110 Denominator: 280 Rate: 39.3</p> <p><u>3 visits</u> Numerator: 21 Denominator: 280 Rate: 7.5</p> <p>Additional notes on measure: In order to count as a well care visit for this measure, HEDIS technical specifications require that the primary visit intent was a well-child checkup. There are children who have had well-child visits, but are not included in the numerator for this measure because all three of the required components were not sufficiently documented.</p> |
| <p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> |

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Our performance in 2007 (39.3) was lower than our objective from the 2006 annual report of 43. The FFY 2006 and FFY 2007 measures were calculated and reported by different EQRO contractors. Although both contractors employed the hybrid HEDIS methodology to calculate the performance measures, it is possible that some of the variation in this year's numbers is attributable to the different abstraction tools and methodologies used by the two contractors. There were also changes in the HEDIS technical specifications this year that may have negatively impacted the well-child performance rates.

Are there any quality improvement activities that contribute to your progress? Each of the managed care plans that contract with Virginia are required to report their performance annually for these measures. When a plan's performance rate is below national Medicaid benchmarks or has decreased by more than five percentage points from the prior year, the plan is required to develop a corrective action plan for that measure and to submit this plan to DMAS for review. The MCOs will submit corrective action plans for the next fiscal year.

Annual Performance Objective for FFY 2008: Rate of 15 month old children receiving 6+ well child visits will = 40

Annual Performance Objective for FFY 2009: Rate of 15 month old children receiving 6+ well child visits will = 42

Annual Performance Objective for FFY 2010: Rate of 15 month old children receiving 6+ well child visits will = 45

Explain how these objectives were set: DMAS is in the process of looking at ways to improve the rate of of 15 month old children receiving 6+ well child visits. Because our data was late this year, we do not anticipate much increase for the following year. However our goal is to move closer to the national average over time. Therefore, we have assumed a modest increase in the current rate over the next three years.

Other Comments on Measure: The SCHIP Medicaid Expansion program is not included in this study as the age group for that program is 6 to 19.

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 type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> The only deviation from the HEDIS 2005 protocol was in the sample size used for the medical record review. The sample used resulted in a 90% confidence level rather than the HEDIS recommended 95% confidence level. HEDIS version 2005</p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> The denominator was limited to include only cases in which medical records were received. HEDIS version 2006</p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007</p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Virginia's EQRO conducted the well-child care study based on hybrid HEDIS methodology using administrative claims data provided by DMAS extracted from the MMIS claim and encounter history files. Statistical sampling of the population was performed by the EQRO, and the medical record data was obtained directly from the managed care plans and servicing providers.</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: The number of cases in which a child age 3 to age 7 had one or more well-child visits documented in the claims data or in medical records.</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: The number of cases in which a child age 3 to age 7 had one or more well-child visits documented in the claims data or in medical records.</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: Data abstracted from medical records counted only if it included a note indicating a visit with a PCP, the date the well-child visit occurred, and evidence of all three of the following components: developmental assessment, physical exam, and anticipatory guidance. In order to count as a well care visit for this measure, HEDIS technical specifications require that the primary visit intent was a well-child checkup.</p> |
| <p>Year of Data: 2004</p> | <p>Year of Data:</p> | <p>Year of Data: 2006</p> |
| <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 203 Denominator: 325 Rate: 62.5</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 139 Denominator: 213 Rate: 65.3</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 295 Denominator: 483 Rate: 61.1</p> <p>Additional notes on measure: There are children who have had well-child visits, but are not included in the numerator for this measure because all three of the require components were not sufficiently documented.</p> |

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|--|
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Definition of denominator: Includes FAMIS eligibility aid categories 006, 007, 008, 009, and Medicaid Expansion aid category 094 with a minimum of 12 months continuous enrollment (with no more than one enrollment gap of up to 45 days) during CY2006 within the same delivery system and benefit type.</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? Virginia's 2007 objective was that the rate of 3, 4, 5, and 6 year old children receiving at least one well-child visit during the year will = 67%. Virginia fell short of this objective with a rate of 61.1.</p> <p>The FFY 2006 and FFY 2007 measures were calculated and reported by different EQRO contractors. Although both contractors employed the hybrid HEDIS methodology to calculate the performance measures, it is possible that some of the variation in this year's numbers is attributable to the different abstraction tools and methodologies used by the two contractors. There were also changes in the HEDIS technical specifications this year that may have negatively impacted the well-child performance rates.</p> <p>Are there any quality improvement activities that contribute to your progress? Each of the managed care plans that contract with Virginia are required to report their performance annually for this measure. When a plan's performance rate is below national Medicaid benchmarks or has decreased by more than five percentage points from the prior year, the plan is required to develop a corrective action plan for that measure and to submit this plan to DMAS for review.</p> <p>Annual Performance Objective for FFY 2008: Rate of 3, 4, 5, and 6 year old children receiving at least one well-child visit during the year will = 62</p> <p>Annual Performance Objective for FFY 2009: Rate of 3, 4, 5, and 6 year old children receiving at least one well-child visit during the year will = 63</p> <p>Annual Performance Objective for FFY 2010: Rate of 3, 4, 5, and 6 year old children receiving at least one well-child visit during the year will = 64</p> <p><i>Explain how these objectives were set:</i> Virginia's goal is to reach the 2007 national Medicaid HEDIS average of 66.81 for this measure. Virginia will assume a small rate of growth towards reaching that goal. Therefore we assume a 1% increase each year.</p> | | |
| <p>Other Comments on Measure:</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 checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005</p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input 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 version 2005</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS version 2006</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Virginia's EQRO conducted this study based on the administrative HEDIS methodology using claims and encounter data provided to them by DMAS. This data was extracted from the MMIS claim and encounter history files.</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: The number of children who were appropriately prescribed with one of the five classes of long-term medications that are considered the preferred therapy.</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: The number of children who were appropriately prescribed with one of the five classes of long-term medications that are considered the preferred therapy.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes people who were dispensed at least one prescription for any of the following five medication classes during the measurement year:</p> <ul style="list-style-type: none"> • Inhaled corticosteroids • Nedocromil • Cromolyn sodium • Leukotriene modifiers • Methylxanthines |
| Year of Data: 2004 | Year of Data: 2005 | Year of Data: 2007 |

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: 163 Denominator: 200 Rate: 81.5</p> <p><u>10-17 years</u> Numerator: 265 Denominator: 362 Rate: 73.2</p> <p><u>Combined rate (5-17 years)</u> Numerator: 428 Denominator: 562 Rate: 76.2</p> <p>Additional notes on measure:</p> | <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 94 Denominator: 101 Rate: 93.1</p> <p><u>10-17 years</u> Numerator: 147 Denominator: 161 Rate: 91.3</p> <p><u>Combined rate (5-17 years)</u> Numerator: 241 Denominator: 262 Rate: 92</p> <p>Additional notes on measure: The measure specification changed in 2006 requiring members meet one of four criteria during both the measurement year and the year prior to the measurement year to be included in the denominator. This change may contribute to increased rates from CY 2004 to CY 2005 because enrollees with "persistent asthma" based on the more stringent definition are more likely to receive asthma medication.</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: 231 Denominator: 251 Rate: 92</p> <p><u>10-17 years</u> Numerator: 127 Denominator: 132 Rate: 96.2</p> <p><u>Combined rate (5-17 years)</u> Numerator: 358 Denominator: 383 Rate: 93.5</p> <p>Additional notes on measure: Rates represent the combined measure for both the separate FAMIS and the SCHIP Medicaid Expansion program.</p> |
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: To be included in the denominator for this measure, a person must have persistent asthma. They must meet any of the criteria listed below during both the measurement year and the previous year:</p> <ul style="list-style-type: none"> • Received 4 prescriptions for an asthma medication • Had at least 4 ambulatory visits with asthma as one of the diagnosis codes and at least 2 prescriptions for an asthma medication • Had at least one inpatient stay or emergency room visit |

| | | |
|--|--|---|
| | | with a primary diagnosis code of asthma |
| <p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Our objective for 2007 was that the rate of children receiving appropriate medication for asthma will = 93% This year Virginia surpassed the objective by .5%.</p> <p>Are there any quality improvement activities that contribute to your progress? Each of the managed care plans that contract with Virginia are required to report their performance annually for this measure. When a plan's performance rate is below national Medicaid benchmarks or has decreased by more than five percentage points from the prior year, the plan is required to develop a corrective action plan for that measure and to submit this plan to DMAS for review.</p> <p>Annual Performance Objective for FFY 2008: Virginia will maintain a rate of 90% or better for children receiving appropriate medication for asthma.</p> <p>Annual Performance Objective for FFY 2009: Virginia will maintain a rate of 90% or better for children receiving appropriate medication for asthma.</p> <p>Annual Performance Objective for FFY 2010: Virginia will maintain a rate of 90% or better for children receiving appropriate medication for asthma.</p> <p><i>Explain how these objectives were set:</i> Virginia already scores very high on this performance measure. We do not anticipate achieving a rate above 95% for this measure.</p> | | |
| <p>Other Comments on Measure:</p> | | |

MEASURE: Children's Access to Primary Care Practitioners

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|---|
| <p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS version 2005</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS version 2006</p> | <p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007</p> |
| <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Virginia's EQRO conducted this study based on the administrative HEDIS methodology using claims and encounter data provided to them by DMAS. This data was extracted from the MMIS claim and encounter history files.</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: Number of children 12 months to 6 years of age who saw a health care provider for primary care in the preceeding year; and the number of children 7 to 19 years of age who saw a provider for primary care within the last two years.</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: Number of children 12 months to 6 years of age who saw a health care provider for primary care in the preceeding year; and the number of children 7 to 19 years of age who saw a provider for primary care within the last two years.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator represents the percentage of children 12 – 24 months and 25 months – 6 years of age who saw a health care provider for primary care in the preceding year. For children 7 – 11 and 12 – 19 years of age, the measures represent the percentage that saw a provider for primary care within the last two years.</p> |
| Year of Data: 2004 | Year of Data: 2005 | Year of Data: 2006 |

| FFY 2005 | FFY 2006 | FFY 2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|----------------|-----------------|------------------|-------------------|------------|------------|------|--|--------------------------|--------------------|-----------------|-----------------|-------------------|-------------------|------------|------------|---|---------------------|-------------------|----------------|-----------------|------------------|-------------------|------------|------------|------|--|--------------------------|--------------------|-----------------|-----------------|-------------------|-------------------|----------|------------|--|---------------------|-------------------|----------------|-----------------|------------------|-------------------|------------|------------|------|--|--------------------------|--------------------|-----------------|-----------------|-------------------|-------------------|------------|------------|
| <p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 503</td> <td>Numerator: 3335</td> </tr> <tr> <td>Denominator: 529</td> <td>Denominator: 3870</td> </tr> <tr> <td>Rate: 95.1</td> <td>Rate: 86.2</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 4066</td> <td>Numerator: 4934</td> </tr> <tr> <td>Denominator: 4724</td> <td>Denominator: 5923</td> </tr> <tr> <td>Rate: 86.1</td> <td>Rate: 83.3</td> </tr> </table> <p>Additional notes on measure:</p> | <u>12-24 months</u> | <u>7-11 years</u> | Numerator: 503 | Numerator: 3335 | Denominator: 529 | Denominator: 3870 | Rate: 95.1 | Rate: 86.2 | | | <u>25 months-6 years</u> | <u>12-19 years</u> | Numerator: 4066 | Numerator: 4934 | Denominator: 4724 | Denominator: 5923 | Rate: 86.1 | Rate: 83.3 | <p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 610</td> <td>Numerator: 2219</td> </tr> <tr> <td>Denominator: 640</td> <td>Denominator: 2666</td> </tr> <tr> <td>Rate: 95.3</td> <td>Rate: 83.2</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 3602</td> <td>Numerator: 3908</td> </tr> <tr> <td>Denominator: 4142</td> <td>Denominator: 4862</td> </tr> <tr> <td>Rate: 87</td> <td>Rate: 80.4</td> </tr> </table> <p>Additional notes on measure:</p> | <u>12-24 months</u> | <u>7-11 years</u> | Numerator: 610 | Numerator: 2219 | Denominator: 640 | Denominator: 2666 | Rate: 95.3 | Rate: 83.2 | | | <u>25 months-6 years</u> | <u>12-19 years</u> | Numerator: 3602 | Numerator: 3908 | Denominator: 4142 | Denominator: 4862 | Rate: 87 | Rate: 80.4 | <p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 697</td> <td>Numerator: 2628</td> </tr> <tr> <td>Denominator: 727</td> <td>Denominator: 2902</td> </tr> <tr> <td>Rate: 95.9</td> <td>Rate: 90.6</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 4264</td> <td>Numerator: 4336</td> </tr> <tr> <td>Denominator: 4787</td> <td>Denominator: 4981</td> </tr> <tr> <td>Rate: 89.1</td> <td>Rate: 87.1</td> </tr> </table> <p>Additional notes on measure: Rates represent a combination of the separate FAMIS and SCHIP Medicaid Expansion program. Definition of denominator: Includes FAMIS eligibility aid categories 006, 007, 008, 009, and Medicaid Expansion aid category 094 with a minimum of 12 months continuous enrollment (with no more than one enrollment gap of up to 45 days) during CY2006 within the same delivery system and benefit type.</p> | <u>12-24 months</u> | <u>7-11 years</u> | Numerator: 697 | Numerator: 2628 | Denominator: 727 | Denominator: 2902 | Rate: 95.9 | Rate: 90.6 | | | <u>25 months-6 years</u> | <u>12-19 years</u> | Numerator: 4264 | Numerator: 4336 | Denominator: 4787 | Denominator: 4981 | Rate: 89.1 | Rate: 87.1 |
| <u>12-24 months</u> | <u>7-11 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: 503 | Numerator: 3335 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: 529 | Denominator: 3870 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: 95.1 | Rate: 86.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>25 months-6 years</u> | <u>12-19 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: 4066 | Numerator: 4934 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: 4724 | Denominator: 5923 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: 86.1 | Rate: 83.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>12-24 months</u> | <u>7-11 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: 610 | Numerator: 2219 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: 640 | Denominator: 2666 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: 95.3 | Rate: 83.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>25 months-6 years</u> | <u>12-19 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: 3602 | Numerator: 3908 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: 4142 | Denominator: 4862 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: 87 | Rate: 80.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>12-24 months</u> | <u>7-11 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: 697 | Numerator: 2628 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: 727 | Denominator: 2902 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: 95.9 | Rate: 90.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>25 months-6 years</u> | <u>12-19 years</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numerator: 4264 | Numerator: 4336 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Denominator: 4787 | Denominator: 4981 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rate: 89.1 | Rate: 87.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> | <p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</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? Virginia either met or surpassed all of the objectives for this measure in 2007. Those objectives were:</p> <p>Rate of children ages 12 months to 25 months who have seen a provider for primary care within the previous year will remain at 95% or higher. Acheived.</p> <p>Rate of children ages 26 months to 6 years who have seen a provider for primary care wihtin the previuos year will increase to 88%. Surpassed.</p> <p>Rate of children ages 7 to 11 who have seen a provider for primary care within the previous two years will increase to 84%. Surpassed.</p> <p>Rate of children ages 12 to 19 who have seen a provider for primary care within the previous two years will increase to 81%. Surpassed.</p> <p>Are there any quality improvement activities that contribute to your progress? Each of the managed care plans that contract with Virginia are required to report their performance annually for this measure. When a plan's performance rate is below national Medicaid benchmarks or if the plans rate has decreased by more than five percentage points from the prior year, the plan is required to develop and implement a corrective action plan for that measure and to submit this plan to DMAS for review.</p> <p>Annual Performance Objective for FFY 2008: Rate of children ages 12 months to 25 months who have seen a provider for primary care within the previous year will remain at 95% or higher.</p> <p>Rate of children ages 26 months to 6 years who have seen a provider for primary care wihtin the previuos year will increase to 90% or higher.</p> <p>Rate of children ages 7 to 11 who have seen a provider for primary care within the previous two years will remain at 90% or higher.</p> <p>Rate of children ages 12 to 19 who have seen a provider for primary care within the previous two years will increase to 90%.</p> <p>Annual Performance Objective for FFY 2009: Rate of children ages 12 months to 25 months who have seen a provider for primary care within the previous year will remain at 95% or higher.</p> <p>Rate of children ages 26 months to 6 years who have seen a provider for primary care wihtin the previuos year will remain at 90% or higher.</p> <p>Rate of children ages 7 to 11 who have seen a provider for primary care within the previous two years will remain at 90% or higher.</p> <p>Rate of children ages 12 to 19 who have seen a provider for primary care within the previous two years will remain at 90% or higher.</p> <p>Annual Performance Objective for FFY 2010: Rate of children ages 12 months to 25 months who have seen a provider for primary care within the previous year will remain at 95% or higher.</p> <p>Rate of children ages 26 months to 6 years who have seen a provider for primary care wihtin the previuos year will remain at 90% or higher.</p> <p>Rate of children ages 7 to 11 who have seen a provider for primary care within the previous two years will remain at 90% or higher.</p> <p>Rate of children ages 12 to 19 who have seen a provider for primary care within the previous two years will remain at 90% or higher.</p> <p><i>Explain how these objectives were set:</i> DMAS will continue client education efforts to encourage parents to take children, including older children, to the doctor as needed, which should result in a slight increase in these measures. Virginia is already at or above the national rates for each measure, and at or above the rates previously projected for FFY 2009. At these levels, there isn't much room left for improvement.</p> | | |

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|----------|----------|
| Other Comments on Measure: The FFY 2006 and FFY 2007 measures were calculated and reported by different EQRO contractors. Although both contractors employed the hybrid HEDIS methodology to calculate the performance measures, it is possible that some of the variation in this year's numbers is attributable to the different abstraction tools and methodologies used by the two contractors. | | |

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 | 65536 | 68075 | 3.87 |
| Separate Child Health Program | 71646 | 76088 | 6.2 |

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

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

| Period | Uninsured Children Under Age 19 Below 200 Percent of Poverty | | Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19 | |
|----------------|---|------------|--|------------|
| | Number | Std. Error | Rate | Std. Error |
| 1996 - 1998 | 123 | 27.6 | 7.3 | 1.6 |
| 1998 - 2000 | 136 | 29.4 | 7.6 | 1.6 |
| 2000 - 2002 | 104 | 19.0 | 5.5 | 1.0 |
| 2002 - 2004 | 100 | 18.7 | 5.3 | 1.0 |
| 2003 - 2005 | 88 | 16.6 | 4.6 | .9 |
| 2004 - 2006 | 102 | 17.0 | 5.3 | .9 |
| Percent change | -17.1% | NA | -27.4% | NA |

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

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

In September 2002, Virginia implemented numerous simplification measures to modify the application process for children applying for either Medicaid or SCHIP. The programs were also made more seamless to families through increased coordination and outreach was enhanced for both programs under the brand name FAMIS. However, progress that has been made in reducing the rate of uninsured has been affected by the citizenship and identity requirements implemented in July 2006.

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

Virginia is concerned that the CPS may be somewhat overstating the number of uninsured children in the state in light of the fact that other surveys (including the National Health Interview Survey and a state-sponsored survey) have produced smaller estimates.

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

Yes (please report your data in the table below)

No (skip to Question #4)

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

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

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

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

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

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

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

At this time, Virginia does not track this data.

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 |
|--|--|--|
| Goal #1 (Describe) | Goal #1 (Describe) | Goal #1 (Describe) |
| Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> | Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> |
| Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> | Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> |
| Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> | Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> |
| Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: | Definition of Population Included in the Measure: Definition of denominator: Definition of numerator: |
| Year of Data: | Year of Data: | Year of Data: |
| Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: | Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: |
| | Explanation of Progress: 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? Are there any quality improvement activities that contribute to your progress? |
| | Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: | Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: |

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

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

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

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

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

Objectives Related to SCHIP Enrollment

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|--|
| <p>Goal #1 (Describe) Increase net enrollment in the Title XXI Separate SCHIP program - FAMIS.</p> | <p>Goal #1 (Describe) Increase net enrollment in the Title XXI Separate SCHIP program - FAMIS.</p> | <p>Goal #1 (Describe) Increase net enrollment in the Title XXI Separate SCHIP program - FAMIS.</p> |
| <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Formerly, Virginia combined an increase in enrollment for both SCHIP programs (FAMIS & Medicaid Expansion) into one goal. The former goal has been split into two separate goals to measure net growth in each program over time.</p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Formerly, Virginia combined an increase in enrollment for both SCHIP programs (FAMIS & Medicaid Expansion) into one goal. The former goal has been split into two separate goals to measure net growth in each program over 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>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 checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" 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:</p> <p>Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year.</p> <p>Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).</p> | <p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year.</p> <p>Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).</p> | <p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year.</p> <p>Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).</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: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB.</p> <p>Numerator: 1705 Denominator: 32693 Rate: 5.2</p> <p>Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB.</p> <p>Numerator: 2098 Denominator: 41828 Rate: 5</p> <p>Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB.</p> <p>Numerator: 3844 Denominator: 43926 Rate: 8.8</p> <p>Additional notes on measure: The 8.8 represents the percent growth in enrollment or the enrollment growth rate for FFY 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?</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? Virginia surpassed the net enrollment growth rate objective of 2%. Enrollment in the FAMIS program continued to grow at a larger rate than what was anticipated last year.</p> <p>Are there any quality improvement activities that contribute to your progress? No.</p> |
| | <p>Annual Performance Objective for FFY 2007: Rate of growth in net enrollment of children in FAMIS in FFY 2007 will = 2%.</p> <p>Annual Performance Objective for FFY 2008: Rate of growth in net enrollment of children in FAMIS in FFY 2008 will = 2%.</p> <p>Annual Performance Objective for FFY 2009: Rate of growth in net enrollment of children in FAMIS in FFY 2009 will = 2%.</p> <p><i>Explain how these objectives were set:</i> While enrollment continues to increase in the FAMIS program, the annual rate of growth has slowed significantly each year as the program has matured. During this time, Virginia has continued to conduct aggressive outreach and plans to do so in the future as well. We therefore anticipate a modest rate of annual growth going forward.</p> | <p>Annual Performance Objective for FFY 2008: Rate of growth in net enrollment of children in FAMIS in FFY 2008 will = 4%.</p> <p>Annual Performance Objective for FFY 2009: Rate of growth in net enrollment of children in FAMIS in FFY 2009 will = 4%.</p> <p>Annual Performance Objective for FFY 2010: Rate of growth in net enrollment of children in FAMIS in FFY 2010 will = 4%.</p> <p><i>Explain how these objectives were set:</i> Enrollment continues to increase in the FAMIS program. This past year the growth rate increased far beyond our expectation. Therefore we have doubled our future enrollment goals from 2% annually, to 4% annually. We project a modest rate of annual growth going forward.</p> |
| <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> | <p>Other Comments on Measure:</p> |

Objectives Related to SCHIP Enrollment (Continued)

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|---|
| <p>Goal #2 (Describe) Increase net enrollment in Title XXI SCHIP Medicaid Expansion program.</p> | <p>Goal #2 (Describe) Increase enrollment in Title XXI SCHIP Medicaid Expansion program.</p> | <p>Goal #2 (Describe) Increase net enrollment in Title XXI Schip Medicaid Expansion Program.</p> |
| <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Formerly, Virginia combined an increase in enrollment for both SCHIP programs (FAMIS & Medicaid Expansion) into one goal. The former goal has been split into two separate goals to measure net growth in each program over time.</p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Formerly, Virginia combined an increase in enrollment for both SCHIP programs (FAMIS & Medicaid Expansion) into one goal. The former goal has been split into two separate goals to measure net growth in each program over 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>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 checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" 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 enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).</p> | <p>Definition of Population Included in the Measure: Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Diference between the number of children enrolled as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).</p> |
| <p>Year of Data: 2005</p> | <p>Year of Data:</p> | <p>Year of Data: 2007</p> |

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|---|
| <p>Performance Measurement Data: Described what is being measured: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB.</p> <p>Numerator: 7728 Denominator: 24965 Rate: 31</p> <p>Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB.</p> <p>Numerator: 1705 Denominator: 32693 Rate: 5.2</p> <p>Additional notes on measure: Net enrollment had grown by 6.9% between October 1, 2005 and July 1, 2006. Following implementation of the new Deficit Reduction Act requirement that applicants to this program document both their citizenship and identity, the net enrollment decreased by 543 children in the next 4 months, resulting in a growth rate of 5.2% for the year.</p> | <p>Performance Measurement Data: Described what is being measured: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB.</p> <p>Numerator: 1416 Denominator: 34398 Rate: 4.1</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? Due to the implementation of the new Deficit Reduction Act requirement that applicants to this program document both their citizenship and identity, there was a dramatic and negative impact on enrollment in the SCHIP Medicaid Expansion program. Therefore, Virginia did not set performance objectives regarding enrollment.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> |
| | <p>Annual Performance Objective for FFY 2007: In the initial months of the new requirement for applicants to document citizenship and identity there was a dramatic and negative impact on enrollment in the SCHIP Medicaid Expansion program. At this time it is unknown what the long term impact of this requirement will be going forward. Therefore, Virginia will set performance objectives regarding enrollment following the first full year (FFY 2007) of implementation.</p> <p>Annual Performance Objective for FFY 2008: See above.</p> | <p>Annual Performance Objective for FFY 2008: Rate of growth in net enrollment of children in the Title XXI SCHIP Medicaid Expansion Program in FFY 2008 will = 4.5%</p> <p>Annual Performance Objective for FFY 2009: Rate of growth in net enrollment of children in the Title XXI SCHIP Medicaid Expansion Program in FFY 2009 will = 5%</p> |

| FFY 2005 | FFY 2006 | FFY 2007 |
|-----------------------------------|--|---|
| | <p>Annual Performance Objective for FFY 2009: See above.</p> <p><i>Explain how these objectives were set:</i></p> | <p>Annual Performance Objective for FFY 2010: Rate of growth in net enrollment of children in the Title XXI SCHIP Medicaid Expansion Program in FFY 2010 will = 5.5%</p> <p><i>Explain how these objectives were set:</i> We expect that enrollment in the Title XXI Medicaid Expansion program will continue to increase at a similar rate to what we saw in the last fiscal year. Citizenship and Identity requirements have been in effect for a full year now, and we believe that this last year will be a good predictor of future years growth. The objective increases each year to reflect anticipated growth in the Virginia Population.</p> |
| Other Comments on Measure: | Other Comments on Measure: | Other Comments on Measure: |

Objectives Related to SCHIP Enrollment (Continued)

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

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

Objectives Related to Medicaid Enrollment

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|---|
| <p>Goal #1 (Describe) Increase net enrollment of children in the Title XIX Medicaid program.</p> | <p>Goal #1 (Describe) Increase net enrollment of children in the Title XIX Medicaid program.</p> | <p>Goal #1 (Describe) Increase net enrollment of children in the Title XIX Medicaid program.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" 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:</p> <p>Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year.</p> <p>Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year.</p> | <p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year.</p> <p>Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year.</p> | <p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year.</p> <p>Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year.</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: The net growth or decline of current enrollment between the beginning and the end of the federal fiscal year.</p> <p>Numerator: 19313 Denominator: 326113 Rate: 5.9</p> <p>Additional notes on measure:</p> | <p>Performance Measurement Data: Described what is being measured: The net growth or decline of current enrollment between the beginning and the end of the federal fiscal year.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: The template does not allow entry of negative numbers. However, for this measure, the numerator = -3,510 and denominator = 345,426, resulting in a rate of -1%. Enrollment had grown by 2% between 10/01/05 and 7/01/06. Following implementation of the Deficit Reduction Act requirement that applicants document both their citizenship & identity, the net enrollment decreased by 10,217 children in the next 4 months; resulting in a decrease of 1% between the beginning and end of the fiscal year.</p> | <p>Performance Measurement Data: Described what is being measured: The net growth or decline of current enrollment between the beginning and the end of the federal fiscal year.</p> <p>Numerator: 1150 Denominator: 341916 Rate: 0.3</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? Due to the implementation of the new Deficit Reduction Act requirement that applicants to this program document both their citizenship and identity, there was a dramatic and negative impact on enrollment in the SCHIP Medicaid Expansion program. Therefore, Virginia did not set performance objectives regarding enrollment.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> |
| | <p>Annual Performance Objective for FFY 2007: In the initial months of the new requirement for applicants to document citizenship and identity there was a dramatic and negative impact on enrollment in the Medicaid program. At this time it is unknown what the long term impact of this requirement will be going forward. Therefore, Virginia will set performance objectives regarding enrollment following the first full year (FFY 2007) of implementation.</p> <p>Annual Performance Objective for FFY 2008:</p> | <p>Annual Performance Objective for FFY 2008: Rate of growth in net enrollment of children in Medicaid in FFY 2008 will = 1%.</p> <p>Annual Performance Objective for FFY 2009: Rate of growth in net enrollment of children in Medicaid in FFY 2008 will = 2%.</p> |

| FFY 2005 | FFY 2006 | FFY 2007 |
|-----------------------------------|---|---|
| | <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p> | <p>Annual Performance Objective for FFY 2010: Rate of growth in net enrollment of children in Medicaid in FFY 2008 will = 3%.</p> <p><i>Explain how these objectives were set:</i> We expect that enrollment in the Virginia's Medicaid program will continue to increase at a similar rate to what we saw in the last fiscal year. Citizenship and Identity requirements have been in effect for a full year now, and we believe that this last year will be a good predictor of future years growth. Virginia is working to educate clientele with hopes that the requirements will become less of an enrollment barrier. The increase each year reflects growth in the Virginia Population.</p> |
| Other Comments on Measure: | Other Comments on Measure: | Other Comments on Measure: |

Objectives Related to Medicaid Enrollment (Continued)

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

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

Objectives Related to Medicaid Enrollment (Continued)

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

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

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|---|---|
| <p>Goal #1 (Describe)</p> | <p>Goal #1 (Describe) Increase the utilization of dental services by children enrolled in FAMIS.</p> | <p>Goal #1 (Describe) Increase the utilization of dental services by children enrolled in FAMIS.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> On July 1, 2005, DMAS implemented a new initiative, Smiles for Children, to increase the number of participating dental providers and the utilization of dental services by children enrolled in FAMIS and Medicaid. This initiative included an increase in dental rates, recruitment of providers and carving dental services out of Managed Care contracts and contracting with a single statewide administrator for dental services.</p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The calculation of dental utilization is based on the CMS 416 (EPSDT) report which is a standard among states.</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 calculation of dental utilization is based on the CMS 416 (EPSDT) report which is a standard among states.</p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The utilization calculation is based on claims data and therefore there is a six month lag time in the final report of data. The final utilization rate for SFY 2006 will be available in January 2007.</p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The utilization is based on claims data and therefore there is a six month lag time in the final report of data. The final utilization rate for SFY will be available January 2007. This data is for the time period 7/1/06-6/31/07 based on claims received through 9/30/2007.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received any dental service (preventive or treatment) during SFY 2006.</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: Children who received any dental service (preventive or treatment) during SFY 2007.</p> |
| <p>Year of Data:</p> | <p>Year of Data: 2006</p> | <p>Year of Data: 2007</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:</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>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:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 20567 Denominator: 60821 Rate: 33.8</p> <p>Additional notes on measure: Utilization rate of dental services provided to children ages 3-20 that are enrolled in FAMIS for SFY 2006.</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 26294 Denominator: 63565 Rate: 41.4</p> <p>Additional notes on measure: This is the utilization rate of dental services provided to children ages 3-20 that are enrolled in FAMIS for SFY 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?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Rate of children age 3 to 19 receiving any dental service will = 36%.</p> <p>Annual Performance Objective for FFY 2008: Rate of children age 3 to 19 receiving any dental service will = 38%.</p> <p>Annual Performance Objective for FFY 2009: Rate of children age 3 to 19 receiving any dental service will = 40%.</p> <p><i>Explain how these objectives were set:</i> Since the Smiles for Children program is only one year old, there is no historical data on which to base projections. Therefore, at this time DMAS is estimating a steady rate of growth of approximately 2% a year.</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 utilization rate for dental services for SFY 2007 surpassed the goal. Virginia's rate for SFY 2007 was 41.4% and the goal was 36%.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Rate of FAMIS children age 3 to 20 receiving any dental service will = 43%.</p> <p>Annual Performance Objective for FFY 2009: Rate of FAMIS children age 3 to 20 receiving any dental service will = 45%.</p> <p>Annual Performance Objective for FFY 2010: Rate of FAMIS children age 3 to 20 receiving any dental service will = 47%.</p> <p><i>Explain how these objectives were set:</i> Since the Smiles for Children program is only two years old, the growth experienced in the last year is due to the availability of a new program. Therefore, DMAS is estimating a steady rate of growth of approximately 2% a year in future years.</p> |
| <p>Other Comments on Measure:</p> | <p>Other Comments on Measure: Utilization reporting is based on Doral Dental claims encounter data. The calculation of utilization is based on the CMS 416 (EPSDT) report which is a standard among states to calculate utilization.</p> | <p>Other Comments on Measure: Utilization reporting is based on Doral Dental Encounter claims data. The calculation of utilization is based on the CMS 416 (EPSDT) report which is a standard among states.</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)</p> | <p>Goal #2 (Describe) Increase the utilization of dental services by children enrolled in Medicaid.</p> | <p>Goal #2 (Describe) Increase the utilization of dental services by children enrolled in Medicaid.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> On July 1, 2005, DMAS implemented a new initiative, Smiles for Children, to increase the number of participating dental providers and the utilization of dental services by children enrolled in FAMIS and Medicaid. This initiative included an increase in dental rates, recruitment of providers and carving dental services out of Managed Care contracts and contracting with a single statewide administrator for dental services.</p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> The calculation of dental utilization is based on the CMS 416 (EPSDT) report which is a standard among states.</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 calculation of dental utilization is based on the CMS 416 (EPSDT) report which is a standard among states.</p> |
| <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The utilization calculation is based on claims data and therefore there is a six month lag time in the final report of data. The final utilization rate for SFY 2006 will be available in January 2007.</p> | <p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The utilization calculation is based on claims data and therefore there is a six month lag time in the final report of data. The final utilization rate for SFY 2007 will be available in January 2008.</p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received any dental service (preventive or treatment) during SFY 2006.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received any dental service (preventive or treatment) during SFY 2007.</p> |

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|---|
| <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:</p> | <p>Year of Data: 2006</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>Year of Data: 2007</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:</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 153940 Denominator: 424807 Rate: 36.2</p> <p>Additional notes on measure: Utilization rate of dental services provided to children ages 3-20 that are enrolled in Medicaid (Title XIX) and the SCHIP Medicaid Expansion (Title XXI) for SFY 2006.</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 185151 Denominator: 426221 Rate: 43.4</p> <p>Additional notes on measure: Utilization rate of dental services provided to children ages 3-20 that are enrolled in Medicaid (Title XIX) and the SCHIP Medicaid Expansion (Title XXI) for SFY 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?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Rate of children age 3 to 20 receiving any dental service will = 38%.</p> <p>Annual Performance Objective for FFY 2008: Rate of children age 3 to 20 receiving any dental service will = 40%.</p> <p>Annual Performance Objective for FFY 2009: Rate of children age 3 to 20 receiving any dental service will = 41%.</p> <p><i>Explain how these objectives were set:</i> Since the Smiles for Children program is only one year old, there is no historical data on which to base projections. Therefore, at this time DMAS is estimating a steady rate of growth of approximately 2% a year.</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 utilization rate of dental services by children enrolled in Medicaid for SFY2007 surpassed the goal. The goal was 38% and Virginia achieved 43%.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Rate of Medicaid children age 3 to 20 receiving any dental service will = 45%.</p> <p>Annual Performance Objective for FFY 2009: Rate of Medicaid children age 3 to 20 receiving any dental service will = 47%.</p> <p>Annual Performance Objective for FFY 2010: Rate of Medicaid children age 3 to 20 receiving any dental service will = 50%.</p> <p><i>Explain how these objectives were set:</i> Since the Smiles for Children program is only two years old, the growth experienced in the last year is due to the availability of a new program. Therefore, DMAS is estimating a steady rate of growth of approximately 2% a year in future years.</p> |

| FFY 2005 | FFY 2006 | FFY 2007 |
|-----------------------------------|--|---|
| Other Comments on Measure: | Other Comments on Measure: Utilization reporting is based on Doral Dental claims encounter data. The calculation of utilization is based on the CMS 416 (EPSDT) report which is a standard among states to calculate utilization. | Other Comments on Measure: Utilization reporting is based on Doral Dental Encounter claims data. The calculation of utilization is based on the CMS 416 (EPSDT) report which is a standard among states. |

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

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

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

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|---|
| <p>Goal #1 (Describe) All 2 year old children enrolled in FAMIS will be fully immunized.</p> | <p>Goal #1 (Describe) All 2 year old children enrolled in FAMIS will be fully immunized.</p> | <p>Goal #1 (Describe) All 2 year old children enrolled in FAMIS will be fully immunized.</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 checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Virginia's childhood immunization goals have been revised this year to combine the FAMIS and Medicaid (see Goal #2) populations into a single reported rate. Virginia has chosen to adopt a HEDIS methodology for immunization measurements because it provides a basis for comparisons of Virginia rates to national and regional NCQA Medicaid averages, and it ensures a consistent application of the measurement methodology.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input 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> Random sample of medical records.</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> Random sample of medical records.</p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007 - allowed one month grace period for the completion of immunization. Virginia's reported Goal #1 rate for FFY 2007 represents an average of the state's NCQA-accredited managed care plan reported rates for HEDIS Immunization Combo 2. Separate HEDIS combo 2 immunization rates are not currently available for FAMIS and Medicaid, so the rates for Goals #1 and #2 have been combined into a single reporting measure.</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> Medical record data.</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> Medical record data.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Virginia's reported rate for FFY 2007 represents an average of the state's NCQA-accredited managed care plans. All of the plans conducted this immunization study based on the hybrid HEDIS methodology for Immunization Combo 2 using a combination of their own administrative claims data</p> |

| FFY 2005 | FFY 2006 | FFY 2007 |
|---|---|--|
| | | and a statistical sampling of medical records obtained from the servicing providers. |
| <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: Number of cases where medical records contained documentation that the patient was up-to-date with the recommended immunization schedule.</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: Number of medical records with documentation that the patient was up-to-date with the recommended immunization schedule.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator represents those enrollees in the study population who received four DtaP/DT vaccinations; three IPV vaccinations; one MMR vaccination; three HiB vaccinations; three (3) hepatitis B vaccinations; and one (VZV) Varicella vaccination (Combination 2) during the review period.</p> |
| 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></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</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>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 1222 Denominator: 1765 Rate: 69.2</p> <p>Additional notes on measure: Virginia shifted its calculation of this measure for FFY 2007 to use the hybrid HEDIS methodology for Immunization Combo 2. The HEDIS methodology provides a basis for comparisons of Virginia rates to national and regional NCQA Medicaid averages, and it ensures a consistent application of the measurement methodology. Prior year rates were calculated using a GRPA methodology and were calculated by Virginia's EQRO.</p> |
| <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 120 Denominator: 134 Rate: 89.6</p> <p>Additional notes on measure: The number of fully immunized children divided by the number of valid medical records received in response to the random sample selection. Compliance rate for submitting medical records was 75.3%. Rate reported is for immunization series Combo (4:3:1) by 24 months.</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 174 Denominator: 193 Rate: 90.2</p> <p>Additional notes on measure: The number of fully immunized children divided by the number of valid medical records received in response to the random sample selection. Compliance rate for submitting medical records was 82.8%. Rate reported is for immunization series Combo 2 by 24 months.</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 data-bbox="695 183 951 207">Explanation of Progress:</p> <p data-bbox="743 240 1289 318">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p data-bbox="743 516 1289 565">Are there any quality improvement activities that contribute to your progress?</p> <p data-bbox="751 1117 1289 1224">Annual Performance Objective for FFY 2007: Rate of fully immunized 2 year old children will = 91%. Annual Performance Objective for FFY 2008: Rate of fully immunized 2 year old children will = 92%.</p> | <p data-bbox="1316 183 1572 207">Explanation of Progress:</p> <p data-bbox="1365 240 1911 509">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The 2006 Performance Objective was based on the Virginia's use of the GRPA methodology, and is not applicable to this year's rate which has been calculated using the HEDIS methodology. Most of the decline in this year's rate is attributable to differences between the different methodologies and to a lesser degree to differences in the contractors calculating the measures</p> <p data-bbox="1365 516 1911 1088">Are there any quality improvement activities that contribute to your progress? Each of the managed care plans that contract with Virginia are required to report their performance annually for the HEDIS Childhood Immunization Combo 2 measure. When a plan's performance rate is below national Medicaid benchmarks or if a plan's rate decreases by more than five percentage points from the prior year, the plan is required to develop and implement a corrective action plan and to submit this plan to DMAS for review. The shift to the HEDIS methodology will allow Virginia to monitor and accurately assess the plans' performance against each other and against NCQA averages. Virginia also requires each managed care plan to develop and implement a performance improvement project (PIP) targeted at increasing childhood immunization rates. Virginia also supports a managed care collaborative that includes all of the plans and the state EQRO. Its focuss is to develop effective and innovative methods to improve childhood immunization rates in Virginia.</p> <p data-bbox="1373 1117 1911 1224">Annual Performance Objective for FFY 2008: Rate of fully immunized 2 year old children will = 72% Annual Performance Objective for FFY 2009: Rate of fully immunized 2 year old children will = 75%</p> |

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|--|
| | <p>Annual Performance Objective for FFY 2009: Rate of fully immunized 2 year old children will = 93%.</p> <p><i>Explain how these objectives were set:</i> Virginia has maintained a fairly high rate of full immunization for 2 year old children enrolled in FAMIS despite fluctuations from year to year. It is therefore anticipated that with continued emphasis on the importance of childhood immunizations, this rate will continue to increase but at a modest rate of growth in the coming years.</p> | <p>Annual Performance Objective for FFY 2010: Rate of fully immunized 2 year old children will = 78%</p> <p><i>Explain how these objectives were set:</i> These rates take into consideration all of the HEDIS Medicaid averages (national and state) for current and prior years. Our goal is to establish rates that are high enough to bring Virginia in line with the trended national average within the next few years, while still being realistically achievable.</p> |
| <p>Other Comments on Measure: Virginia Department of Medical Assistance Services participates in the Government Performance and Results Act (GRPA) project aimed at increasing the immunization rates of all children in Medicaid and SCHIP. Immunization rates are calculated using a GRPA-like methodology.</p> | <p>Other Comments on Measure: Virginia Department of Medical Assistance Services participates in the Government Performance and Results Act (GRPA) project aimed at increasing the immunization rates of all children in Medicaid and SCHIP. Immunization rates are calculated using a GRPA-like methodology.</p> | <p>Other Comments on Measure: Virginia shifted its calculation of this measure for FFY 2007 to use the hybrid HEDIS methodology for Immunization Combo 2. The HEDIS methodology provides a basis for comparisons of Virginia rates to national and regional NCQA Medicaid averages, and it ensures a consistent application of the measurement methodology.</p> |

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

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|--|
| <p>Goal #2 (Describe) All 2 year old children enrolled in Medicaid will be fully immunized.</p> | <p>Goal #2 (Describe) All 2 year old children enrolled in Medicaid will be fully immunized.</p> | <p>Goal #2 (Describe) All 2 year old children enrolled in Medicaid will be fully immunized.</p> |
| <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p> | <p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Virginia's childhood immunization goals have been revised this year to combine the FAMIS and Medicaid (see Goal #1) populations into a single reported rate. Virginia has chosen to adopt a HEDIS methodology for immunization measurements because it provides a basis for comparisons of Virginia rates to national and regional NCQA Medicaid averages, and it ensures a consistent application of the measurement methodology.</p> |
| <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> | <p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p> |
| <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input 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> Random sample of medical records.</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> Random sample of medical records.</p> | <p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></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> Medical record data.</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> Medical record data.</p> | <p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p> |
| <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of medical records with documentation that the patient was up-to-date with the recommended immunization schedule.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of medical records with documentation that the patient was up-to-date with the recommended immunization schedule.</p> | <p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p> |
| <p>Year of Data: 2004</p> | <p>Year of Data: 2005</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:</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>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: 146 Denominator: 168 Rate: 86.9</p> <p>Additional notes on measure: The number of fully immunized children divided by the number of valid medical records received in response to the random sample selection. Compliance rate for submitting medical records was 69.7%. Rate reported is for immunization series Combo (4:3:1) by 24 months. Data includes children enrolled in Medicaid (Title XIX) and in the SCHIP Medicaid Expansion program (Title XXI).</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 177 Denominator: 206 Rate: 85.9</p> <p>Additional notes on measure: The number of fully immunized children divided by the number of valid medical records received in response to the random sample selection. Compliance rate for submitting medical records was 79.5%. Rate reported is for immunization series Combo 2 by 24 months. Data includes children enrolled in Medicaid (Title XIX) and in the SCHIP Medicaid Expansion program (Title XXI).</p> | <p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p> |
| | <p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Rate of fully immunized 2 year old children will = 88%. Annual Performance Objective for FFY 2008: Rate of fully immunized 2 year old children will = 89%. Annual Performance Objective for FFY 2009: Rate of fully immunized 2 year old children will = 90%.</p> <p><i>Explain how these objectives were set:</i> Virginia has maintained a fairly high rate of full immunization for 2 year old children enrolled in Medicaid despite fluctuations from year to year. It is therefore anticipated that with continued emphasis on the importance of childhood immunizations, this rate will continue to increase but at a modest rate of growth in the coming years.</p> | <p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p> |

| FFY 2005 | FFY 2006 | FFY 2007 |
|--|--|--|
| <p>Other Comments on Measure: Virginia Department of Medical Assistance Services participates in the Government Performance and Results Act (GRPA) project aimed at increasing the immunization rates of all children in Medicaid and SCHIP. Immunization rates are calculated using a GRPA-like methodology.</p> | <p>Other Comments on Measure: Virginia Department of Medical Assistance Services participates in the Government Performance and Results Act (GRPA) project aimed at increasing the immunization rates of all children in Medicaid and SCHIP. Immunization rates are calculated using a GRPA-like methodology.</p> | <p>Other Comments on Measure:</p> |

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

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

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

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

CAHPS Survey

Access to and satisfaction with care is measured by the National 2007 Consumer Assessment of Health Plans Survey (CAHPS) Sponsor Report, titled "2007 Medicaid Managed Care Customer Satisfaction Survey (November 2007)." Approximately 85% of children in Virginia's SCHIP plan receive health care through enrollment in a Managed Care Organization. The CAHPS survey reports that managed care enrollees continue to be well-satisfied with their providers, their access to providers, and the type and quality of medical care provided to them. The next CAHPS Survey will be conducted in 2009.

Complaint/Appeal Tracking

Complaints are categorized by eligibility, enrollment or health services concerns. Complaints regarding eligibility or enrollment include denial of eligibility, timely determination, suspension or termination of enrollment, or enrollment into the wrong health plan. Complaints about health services relate to the delay, denial, reduction, suspension or termination of health services; failure to approve, furnish or provide payment for health services; or failure to receive member identification card. The assessment of complaints and appeals received by the MCOs allows DMAS to identify trends in care, which include access to care and services, network sufficiency, coverage issues and quality of care. This ongoing assessment allows the Department to direct the MCOs to focus on areas where there may be issues or potential problems. SCHIP enrollees currently access their services through high quality, credentialed provider networks in a consistent manner.

Provider Networks

An important part of access is ensuring that children have access to an adequate Primary Care Provider (PCP) and pediatric subspecialty networks. The health plans are responsible for arranging for and administering covered services to enrollees and ensuring that its delivery system provides available, accessible and adequate numbers of facilities, locations, and trained personnel for the provision of covered services. The health plan must include pediatricians in its network or otherwise arrange care by providers specializing in early childhood and youth services.

As a means of measuring accessibility, the health plans must have at least one (1) full-time equivalent (FTE) pediatric primary care provider (PCP) for every 1,500 FAMIS enrollees, and there must be one (1) FTE PCP with pediatric training and/or experience for every 2,500 enrollees under the age of eighteen (18). The plans also must maintain an adequate pediatric specialist network and a referral listing. The quarterly analysis performed by the Department indicates that all plans meet or exceed these requirements.

The Department also performs provider analysis on the PCCM program. Our analysis indicates that the PCCM network meets or exceeds the Department's network standard.

Quality Review of MCOs

The MCOs are required to be accredited by a national quality organization, the National Committee for Quality Assurance (NCQA). Six of the seven plans have received the highest rating (excellent) for their Medicaid product. The newest MCO is pursuing accreditation. All plans have full quality improvement programs, disease management, and provider relations operations. A copy of the 2007 Managed Care Performance Report is enclosed.

DMAS contracts require that each managed care organization that contracts with SCHIP have an internal quality improvement programs (QIP). The QIP must meet the accreditation standards of NCQA. The Contractor is encouraged to perform all HEDIS performance measures for the Medicaid product as a part of the QI Program. In addition, the Contractor shall, at a minimum, complete all eight of the following HEDIS performance studies:

1. Childhood Immunization Status

2. Diabetes
3. Asthma: Appropriate Use of Medications
4. HEDIS/CAHPS 3.0H Adult Survey
5. Well-Child Visits in the First 15 Months of Life
6. Well-Child Visits in the 3rd, 4th, 5th & 6th Year
7. Adolescent Well-Care Visits
8. Adolescent Immunization Status

The Contractor sends to the Department (annually) a copy of its clinical practice guidelines, its quality improvement program, and prior year's outcomes, including results of HEDIS, and other performance measures, quality studies, and other activities as documented in the QIP. Results shall reflect completion dates.

The Contractor's QIP shall consist of systematic activities to monitor and evaluate the care delivered to enrollees according to predetermined, objective standards and to make improvements as needed. The Contractor shall correct significant systematic problems that come to its attention through internal surveillance, complaints, or other mechanisms. The QIP shall illustrate a comprehensive, integrated approach that encompasses all aspects of the health care delivery system for FAMIS. The Contractor shall insure that their grievance system is tied to their quality improvement program.

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 legislatively mandated Children's Health Insurance Program Advisory Committee has identified access to care and utilization of services as two of the three priority areas for study for the coming year. CHIPAC is working on ways to identify access issues and improvement of utilization. This group meets quarterly. CHIPAC has begun work on a Child Health Data Project that will look at Virginia's SCHIP and Medicaid populations and analyze data relating to utilization, access, and retention. Reports generated from this project should be available sometime 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?

No.

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

REPORT #1: Virginia Managed Care Performance Report 2006-2007. Report is attached.

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]**

During the year a new Staying Healthy section was developed and added to the FAMIS website. This new section was launched to serve as a resource for FAMIS enrolled families and promote utilization of preventive care services. It features seven new pages with information for parents and parents-to-be on well-child checkups, prenatal care, prevention, immunizations, safety, nutrition, developmental milestones, parenting, dental care, and more. It contains over 200 health related links and resources for parents and parents-to-be.

This new section received over 4,300 hits from April through September.

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]**

The most effective outreach strategy employed by DMAS to date continues to be the annual Back-To-School campaign which combines TV and radio advertising, flyer distribution through the school system, coordination with Free & Reduced School Lunch Program, and increased participation in local community events such as health fairs and PTA events.

We have measured our success through increased call and application volume as well as a short new applicant survey. These activities resulted in a 31% increase in new applications received in September 2007 over the 2007 monthly average. Of those new applicants who started an application over the phone or on the website in September 2007, the top five ways applicants heard about FAMIS were: schools (33%), prior FAMIS coverage (18%), a friend or relative (17%), TV/radio ads (10%), and Department of Social Services (8%).

Yes, we would consider this annual campaign a best practice.

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]**

In addition to offering print materials and our program website in Spanish, we advertise in Spanish language newspapers, magazines, and on radio stations and continue to support a full-time bi-lingual Hispanic Marketing and Outreach Liaison on the Marketing and Outreach team. This position oversees translations of materials, promotes the program on Spanish language radio stations and in newspapers, and travels across the state to attend events and where a significant number of Spanish speaking potentially eligible families are expected.

During FFY 2007 the percentage of Hispanic children covered by our separate SCHIP program increased from 19% of those enrolled to 21% and for our Medicaid Expansion children the percentage increased from 13% to 14% of those enrolled. Currently, 13% of all calls received at the Central Processing Unit are Spanish.

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]**

Our figure represents a point-in-time estimate as of September 2007 and is based on the Virginia Health Care Foundation (VHCF) and Urban Institute's estimate from January 2007 of 96,000 uninsured eligible children under 200% FPL. Utilizing December 1, 2006 enrollment figures and adding the 96,000 uninsured eligibles, we calculate an estimate of the total eligibles under 200%. Then using our September 2007 enrollment divided by the total number of estimated eligibles under 200%, we come up with a point-in-time estimate of 81%.

VHCF is working with the Urban Institute to update the estimate of the uninsured eligible children in Virginia for early 2008. However, as of now this is our best estimate based on the available data.

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]**

The FAMIS CPU reviews 100% of the applications for coverage for evidence of other insurance. There are several ways other insurance information is identified:

Information is listed on the new or renewal application for coverage

Recipients with current FAMIS coverage contact the CPU to advise that they have obtained private health insurance for their child. Coverage is not cancelled during the 12 month continuous enrollment period for other insurance. However, the CPU places a special alert on the case and adds information to VAMMIS to document the existing insurance. This is then available for review and confirmation at the time of renewal.

Every child and pregnant woman applied for is researching in the Virginia MMIS system to identify if the applicant has had prior Medicaid or FAMIS coverage. If a case is located, the insurance information is reviewed to see if there is other insurance and the type of insurance. If the applicant did not list the insurance on their application, the CPU makes an outbound call to confirm the status of the insurance information in VAMMIS. This information can be accepted over the phone and is documented in case notes for the permanent record. If the applicant can

not be reached by phone, the CPU mails an Other Insurance Verification form to obtain the current status. In the event the applicant does not return the form or contact the CPU, the application for coverage is denied for other active insurance.

FAMIS cases determined by the local Dept of Social Services and forwarded to the CPU for servicing are reviewed for evidence of other insurance. The CPU staff review the application in the transferred case, search for other active insurance in the Virginia MMIS system, and review case notes in the Virginia CHAMPS eligibility determination system. In the event active insurance is identified, and it was in place on the date the FAMIS coverage began, FAMIS is cancelled as of the effective date for other insurance.

The CPU initiated 432 requests for additional information regarding other insurance information identified through various sources, other than the application, in FFY07

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 FAMIS CPU reviews 100% of the applications for coverage for evidence of other insurance. There are several ways other insurance information is identified:

Information is listed on the new or renewal application for coverage

Recipients with current FAMIS coverage contact the CPU to advise that they have obtained private health insurance for their child. Coverage is not cancelled during the 12 month continuous enrollment period for other insurance. However, the CPU places a special alert on the case and adds information to VAMMIS to document the existing insurance. This is then available for review and confirmation at the time of renewal.

Every child and pregnant woman applied for is researching in the Virginia MMIS system to identify if the applicant has had prior Medicaid or FAMIS coverage. If a case is located, the insurance information is reviewed to see if there is other insurance and the type of insurance. If the applicant did not list the insurance on their application, the CPU makes an outbound call to confirm the status of the insurance information in VAMMIS. This information can be accepted over the phone and is documented in case notes for the permanent record. If the applicant can not be reached by phone, the CPU mails an Other Insurance Verification form to obtain the current status. In the event the applicant does not return the form or contact the CPU, the application for coverage is denied for other active insurance.

FAMIS cases determined by the local Dept of Social Services and forwarded to the CPU for servicing are reviewed for evidence of other insurance. The CPU staff review the application in the transferred case, search for other active insurance in the Virginia MMIS system, and review case notes in the Virginia CHAMPS eligibility determination system. In the event active insurance is identified, and it was in place on the date the FAMIS coverage began, FAMIS is cancelled as of the effective date for other insurance.

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

For FFY 2007, less than 1 % of all children applying for or renewing FAMIS coverage were denied because of having other creditable health insurance or having dropped other insurance within the previous 4 months and failing to meet a good cause exception to the required waiting period.

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

Virginia does not ask this specific question of applicants. However, applicants are asked if the child had health insurance within the previous four months and if yes, why the insurance was discontinued. Data is therefore available on the number of applications that the CPU denied because health insurance had been dropped in the past 4 months and a good cause exception was not met. In FFY 2007, less than 1% of all applicant children were denied because of having dropped creditable health insurance in the past four months.

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]**

There are no interview requirements for Medicaid or SCHIP renewals. All active Medicaid cases reside with local department of social service agencies and the renewals are performed locally. There are different Federal eligibility criteria for Medicaid such as SS# requirements and citizenship and identity requirements that are not required for SCHIP, and as such the process is different between the two programs. However, the process is essentially the same between the two programs with the same time constraints which require renewals be performed annually and the primary focus is on continued financial eligibility as long as all other factors remain the same.

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]**

All active Medicaid enrollees are maintained by the local departments of social service (LDSS) agencies and at the time of renewal, if an individual is found to be ineligible for Medicaid due to income above 133% of the Federal Poverty Level (FPL) they are then evaluated for FAMIS eligibility. All non-financial requirements must be met and if the household income is within 134% - 200% FPL they are enrolled into the FAMIS program and the case is sent to the FAMIS Central Processing Unit (CPU) for ongoing FAMIS case maintenance. The same occurs if an active FAMIS case, upon renewal/redetermination is found to have income below 134% FPL, they are evaluated for Medicaid and the case is sent to the local agency in an approved status for ongoing case maintenance. One key factor for FAMIS eligibility determinations is that the individual cannot be eligible for Medicaid.

The most notable challenge currently are the citizenship and identity requirements for Medicaid eligibility. All eligible applicants for Medicaid must provide proof of citizenship and identity before they can be enrolled into the program. This is not a requirement under SCHIP programs and therefore places additional burdens on the applicant and workers, for a population which previously was eligible for FAMIS and now must provide a higher level of documentation to be eligible for a lower income program, Medicaid.

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

Yes. The same Managed Care Organizations are offered to children enrolled in Medicaid and SCHIP.

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

ELIGIBILITY REDETERMINATION AND RETENTION

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

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families
 - How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
For FAMIS enrollees - up to four contacts are made regarding the need to renew coverage: an advance notice postcard, a preprinted renewal application, and up to two phone calls.
 - 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 FAMIS enrollees - an advance notice postcard is sent 90 days before the end of the 12-month enrollment period. A preprinted renewal application is sent 75 days before the end of the 12-month enrollment period. If not received in a timely manner, 2 phone calls are made to the family prior to a notice of termination.
- Sends targeted mailings to selected populations
 - Please specify population(s) (e.g., lower income eligibility groups) **[500]**
- Holds information campaigns
- Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]***

The application used for FAMIS renewals is a two-page (front & back) combination application for FAMIS and FAMIS Plus (Medicaid). This application is pre-filled with known information and is mailed 75 days in advance of their end of coverage with a BRE envelope. Families can also renew coverage on-line through the FAMIS public website.
- Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:* **[500]**
- Other, *please explain:* **[500]**

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

At this time DMAS has not evaluated the effectiveness of these strategies.

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]**

35% percent of children are retained at renewal. 56% of children are disenrolled are renewal.

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

- Yes
- No
- N/A

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

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

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

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

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

COST SHARING

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

No

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

No

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

No changes to cost sharing.

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

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

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

Children

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

Adults

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

Virginia offered an SCHIP premium assistance program under the Title XXI State Plan from October 2001 until July 31, 2005 entitled E.S.H.I. On August 1, 2005 the E.S.H.I. program was replaced by a new SCHIP premium assistance program entitled FAMIS Select. This simplified program had been approved on July 1, 2005 by CMS through a HIFA waiver. At the end of FFY 2007, 395 children were enrolled in the premium assistance program.

FAMIS Select provides \$100 in premium assistance per child per month (up to the total cost of the monthly premium) if the family chooses to cover their FAMIS eligible child with an employer-sponsored or private health plan instead of FAMIS.

There are no wrap-around benefits provided except for childhood immunizations and the family pays all costs associated with the employer/private plan. The family can request their child be returned to FAMIS coverage at any time.

While enrollment in FAMIS Select remains small, the size of the program has tripled since it replaced the former E.S.H.I. program. Also, while FAMIS Select does not provide coverage for other family members, at the end of the fiscal year an additional 292 family members (265 adults & 27 non FAMIS eligible children) were covered incidentally by the policies supported through FAMIS Select premium assistance.

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

Children enrolled in FAMIS Select receive the benefits provided by their employer-sponsored or private health insurance policy.

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

No

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

The only wrap-around benefit provided by FAMIS Select is coverage for childhood immunizations if not covered by the employer/private plan. Families are responsible for any cost-sharing required by the employer/private health plan and do not receive reimbursement for co payments, deductibles, co-insurance, etc. from FAMIS Select.

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

No

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

| | |
|-------------------|--|
| <u>0</u> | Number of childless adults ever-enrolled during the reporting period |
| <u> </u> | Number of adults ever-enrolled during the reporting period |
| <u>727</u> | Number of children ever-enrolled during the reporting period |

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

All children approved for the FAMIS Select program must first be enrolled in the direct coverage program, FAMIS. This means they must have been uninsured for at least 4 months unless they meet a good-cause exception to this eligibility criteria. It is believed that this required waiting period discourages substitution of coverage. In addition, during this reporting period the number of children enrolled in premium assistance was small and extremely unlikely to impact employer behavior regarding offering family health insurance coverage to employees.

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

The greatest challenge for this reporting period has been educating consumers and advocates, and explaining the benefits of the program to clients.

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

Virginia is in the process of developing a database for the FAMIS Select program that will provide detailed tracking information on enrollees. This will allow us to complete more detailed evaluation of the program and its participants. This data base should be operational by the next reporting period FFY 2008.

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

None.

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

Virginia has not measured the impact of FAMIS Select on retention.

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]**

\$417,724.91 total expenditure.

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

| | |
|-----------|-----------------------------|
| State: | <u>94.95</u> |
| Employer: | <u> </u> |
| Employee: | <u>71.33</u> |

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

No minimum required

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

No. Families are reimbursed up to \$100 per child covered in SCHIP per month towards the cost of their premium. For FFY 2007, the \$100 reimbursement is less than the cost of covering a child in SCHIP or Medicaid.

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

yes, 4 months

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

No

**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]**

Yes, the majority of children (approximately 80%) enrolled in SCHIP receive services through a Managed Care Organization (MCO). DMAS contracts require MCOs to have policies and procedures to identify and investigate fraud and abuse by recipients and providers.

In addition, the Program Integrity Division was created within DMAS to investigate and refer for civil recovery any debts owed to the medical assistance program or funds paid for services or benefits as a result of violations of applicable state and federal laws and regulations pertaining to the application for and receipt of services or benefits through fee-for-service Medicaid and SCHIP. The Division contains both Recipient Audit and Provider Review Units to identify and investigate cases of suspected abuse in fee-for-service cases and for referring suspected fraud to the state's Medicaid Fraud Control Unit (MFCU). The Division has written procedures and policies by which fraud and abuse is investigated and referred.

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

Provider Credentialing

_____ Number of cases investigated
_____ Number of cases referred to appropriate law enforcement officials

Provider Billing

139 Number of cases investigated
13 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

1645 Number of cases investigated
27 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP

Medicaid and SCHIP Combined

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

Yes, please answer question below.

No

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

The Provider Review Unit does utilize contractors to provide auditing functions. The detailed duties, responsibilities and reporting required are written in a request for proposal, vendor response and contract amendments. Each contract is closely monitored by DMAS staff to include weekly meetings with the contractors.

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

*DMAS does not perform provider credentialing.

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 | 0 | | |
| Managed Care | 76202371 | 79010449 | 82687999 |
| Fee for Service | 70729817 | 79257339 | 84169875 |
| Total Benefit Costs | 146932188 | 158267788 | 166857874 |
| <i>(Offsetting beneficiary cost sharing payments)</i> | | | |
| Net Benefit Costs | \$ 146932188 | \$ 158267788 | \$ 166857874 |

Administration Costs

| | | | |
|---|----------|----------|----------|
| Personnel | 1178174 | 1237083 | 1298937 |
| General Administration | 153716 | 161402 | 169472 |
| Contractors/Brokers (e.g., enrollment contractors) | 4862841 | 4354236 | 4308238 |
| Claims Processing | 1024613 | 1075844 | 1129636 |
| Outreach/Marketing costs | 1427434 | 1498806 | 1573746 |
| Other (e.g., indirect costs) | 0 | | |
| Health Services Initiatives | 0 | | |
| Total Administration Costs | 8646778 | 8327371 | 8480029 |
| 10% Administrative Cap (net benefit costs ÷ 9) | 16325799 | 17585310 | 18539764 |

| | | | |
|--------------------------------|-----------|-----------|-----------|
| Federal Title XXI Share | 101126328 | 108286853 | 113969637 |
| State Share | 54452638 | 58308306 | 61368266 |

| | | | |
|---|-----------|-----------|-----------|
| TOTAL COSTS OF APPROVED SCHIP PLAN | 155578966 | 166595159 | 175337903 |
|---|-----------|-----------|-----------|

2. What were the sources of non-Federal funding used for State match during the reporting period?

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations
- Tobacco settlement
- Other (specify) [500]

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

No

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

| | 2007 | | 2008 | | 2009 | |
|-----------------|----------------|---------|----------------|---------|----------------|---------|
| | # of eligibles | \$ PMPM | # of eligibles | \$ PMPM | # of eligibles | \$ PMPM |
| Managed Care | 61262 | \$ 104 | 61262 | \$ 107 | 61262 | \$ 112 |
| Fee for Service | 81162 | \$ 73 | 87735 | \$ 75 | 92007 | \$ 76 |

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

Managed care number of eligibles reflects average monthly enrollment.
 Fee-for-Service eligibles reflects average monthly enrollment. Note that in Virginia, all managed care recipients are simultaneously enrolled in fee-for-service for receipt of carved-out benefits including dental and intensive mental health services. Therefore, the managed care and fee-for-service PMPMs are not comparable.

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 | 133 | % of FPL to | 200 | % 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 | 133 | % of FPL to | 185 | % of FPL * |

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

_____ 379 Number of **children** ever enrolled during the reporting period in the demonstration

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

_____ 2249 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]**

N/A Virginia does not cover adults.

- 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 | 277899 | 305689 | 336258 | 369884 | 406872 |
| Managed care per member/per month rate @ # of eligibles | | | | | |
| Fee for Service | 15306 | 16837 | 18521 | 20373 | 22410 |
| Average cost per enrollee in fee for service | 19.02 | 19.98 | 20.97 | 22.02 | 23.12 |
| Total Benefit Costs for Waiver Population #1 | 293205 | 322526 | 354779 | 390257 | 429282 |

Benefit Costs for Demonstration Population #2

(e.g., parents)

| | | | | | |
|---|---|---|---|---|---|
| Insurance Payments | 0 | 0 | 0 | 0 | 0 |
| 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 | 0 | 0 | 0 | 0 | 0 |

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

| | | | | | |
|---|--------------------|-----------------|-----------------|------------------|------------------|
| Insurance Payments | 0 | 0 | 0 | 0 | 0 |
| Managed care per member/per month rate for managed care | 5429806 9925433 | 9925433 920 | 10727830 994 | 11439494 1060 | 12070685 1119 |
| Fee for Service Average cost per enrollee in fee for service | 2128424 1092 | 3890659 1207 | 4205190 1305 | 4484155 1391 | 4731575 1468 |
| Total Benefit Costs for Waiver Population #3 | 7558230 | 13816092 | 14933020 | 15923649 | 16802260 |

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 | 0 | 0 | 0 | 0 | 0 |

| | | | | | |
|---|---------|----------|----------|----------|----------|
| Total Benefit Costs | 7851435 | 14138618 | 15287799 | 16313906 | 17231542 |
| (Offsetting Beneficiary Cost Sharing Payments) | | | | | |
| Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments) | 7851435 | 14138618 | 15287799 | 16313906 | 17231542 |

Administration Costs

| | | | | | |
|---|--------|---------|---------|---------|---------|
| Personnel | 51500 | 53045 | 54636 | 56227 | 57865 |
| General Administration | | | | | |
| Contractors/Brokers (e.g., enrollment contractors) | 252500 | 255025 | 257575 | 260125 | 262701 |
| Claims Processing | | | | | |
| Outreach/Marketing costs | 60000 | 60000 | 60000 | 60000 | 60000 |
| Other (specify) | | | | | |
| Total Administration Costs | 364000 | 368070 | 372211 | 376352 | 380566 |
| 10% Administrative Cap (net benefit costs ÷ 9) | 872382 | 1570958 | 1698644 | 1812656 | 1914616 |

| | | | | | |
|--------------------------------|---------|---------|----------|----------|----------|
| Federal Title XXI Share | 5340033 | 9429347 | 10179007 | 10848668 | 11447870 |
| State Share | 2875402 | 5077341 | 5481003 | 5841590 | 6164238 |

| | | | | | |
|-------------------------------------|---------|----------|----------|----------|----------|
| TOTAL COSTS OF DEMONSTRATION | 8215435 | 14506688 | 15660010 | 16690258 | 17612108 |
|-------------------------------------|---------|----------|----------|----------|----------|

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

Expenditures for FFY 2007 represent actual expenditures between October 1, 2006 and September 30, 2007. Expenditures for FFY 2008, 2009, 2010, and 2011 were last updated with submission of Virginia's amended HIFA waiver application in June 2007 and re-evaluated in September 2007.

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

Demonstration Population #1 - SCHIP Premium Assistance – Children: Projected expenditures for the FAMIS Select program are based on historical enrollment and expenditure patterns.

Demonstration Population #3 - Coverage of Pregnant Women: Projected expenditures for the FAMIS MOMS program are based on historical enrollment and expenditure patterns and incorporate anticipated enrollment growth associated with the recent expansion of the program from 166% FPL to 185% FPL effective 7/1/2007.

Administration Costs: Administration expenditures associated with Virginia's two demonstration waiver programs include costs associated with having one staff person, an increase in the contract for administration of the FAMIS Central Processing Center to support the processing of applications by pregnant women, and costs for marketing and outreach for the programs.

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]**

Governor Timothy Kaine and the Virginia General Assembly remain strong supporters of providing health care coverage to lower income children through Medicaid & SCHIP.

In the proposed 2008 Biennium Budget, Governor Kaine included funding to increase FAMIS MOMS eligibility to 200% of the FPL. It is estimated that this increase will allow Virginia to provide comprehensive prenatal care to 450 additional women for SFY 2008.

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

The greatest challenge this reporting period have been the implementation of the DRA citizenship & Identity requirements and the uncertainty of SCHIP Reauthorization.

The new requirements of the DRA had a broad impact on Virginia's programs for children. They included a significant decrease in the number of children enrolled in Virginia Medicaid, including the Medicaid expansion kids, as well as delays in processing applications and enrolling children. The effects of the DRA on the Medicaid Expansion population in particular showed a sharp decrease in enrollment. The DRA was implemented July of 2006. The 12 months following this implementation resulted in a net increase in enrollment of just under 170 children. This is far less than the same period of time in the previous year, prior to DRA Implementation, where Virginia had a net increase of more than 3200 children.

Another challenge this reporting year has been the Reauthorization of SCHIP. Virginia, like most states was anxiously awaiting the SCHIP Reauthorization Debate. Unfortunately, an agreement on SCHIP Expansion was not reached prior to its expiration. This created concern over continued funding for Virginia's programs and our ability to cover eligible children.

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

Managed care was further expanded to the Danville area offering more options to clients in localities previously served only through fee-for-service.

DMAS, in collaboration with the Virginia Health Care sponsored a survey of families impacted by the requirement to document citizenship and identity of applicant children.

FAMIS MOMS eligibility was expanded to 185% of FPL, covering an estimated 500 additional women.

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]**

While no major programmatic changes are planned for the coming year, if approved by the legislature, eligibility for FAMIS MOMS will be expanded 200% of the FPL as planned in Virginia's approved waiver.

DMAS will continue to emphasize the importance of preventive care for children. A multi-faceted approach is underway that includes improved data reporting by providers, as well as new educational materials for parents. Additionally, DMAS is in the process of developing standard reports that will measure and evaluate access to care, quality of care, utilization of services as well as enrollment trends for Virginia's SCHIP programs.

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