

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

Preamble

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

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

The framework is designed to:

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

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

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

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

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

Signature: _____
Kevin E Cornell

SCHIP Program Name(s): All, Washington

SCHIP Program Type:

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

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

Contact Person/Title: Kevin E Cornell/Regional Medicaid Eligibility Rep.

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Submission Date: 1/8/2008

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

	SCHIP Medicaid Expansion Program				Separate Child Health Program					
	* Upper % of FPL are defined as Up to and Including									
Eligibility					From	0	% of FPL conception to birth	185	% of FPL *	
	From		% of FPL for infants		% of FPL *	From	200	% of FPL for infants	250	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	200	% of FPL for children ages 1 through 5	250	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	200	% of FPL for children ages 6 through 16	250	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	200	% of FPL for children ages 17 and 18	250	% of FPL *

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

Is retroactive eligibility	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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available?	<input type="checkbox"/>	Yes, for whom and how long?	<input checked="" type="checkbox"/>	Yes, for whom and how long? Retroactive coverage is available only for pregnant women. Coverage may begin up to 3 months prior to the month of application, but no sooner than the date of conception, as long as the woman meets all financial and categorical eligibility requirements during the 3 retro months.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

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

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

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

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			4	
			<p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>All children in households with income above 200% FPL, but not above 250% FPL.</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <ol style="list-style-type: none"> 1) Parent lost job that has medical coverage for children. 2) Parent with medical insurance died. 3) Child has a medical condition that, without medical care, would cause serious disability, loss of function or death. 4) Employer ended medical coverage for children. 5) Child's medical coverage ended because the child reached the maximum lifetime coverage amount. 6) Coverage under a COBRA extension period ended. 7) Children could not get medical services locally (they have to travel to another city or state to get care for their children). 8) Domestic violence led to loss of coverage. 9) The family's total out-of-pocket maximum for employer-sponsored dependent coverage is fifty dollars per month or more. 	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes

insurance status?			If yes, what database? [1000] Information in our MMIS system is cross matched to see if prospective enrollees have other health insurance. In addition to this review, our department also gathers information from the Division of Child Support, PARIS/DEERS (Tri-Care), Healthy Options, and One Health Port to see if third party insurance exists.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			12	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
			The child would only lose eligibility during the period of continuous coverage if the household failed to pay a required premium; moved out of state; or the child aged out of the program; was incarcerated; or died. If household income decreased below 200% of FPL the children's eligibility for Medicaid would be redetermined. If eligible, the child would be enrolled in Medicaid through the initial certification period and continuous eligibility would remain intact.	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
			15	
	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)	
			The household is required to pay a monthly premium of \$15/mo per child; but no more than \$45/mo per household.	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

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

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

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

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
			Our program allows the following income disregards: \$90/mo earned income disregard for each employed adult. Work related child care expense paid by the client. Child support obligation paid by the client.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Enter any Narrative text below. [7500]

Comments on Responses in Table:

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

Yes No N/A

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

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

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
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Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program.

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A
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Is a joint application used for your Medicaid and separate child health program?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
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7. Indicate what documentation is required at initial application

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

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

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

Assets test in Medicaid and/or SCHIP

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

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

Income disregards in Medicaid and/or SCHIP

Eligibility redetermination process

Enrollment process for health plan selection

Family coverage

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

Premium assistance

Prenatal Eligibility expansion

Waiver populations (funded under title XXI)

Parents

Pregnant women

Childless adults

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

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

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Other – please specify

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

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

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

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

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

b.	
c.	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

If Data Not Reported, Please Explain Why:

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

Population not covered: Check this box if your program does not cover the population included in the measure.

Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.

Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.

Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:

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

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

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

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

Measurement Specification:

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

Data Source:

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

Definition of Population included in the Measure:

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

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

Year of Data:

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

Performance Measurement Data (HEDIS® or Other):

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

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

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

Explanation of Progress:

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

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

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

Other Comments on Measure:

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p>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> HEDIS version 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> Combination of hybrid and administrative methods.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of children who received between zero and six or more well-child visits in their first 15 months of life.</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 number of children who received between zero and six or more well-child visits in their first 15 months of life.</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 number of children who received between zero and six or more well-child visits in their first 15 months of life.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 19 Denominator: 2102 Rate: 0.9</p> <p><u>4 visits</u> Numerator: 328 Denominator: 2102 Rate: 15.6</p> <p><u>1 visit</u> Numerator: 40 Denominator: 2102 Rate: 1.9</p> <p><u>5 visits</u> Numerator: 581 Denominator: 2102 Rate: 27.6</p> <p><u>2 visits</u> Numerator: 92 Denominator: 2102 Rate: 4.4</p> <p><u>6+ visits</u> Numerator: 871 Denominator: 2102 Rate: 41.4</p> <p><u>3 visits</u> Numerator: 172 Denominator: 2102 Rate: 8.2</p> <p>Additional notes on measure: Numerators and denominators are additive across plans. All rates represent state average for 5 or 6 health plans (some plans did not conduct all measures). Data reported on a calendar year. Reported in 2005, representing calendar year 2004 data.</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: 19 Denominator: 1988 Rate: 1</p> <p><u>4 visits</u> Numerator: 271 Denominator: 1988 Rate: 13.6</p> <p><u>1 visit</u> Numerator: 45 Denominator: 1988 Rate: 2.3</p> <p><u>5 visits</u> Numerator: 511 Denominator: 1988 Rate: 25.7</p> <p><u>2 visits</u> Numerator: 81 Denominator: 1988 Rate: 4.1</p> <p><u>6+ visits</u> Numerator: 923 Denominator: 1988 Rate: 46.4</p> <p><u>3 visits</u> Numerator: 123 Denominator: 1988 Rate: 6.2</p> <p>Additional notes on measure: Numerators and denominators are additive across plans. All rates represent state average for 5 or 6 health plans (some plans did not conduct all measures). Data reported on a calendar year. Reported in 2006, representing calendar year 2005 data.</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: 18 Denominator: 2040 Rate: 0.9</p> <p><u>4 visits</u> Numerator: 300 Denominator: 2040 Rate: 14.7</p> <p><u>1 visit</u> Numerator: 52 Denominator: 2040 Rate: 2.5</p> <p><u>5 visits</u> Numerator: 476 Denominator: 2040 Rate: 23.3</p> <p><u>2 visits</u> Numerator: 68 Denominator: 2040 Rate: 3.3</p> <p><u>6+ visits</u> Numerator: 476 Denominator: 2040 Rate: 23.3</p> <p><u>3 visits</u> Numerator: 143 Denominator: 2040 Rate: 7</p> <p>Additional notes on measure: Numerators and denominators are additive across plans. All rates represent a state average for 5 or 6 health plans (some plans did not conduct all measures). Data reported in 2007 representing calendar year 2006 data.</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? The rate of infants receiving 6 or more well-child care visits increased by nearly 2% over 2006. A performance objective was not set on the '06 annual report.

Are there any quality improvement activities that contribute to your progress? Managed care organizations (MCOs) are required to conduct a performance improvement project if any well-child care rates (infant, child or adolescent) are below 60%. MCOs have implemented a number of interventions to improve care and performance over the years including: incentives for completion of infant and child well-child care, adolescent incentives, performance feedback to clinics on well-child care rates, education and outreach.

Annual Performance Objective for FFY 2008: Improve the rate of infants receiving 6 or more well-child care visits by 1%.

Annual Performance Objective for FFY 2009: Improve the rate of infants receiving 6 or more well-child care visits by 1%.

Annual Performance Objective for FFY 2010: Improve the rate of infants receiving 6 or more well-child care visits by 1%.

Explain how these objectives were set: Conservative estimate based on historical patterns of year-to-year improvement.

Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 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> Combination of hybrid and administrative methods.</p>	<p>Data Source: <input checked="" 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> Combination of hybrid and administrative methods used.</p>	<p>Data Source: <input checked="" 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> Combination of Administration and Hybrid methods used.</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 children who received one or more well-child visit.</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 children who received one or more well-child visit.</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: The number of children who received one or more well-child visits.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 1242 Denominator: 2345</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 1277 Denominator: 2322</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 1318 Denominator: 2254</p>

FFY 2005	FFY 2006	FFY 2007
<p>Rate: 53</p> <p>Additional notes on measure: Numerators and denominators are additive across plans. All rates represent state average for 6 health plans. Data reported on a calendar year; reported in 2005, representing calendar year 2004 data.</p>	<p>Rate: 55</p> <p>Additional notes on measure: Numerators and denominators are additive across plans. All rates represent state average for 6 health plans. Data reported on a calendar year; reported in 2006, representing calendar year 2005 data.</p>	<p>Rate: 58.5</p> <p>Additional notes on measure: Numerators and denominators are additive across plans. All rates represent state average for 6 health plans. Data reported on a calendar year; reported in 2007, representing calendar year 2006 data.</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:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The percentage of children receiving 1 or more well-child visits improved by 3.5% from 2006. No performance objective was set in the 2006 Annual Report.</p> <p>Are there any quality improvement activities that contribute to your progress? Managed care organizations (MCOs) are required to conduct a performance improvement project if any well-child care rates (infant, child or adolescent) are below 60%. MCOs have implemented a number of interventions to improve care and performance over the years including: incentives for completion of infant and child well-child care, adolescent incentives, performance feedback to clinics on well-child care rates, education and outreach.</p> <p>Annual Performance Objective for FFY 2008: Improve the rate of children 3 – 6 years of age receiving 1 well-child care visit by 1%.</p> <p>Annual Performance Objective for FFY 2009: Improve the rate of children 3 – 6 years of age receiving 1 well-child care visit by 1%.</p> <p>Annual Performance Objective for FFY 2010: Improve the rate of children 3 – 6 years of age receiving 1 well-child care visit by 1%.</p> <p><i>Explain how these objectives were set:</i> Conservative estimate based on historical patterns of year-to-year improvement.</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 type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 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> Version 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></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: Use of medication examined in year prior to the measurement year.</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: Use of medication examined in measurement year and year prior to the measurement year.</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: Enrollees ages 5-17 years of age identified as having persistent asthma (based on service and medication use) where use of medication examined in year prior to the measurement year.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 998 Denominator: 1492 Rate: 66.9</p> <p><u>10-17 years</u> Numerator: 1274 Denominator: 1995 Rate: 63.9</p> <p><u>Combined rate (5-17 years)</u> Numerator: 2272 Denominator: 3487 Rate: 65.2</p> <p>Additional notes on measure: HEDIS does not calculate a unique measure for ages 5 – 17 years of age; these rates were calculated specifically for this report.</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: 986 Denominator: 1112 Rate: 88.7</p> <p><u>10-17 years</u> Numerator: 1232 Denominator: 1458 Rate: 84.5</p> <p><u>Combined rate (5-17 years)</u> Numerator: 2218 Denominator: 2570 Rate: 86.3</p> <p>Additional notes on measure: HEDIS does not calculate a unique measure for ages 5 – 17 years of age; these rates were calculated specifically for this report. The definition of persistent asthma changed in 2006; therefore, data for previous years are not comparable.</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: 1022 Denominator: 1132 Rate: 90.3</p> <p><u>10-17 years</u> Numerator: 1252 Denominator: 1464 Rate: 85.5</p> <p><u>Combined rate (5-17 years)</u> Numerator: 2274 Denominator: 2596 Rate: 87.6</p> <p>Additional notes on measure: HEDIS does not calculate a unique measure for ages 5 – 17 years of age; these rates were calculated specifically for this report.</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:</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? No objective was set on the previous Annual report. The percentage of children receiving appropriate medications improved across all age groups from 2006 to 2007.

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

Annual Performance Objective for FFY 2008: No objective has been set. Please see notes below.

Annual Performance Objective for FFY 2009:

Annual Performance Objective for FFY 2010:

Explain how these objectives were set:

Other Comments on Measure: The Department of Social and Health Services, Health and Recovery Services Administration plan to retire this measure in 2008 as the performance on this measure is satisfactory. The agency will be conducting a focused study on quality examining the rate of hospitalization and ED utilization among children with asthma across all lines of business (managed care and fee-for-service) in 2009-2010.

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 checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p>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> CAHPS 3.0</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> HEDIS version 2007</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input 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 checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> HEDIS</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" 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: Individuals in age categories below who visited a PCP during the measurement year.</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: Enrollees ages 12-24 mo.; 25 mo. – 6 yrs; 7-11 yrs; and 12-19 yrs. that visited a PCP during the measurement year.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

FFY 2005	FFY 2006	FFY 2007																																																						
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> 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:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</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:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> </table> <p>Additional notes on measure: This was a new measurement in 2005 and there was no data to draw from in 2004.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	 	 	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 20359</td> <td>Numerator: 40067</td> </tr> <tr> <td>Denominator: 20991</td> <td>Denominator: 46055</td> </tr> <tr> <td>Rate: 97</td> <td>Rate: 87</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: 74272</td> <td>Numerator: 45354</td> </tr> <tr> <td>Denominator: 87202</td> <td>Denominator: 52621</td> </tr> <tr> <td>Rate: 85.2</td> <td>Rate: 86.2</td> </tr> </table> <p>Additional notes on measure: A survey was also conducted using CAHPS 3.0, and is reported below.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 20359	Numerator: 40067	Denominator: 20991	Denominator: 46055	Rate: 97	Rate: 87	 	 	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 74272	Numerator: 45354	Denominator: 87202	Denominator: 52621	Rate: 85.2	Rate: 86.2	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 21230</td> <td>Numerator: 49542</td> </tr> <tr> <td>Denominator: 21805</td> <td>Denominator: 56226</td> </tr> <tr> <td>Rate: 97.4</td> <td>Rate: 88.1</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: 77302</td> <td>Numerator: 56577</td> </tr> <tr> <td>Denominator: 89517</td> <td>Denominator: 65079</td> </tr> <tr> <td>Rate: 86.4</td> <td>Rate: 86.9</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 21230	Numerator: 49542	Denominator: 21805	Denominator: 56226	Rate: 97.4	Rate: 88.1	 	 	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 77302	Numerator: 56577	Denominator: 89517	Denominator: 65079	Rate: 86.4	Rate: 86.9
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<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 760 Denominator: 1650 Rate: 46.1</p> <p>Additional notes on measure: 6% Reported a big problem with accessing care. 15% reported a small problem 78% reported no problem getting needed care for their child.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 562 Denominator: 1650 Rate: 34.1</p> <p>Additional notes on measure: 6% reported a big problem with accessing care. 14% reported a small problem. 79% reported no problem getting needed care for their child.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Adult CAHPS data collected in 2007.</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? No objective was set on the 2006 Annual report, however rates improved for all age groups from 2006 to 2007.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: See comments below.</p> <p>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: The Department of Social and Health Services, Health and Recovery Services Administration plan to retire this measure in 2008 as the performance on this measure is satisfactory.</p>																																																								

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	15000	14734	-1.77

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

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	83	22.2	5.2	1.4
1998 - 2000	81	22.5	5.1	1.4
2000 - 2002	88	17.1	5.5	1.0
2002 - 2004	68	15.0	4.3	.9
2003 - 2005	72	14.9	4.5	.9
2004 - 2006	58	14.0	3.6	.8
Percent change	-30.1%	NA	-30.8%	NA

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

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

The State of Washington believes the CPS data utilizes an inadequate sampling size and is not adjusted for Medicaid undercount. Our state has opted to use the bi-annual Washington State Population Survey (WSPS) as a measuring tool for estimating the numbers and rate of uninsured children in our state. We believe the WSPS survey is more accurate than the CPS survey because the WSPS is based on a larger sampling our state's population.

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)	2006 Washington State Population Survey (WSPS)
Reporting period (2 or more points in time)	2004 and 2006
Methodology	The Washington State Population Survey is based on a biennial telephone survey of Washington residents. Telephone interviews were attempted on 58,206 households. Completed survey results were obtained on 7,082 households. More detailed information on methodology and sample disposition and response rates may be obtained at: http://www.ofm.wa.gov/sps/default.asp
Population (Please include ages and income levels)	Age groups measured 0 – 18; 19 – 64; 65+; 0-99% FPL; 100-199% FPL; 200-299% FPL; Over 300% FPL
Sample sizes	In 2004 the sample size was 7097 households. In 2006 the sample size was 7082 households.
Number and/or rate for two or more points in time	'04 - 1,611,939 children; 94,640 w/o insurance. '06 - 1,643,019 children; 72,572 w/o insurance.
Statistical significance of results	The percentage of uninsured children fell from 5.9% in 2004 to 4.4% in 2006.

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

The WSPS provides a more comprehensive measurement of the number and rate of uninsured children. This survey provides a larger sampling that makes it statistically more reliable than the CPS data. The WSPS data is also expanded to include racial and ethnic

minority factors, which provides a better picture of the socioeconomic characteristics of low income, uninsured children. The WSPS data also provides information by 8 regions within the state as well as county by county statistics. The use of WSPS to provide our SCHIP annual report data is a part of our approved state plan. Though this data is reported only every other year, we believe the WSPS is more accurate than the CPS information because it utilizes a much larger sampling size.

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.)

The confidence interval is 95%. The p-value for the rate of uninsured children 0 – 18 was 0.073.

What are the limitations of the data or estimation methodology?

The WSPS is conducted every other year. The survey was last conducted in 2006, so there is no survey data for 2007. The survey is a telephone survey, so households without telephones were excluded. This was not considered a significant factor as the 2000 Census determined 98.6% of households had a telephone.

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

The data from the WSPS is used to help identify uninsured populations. As part of Governor Gregoire's Cover All Kids initiative, Washington State will be pursuing an expansion of SCHIP to 300% of the FPL.

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

The state of Washington does not have a statistical measurement of children that have been enrolled in Medicaid as a direct result of SCHIP outreach activities.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

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

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

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

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

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

Goal:

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

Type of Goal:

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

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

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

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

Status of Data Reported:

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

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

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

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

Measurement Specification:

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

Data Source:

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

Definition of Population Included in Measure:

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

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

Year of Data:

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

Performance Measurement Data:

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

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

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

Explanation of Progress:

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

Other Comments on Measure:

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) To reduce the percentage of uninsured children between 200% and 250% of the FPL.</p>	<p>Goal #1 (Describe) To reduce the percentage of uninsured children between 200% and 250% of the FPL.</p>	<p>Goal #1 (Describe) To reduce the percentage of uninsured children between 200% – 250% of FPL to 5%.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> WSPS, 2004</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> WSPS 2006</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 2006 Washington State Population Survey</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of children in the State of Washington whose household income is between 200 -250% of the FPL.</p> <p>Definition of numerator: The number of children in the State of Washington whose household income is between 200-250% of the FPL who are uninsured.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of children in the State of Washington whose household income is between 200 -250% of the FPL.</p> <p>Definition of numerator: The number of children in the State of Washington whose household income is between 200-250% of the FPL who are uninsured.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of children in the State of Washington whose household income is between 200 -250% of the FPL.</p> <p>Definition of numerator: The number of children in the State of Washington whose household income is between 200 -250% of the FPL who are uncovered by any insurance.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2006</p>
<p>Performance Measurement Data: Described what is being measured: Children (ages 0 – 18) potentially eligible for SCHIP.</p> <p>Numerator: 16364 Denominator: 141822 Rate: 11.5</p> <p>Additional notes on measure: 2005 data is based on updated</p>	<p>Performance Measurement Data: Described what is being measured: percentage of uninsured children between 200% and 250% of FPL.</p> <p>Numerator: 10485 Denominator: 111791 Rate: 9.4</p> <p>Additional notes on measure: The percentage of uninsured children has decrease by 1.9% since 2004. 2006 data is based</p>	<p>Performance Measurement Data: Described what is being measured: The percentage of children who are uninsured and potentially eligible for SCHIP.</p> <p>Numerator: 10485 Denominator: 111791 Rate: 9.4</p> <p>Additional notes on measure: 2007 data is the same as 2006, and based on information from the 2006 WSPS. The WSPS</p>

FFY 2005	FFY 2006	FFY 2007
information from the 2004 WSPS.	on the 2006 WSPS.	is only conducted every two years.
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The WSPS is only conducted every two years, so statistical measurement of this performance objective is not available in 2007, but will be available in 2008. Based on trends reported in 2006 the state of Washington has set as the performance objective a 1% reduction in uninsured children between 200-250% for each year through 2010.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: Lower the percentage of uninsured children in household's whose income is 200 – 250% of FPL to 9.0%.</p> <p>Annual Performance Objective for FFY 2008: Lower the percentage of uninsured children in household's whose income is 200 – 250% of FPL to 8.0%.</p> <p>Annual Performance Objective for FFY 2009: Lower the percentage of uninsured children in household's whose income is 200 – 250% of FPL to 7.0%.</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on trend supporting decrease in percentage of uninsured children; anticipated SCHIP outreach efforts; and pursuit of an SCHIP expansion waiver.</p>	<p>Annual Performance Objective for FFY 2008: To lower the percentage of uninsured children in household's with income between 200-250% of FPL to 8.0%</p> <p>Annual Performance Objective for FFY 2009: To lower the percentage of uninsured children in household's with income between 200-250% of FPL to 7.0%</p> <p>Annual Performance Objective for FFY 2010: To lower the percentage of uninsured children in household's with income between 200-250% of FPL to 6.0%</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on trend supporting decrease in percentage of uninsured children, ongoing SCHIP outreach efforts, and pursuit of an anticipated SCHIP expansion waiver.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure: Trend data from the WSPS will only be available every other year. The next survey will be done in 2008 and then again in 2010.

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) To increase the number of children in households between 200% and 250% of FPL who have health insurance coverage.</p>	<p>Goal #2 (Describe) To increase the number of children in households between 200% and 250% of FPL who have health insurance coverage.</p>	<p>Goal #2 (Describe) To increase the number of children in households between 200% and 250% of FPL who have health insurance coverage.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 2004 WSPS</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 2006 WSPS</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 2006 WSPS</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Children (ages 0 – 18) who have health insurance coverage. Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children (ages 0 – 18) who have health insurance coverage. Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children (ages 0 – 18) in households with income between 200% and 250% of FPL who have health insurance coverage. Definition of numerator:</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2006</p>
<p>Performance Measurement Data: Described what is being measured: the number of children in households between 200% and 250% of FPL who have health insurance coverage. Numerator: Denominator: Rate: 125458 Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: The number of children in households between 200% and 250% of FPL who have health insurance coverage. Numerator: Denominator: Rate: 101306 Additional notes on measure: The number of children with insurance in the income bracket 200% - 250% of FPL has decreased by over 25,000 children since 2004 (a 20% decline); the number of children in this income bracket has also decreased by almost 32,000 children since 2004 (a 22% decline). While the total number of children with coverage</p>	<p>Performance Measurement Data: Described what is being measured: The number of children who have health insurance coverage in household's whose income is between 200% - 250% of FPL. Numerator: Denominator: Rate: 101306 Additional notes on measure: The data is the same as reported in 2006.</p>

FFY 2005	FFY 2006	FFY 2007
	has dropped, it has not declined proportionally. Overall, the number of children with public coverage in households with income less than 250% of the FPL has remained static.	
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The data for this measurement comes from the Washington State Population Survey which is conducted every two years. The last year the WSPS was conducted was 2006. There is no new data to report out for 2007.</p> <p>Under consideration is abandonment of this measurement as a “count”. Decreasing the percentage of children who have health insurance coverage is a more indicative measurement of the State’s efforts to enroll uncovered children in SCHIP or other publicly funded programs, while at the same time recognizing that income trends within Washington state may continue to demonstrate a decline in the overall number of children living in household’s with incomes less than 250%.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: There remain an estimated 10,500 children without insurance in this income bracket. Our performance objective is to increase insurance coverage in this income bracket by at least 1000 children each year.</p> <p>Annual Performance Objective for FFY 2008: Increase insurance coverage by at least 1000 children each year.</p> <p>Annual Performance Objective for FFY 2009: Increase insurance coverage by at least 1000 children each year.</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on trend supporting decrease in percentage of uninsured children; anticipated SCHIP outreach efforts; and anticipated pursuit of SCHIP expansion waiver.</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
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure: In 2008 this “count” will be rolled into the first performance measurement and reported out as a percentage of children who are without health insurance coverage between 200% and 250% FPL.

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) To increase the number of children in households below 200% of the FPL who have health insurance coverage.</p>	<p>Goal #3 (Describe) To increase the number of children in households below 200% of the FPL who have health insurance coverage.</p>	<p>Goal #3 (Describe) To increase the percentage of children in households below 200% of the FPL who have health insurance coverage to 95% or above.</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> This performance measurement was modified in 2007 to begin measuring the percentage of children under 200% of FPL with health insurance coverage as opposed to just a count of children with health insurance coverage. Measuring the percentage of covered children is more indicative of state efforts to improve enrollment in public and private insurance since it accounts for changes in the demographics of this population</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> WSPS 2004</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> WSPS 2006</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> 2006 Washington state population survey.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Children (ages 0-18) in households below 200% of FPL with health insurance coverage. Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Children (ages 0-18) in households below 200% of FPL with health insurance coverage. Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The number of children (ages 0-18) in households below 200% of FPL. Definition of numerator: The number of children (ages 0-18) in households below 200% of FPL with health insurance coverage.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2006</p>
<p>Performance Measurement Data: Described what is being measured: Children (ages 0-18) in households below 200% of FPL with health insurance coverage. Numerator: Denominator: Rate: 599167</p>	<p>Performance Measurement Data: Described what is being measured: Children (ages 0-18) in households below 200% of FPL with health insurance coverage. Numerator: Denominator: Rate: 581314</p>	<p>Performance Measurement Data: Described what is being measured: The percentage of children in household's below 200% of FPL that have insurance coverage. Numerator: 581314 Denominator: 616297 Rate: 94.3</p>

FFY 2005	FFY 2006	FFY 2007
<p>Additional notes on measure: Rate for 2005 based on an update of 2004 WSPS.</p>	<p>Additional notes on measure: Decreases in the number of children below 200% of FPL with insurance are reflective of a decline in the number of children with private insurance; and the overall decrease in the number of children below 200% of FPL. The number of children receiving public coverage of health insurance has actually increased slightly since 2004 from 489,571 to 491,617 in 2006 because of continuous eligibility; extending certifications to 12 months; and the reconstituting of the Children's Health Program (CHP).</p>	<p>Additional notes on measure: Rate for 2007 is based on the same data as 2006. The WSPS was last conducted in 2006.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? New data for 2007 is not available. The data for this measurement is provided by the Washington State Population Survey which is conducted every two years. This performance measurement was modified in 2007 to begin measuring the percentage of children under 200% of FPL with health insurance coverage. Point in time data from 8/06 MA Eligible Persons report indicates there were 545,034 children receiving medical assistance from programs with income limits < 200% of FPL. In 8/07 the number of children receiving assistance from these same programs was 554,973, an increase of nearly 10,000 children receiving public coverage in just one year, and representing a 2% increase in the number of children receiving assistance in this group. While this trend data is outside of overall population increase/decrease information and only represents the public coverage arena, the data does suggest that state efforts to increase the percentage of children with health insurance coverage is working.</p> <p>Are there any quality improvement activities that contribute to your progress? The passage of Cover All Kids legislation in 2007 and subsequent outreach activities has resulted in an increased enrollment of children in medical assistance programs.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2007: Beginning in 2007 the performance measure will be modified to measure percentage of children under 200% of FPL with health insurance as an indicator of performance improvement. In 2006 the estimated rate of insured children under 200% of FPL is 94.3%. Increase the percentage of insured children under 200% of FPL to 95%.</p> <p>Annual Performance Objective for FFY 2008: Increase the percentage of insured children under 200% of FPL to 96%.</p> <p>Annual Performance Objective for FFY 2009: Increase the percentage of insured children under 200% of FPL to 97%.</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on trend supporting decrease in percentage of uninsured children; anticipated SCHIP outreach efforts; and anticipated pursuit of SCHIP expansion waiver.</p>	<p>Annual Performance Objective for FFY 2008: To increase the percentage of children in households below 200% of the FPL who have health insurance coverage to 95% or above.</p> <p>Annual Performance Objective for FFY 2009: To maintain the percentage of children in households below 200% of the FPL who have health insurance coverage at 95% or above.</p> <p>Annual Performance Objective for FFY 2010: To maintain the percentage of children in households below 200% of the FPL who have health insurance coverage at 95% or above.</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on trends supporting decrease in percentage of uninsured children, and anticipated outreach efforts under the "Cover all Kids" campaign. Many of the children who remained uncovered in 2006 are now receiving state-funded coverage as a result of SSSB 5093. We expect trend data in the 2008 WSPS to support these objectives. A 95% threshold was set as a goal to achieve and maintain.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: In 2005 there were approximately 649,000 children in the state of Washington with household income <200% of FPL in 2004. The estimated number of children in this income bracket in 2006 has declined to approximately 616,000 children based on the 2006 WSPS. Continuing to use a total number of insured children as a measure of performance would fail to account for the overall decrease in the population of children under 200% of FPL.</p>	<p>Other Comments on Measure:</p>

Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) SCHIP ENROLLMENT</p>	<p>Goal #1 (Describe) SCHIP ENROLLMENT</p>	<p>Goal #1 (Describe) To increase the number of children enrolled in SCHIP to 14,000.</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 checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> In 2007 this goal was modified to express a direction ("increase") and a goal ("14,000") in response to conversations with CMS.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>	<p>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> Children enrolled in SCHIP in September 2005</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> Children enrolled in SCHIP in September 2006.</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: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data: 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 number of children enrolled in SCHIP in September 2005</p> <p>Numerator: Denominator: Rate: 12563</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: The number of children enrolled in SCHIP in September 2006</p> <p>Numerator: Denominator: Rate: 11337</p> <p>Additional notes on measure: Enrollment figures for a single month (September) were used to provide a comparison of enrollment trends for the last 3 years. Declining enrollment since 2004 is reflective of decreases in the number of children in the population group between 200-250% of FPL, and implementation of continuous eligibility for children whose household income is <200% of FPL some part of the year. These children are no longer bumping up to SCHIP if household income exceeds 200% of FPL in mid-certification.</p>	<p>Performance Measurement Data: Described what is being measured: Children enrolled in SCHIP in September 2007 (September of each year).</p> <p>Numerator: Denominator: Rate: 11230</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? SCHIP enrollment did not increase in 2007 as expected in the previous annual report. In large part this was due to a substantial number of SCHIP children (approx. 2,000) that automatically converted to Medicaid when the FPL increased in April.</p> <p>Are there any quality improvement activities that contribute to your progress? In 2007 the department engaged in outreach contracts with the local health jurisdictions to conduct outreach and application assistance. We believe this activity helped stabilize our SCHIP enrollment.</p>
	<p>Annual Performance Objective for FFY 2007: The State of Washington has not set an SCHIP enrollment target for 2007.</p> <p>Annual Performance Objective for FFY 2008:</p>	<p>Annual Performance Objective for FFY 2008: To increase SCHIP enrollment to 14,000 children.</p> <p>Annual Performance Objective for FFY 2009: To maintain SCHIP enrollment at 14,000 children or above.</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: To maintain SCHIP enrollment at 14,000 children or above.</p> <p><i>Explain how these objectives were set:</i> Single month SCHIP enrollment has never exceeded 13,300; however legislation passed in 2007 has allocated funds to expand outreach efforts. Our state is also pursuing pilot projects to reduce the “churn rate”. Additionally, the state of Washington will begin pursuing a State Plan Amendment to increase the income limit for its SCHIP program to 300% of FPL effective 1/1/09. We believe this makes a target enrollment of 14,000 an attainable goal.</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 #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
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
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
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: <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 1121 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 1743 371"><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
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>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>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>
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 233">Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p data-bbox="751 302 1226 326">Annual Performance Objective for FFY 2009:</p> <p data-bbox="751 358 1125 383"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 233">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1373 302 1848 326">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1373 358 1747 383"><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
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>
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:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	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>

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

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
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>
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FFY 2005	FFY 2006	FFY 2007
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<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2005	FFY 2006	FFY 2007
Goal #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>
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>
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FFY 2005	FFY 2006	FFY 2007
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	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
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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>
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<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?

No other specific strategies are called out for the SCHIP population. Managed care plans that enroll SCHIP children are subject to all regulatory requirements encompassed within the Balanced Budget Act, including yearly monitoring of the access to, quality or outcomes of care received by children enrolled in managed care organizations (including the SCHIP population), reporting and external validation of performance measures, and validation of performance improvement projects.

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 following statements are excerpts from the Child Health Act Legislative report dated 11/28/07 and express strategies that the Department will be pursuing.

“Recognizing the need to improve children’s health care services, the Washington State Legislature passed the Child Health Care Act in 2007. The Act expanded children’s health care access, increased primary care payments and called for system changes to assure that all children get regular care from a Medical Home. Expansion of access and more funding are good first steps in improving health care services for children. Improved infrastructure, performance accountability and a pulse on consumer wants and needs are also important to create an improved system of care.

A Children’s Healthcare workgroup comprised of agency and community stakeholders was formed in June 2007. The workgroup met on eight occasions to (1) develop performance measures that indicate a child has a medical home, (2) define targets for performance measures, and (3) develop criteria for increased payment or other incentives for practices and health plans that incorporate evidence-based practices. These measures must demonstrate improvement in both fee-for-service and managed care arrangements.

The workgroup developed an incentive model that lays out a five-year plan to assure the delivery of care within a medical home, based on the California Integrated Healthcare Association model. With slight modifications, the workgroup adopted the three measurement domains (clinical, patient experience and infrastructure measures) encompassed within the model; creating Washington State’s Children’s Healthcare Improvement System (CHIS). Time periods and activities are described below:

2009 – 2010 – Providers will be reimbursed at a higher rate for a subset of billing codes that are historically under-used and which show the promise of improving the health of children and young adults. Select billing codes which promote the current standard of care for children, including early identification and intervention for developmental and behavioral delays will now be reimbursed. Population-based performance measure data is reported.

2011-2012 – Data is linked to the primary care provider in managed care arrangements and according to an agreed-upon algorithm in fee-for-service (e.g., two primary care visits made to a single provider during a 12-month period). Performance data is then pooled at the group level and rates of performance are calculated by group practice.

Group practices are rewarded for (1) overall improvement from their baseline (to be established in 2009 and 2010) and (2) meeting a defined threshold of improvement. Performance incentives are based on both clinical measures as well as patient experience. Patient experience is demonstrated through the use of established, clinic-based patient satisfaction assessment tools. Population and clinic-based performance measure data is calculated however, only population-based data is publically reported.

2013 – Performance data at the group practice level is reported annually and available publicly beginning in 2013. Incentives are reevaluated and new performance measures may be reviewed and introduced for inclusion in the CHIS.

The workgroup selected a combination of structure, process and outcome measures for use in evaluating the success of the CHIS. These measures will initially be assessed at both the clinic and statewide level to examine the impact of the incentive system. Individual provider performance feedback will be evaluated over time if minimum sampling requirements can be met. Performance data include:

Structural measures, i.e., the number and rate of clinics serving children who have Medicaid where clinics have:

1. Implemented and maintained after-hours clinics to improve patient access to care
2. Linked with the statewide CHILD Profile Immunization Registry and immunization data is routinely entered into the registry
3. Electronic Medical Records (EMRs):
 - Received grants for EMR purchase
 - Successfully implemented EMRs
 - Successfully linked EMR with the Washington State CHILD Profile Immunization Registry
4. Clinics participating in annual children's health care educational collaborative or being provided technical assistance to facilitate clinic-based change

Process measures:

1. Dental disease prevention services:
 - Percent of children birth to age one year, receiving at least one full package of dental disease prevention services (oral evaluation, oral health education, and fluoride varnish) in a 12-month period
 - Percent of children two to three years of age receiving at least one full package of dental disease prevention services in a 12-month period.
2. Immunizations by age two years
 - Percent of children fully immunized by two years of age
3. Well-child care measures
 - Rate of infants, children, and adolescents receiving the recommended number of well-child care visits
4. Rate of adherence to select clinical practice and evidence-based guideline performance measures (e.g., asthma, developmental and depression screens, ADHD)
5. Annual clinic-based parent/patient surveys

Outcome measures:

1. Rate of emergency department (ED) utilization for non-emergent and emergent/primary care-treatable care
2. Rate of hospitalizations for children where appropriate prior ambulatory care could:
 - Prevent the onset of an illness or condition
 - Control an acute illness or condition or
 - Manage a chronic disease or condition such as asthma or diabetes
3. Rate of dental restorative services delivered to children"

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?

We have not conducted a focused quality study of our SCHIP population, our State does conduct regular Child Consumer Assessment of Health Plans (CAHPS) surveys. We conduct this survey every other year for SCHIP children enrolled in managed care plans. This survey was last conducted in 2006.

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.

As above, the survey findings on SCHIP are comparable to the general child population served in the Washington Healthy Options program. Washington SCHIP results are statistically above the NCBHD plan distribution for the CAHPS composite measures 'getting care quickly' for children and 'courteous and helpful office staff'. The SCHIP results are statistically below the NCBHD plan distribution for 'getting needed care' for children and 'overall rating of child's health plan'. No new survey data is available for 2007.

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

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

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

In 2007, Washington state contracted with Local Health Jurisdictions and the Upper Skagit and Port Gamble S'Klallam tribes to conduct targeted outreach activities.

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]**

Our community partners continue to be our most effective method of reaching low-income, uninsured children. The Healthy Kids Now! campaign continues. This campaign targets families with children who may qualify for any of the state's children's medical programs. Healthy Kids Now! provides a toll-free number for families to call and received information on assistance programs as well as help with applying for medical coverage. Through the community based organization Within Reach, an online application assistance tool ParentHelp 123 has also been made available. One of the advantages of this tool is that it pre-populates a state application form that can then be submitted to DSHS to determine eligibility for public assistance programs.

We continue to meet quarterly with our statewide outreach coalition that consists of state and local entities. We also continue to partner with the statewide Title 1 Migrant Education program, to provide information regarding children's medical programs to school nurses, records clerks, home visitors, minorities, immigrants, and rural populations. We attend quarterly Children with Special Health Care Needs conference meetings. In addition, our statewide Health Insurance Benefits Advisors provide information on medical coverage via their toll-free line.

Our informational flyers and applications are printed in at least eight of the most common languages in our state, including Spanish, Vietnamese, Russian, Cambodian, Korean, Laotian, and Chinese.

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]**

Some of our community partners target specific populations based on the needs in their communities. We have not measured the effectiveness of this outreach specifically attributed to SCHIP. However, enrollment in publicly funded medical programs has increased at a time when the number of children under 250% of FPL has decreased. This suggests that outreach efforts are continuing to bolster enrollments in medical programs.

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]**

Based on the 2006 Washington State Population Survey, the number of children in the state below 200% of FPL was 616,297. According to the 2006 4th Qtr. CMS 64 report in SEDS (Page 11, line 1, column F) 580,835 children received Medicaid in the state of Washington in 2006. As a percentage of the total, this represents 94.2% of children eligible have been enrolled.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

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

- Yes
- No
- N/A

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

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

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

- Yes
- No
- N/A

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

Once a household applying for assistance is identified as having countable income above 200% of FPL, but not above 250% of FPL, the application is transferred to the Medical Eligibility Determination Services (MEDS) office for processing. MEDS is a centralized office that serves the entire state and processes all SCHIP applications. MEDS staff conducts an interview and determine by interview and available medical insurance information data bases if the applicant has or may have medical insurance available to the children. If coverage was dropped within the prior four months to application a waiting period is imposed. Prior to imposing the waiting period the applicant is asked if one of the 9 exceptions to the waiting period exists:

1. Parent lost job that has medical coverage for children.
2. Parent with medical insurance died.
3. Child has a medical condition that, without medical care, would cause serious disability, loss of function, or death.
4. Employer ended medical coverage for children.
5. Child's medical coverage ended because the client reached the maximum lifetime coverage amount.
6. Coverage under a COBRA extension period expired.
7. Children could not get medical services locally (they have to travel to another city or state to get care).
8. Domestic violence led to loss of coverage.

9. The family's total out-of-pocket maximum for employer sponsored dependent coverage is fifty dollars per month or more.

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

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

- Yes
 No
 N/A

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

The state does not cover children above 250% of FPL, but does employ substitution prevention provisions.

We monitor and measure substitution of coverage both through the eligibility process and through data collection. We are careful to prevent substitution of coverage from occurring both at the time of initial application and any subsequent eligibility reviews. When we receive an application or review we require that questions regarding any other insurance coverage are answered prior to eligibility approval. We ask the following questions on the initial application:

- a. Do any of the children you are applying for already have health insurance coverage?
- b. If "Yes", does that health insurance cover doctor, hospital, x-ray (radiology), and laboratory services?
- c. Have your children been covered by job-related health insurance in the last 4 months?
- d. If "Yes", did the premium cost less than \$50 per month for dependents?
- e. If you checked "Yes" to any of the above questions, please list the name of the insurance company or employer providing health insurance for your children.

On the yearly eligibility review form, the following questions are asked with a request to check any boxes that apply and complete the insurance information:

- 1) I now have private health insurance or health insurance through my employer.
- 2) My private health insurance or employer provided health insurance include coverage for doctors, hospital, x-ray and laboratory services.
- 3) I had job-related health insurance in the last 4 months but am no longer covered.

If the insurance questions on the application or eligibility review form are not answered, the applicant is sent an 'Insurance Information Request Letter' that they must respond to in order for SCHIP eligibility to be determined. If the applicant has access to health insurance coverage, they are not enrolled in SCHIP.

Eligibility staff also utilizes our Medicaid Management Information System (MMIS) both at initial application and eligibility review to see if there is any history of insurance coverage for the household. If there is history showing, further inquiries can be made.

To monitor substitution of coverage, we track responses on the number of applications and eligibility reviews that show the applicant has insurance coverage. We also track the number of applications and eligibility reviews that are denied due to insurance coverage. In addition, we collect data on whether the applicant has disenrolled from employer-sponsored coverage. If the applicant has lost employer-sponsored insurance coverage within the past four months, the child must serve a four-month waiting period.

All States must complete the following 3 questions

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

Data on substitution of coverage is collected at application and annual review and entered into the CHIP Tracking system. Data from this system is reported out each month.

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

During the 12 months from 10/06 to 9/07 only 4% of the applications were found to have other insurance.

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

Less than 1% of applications were found to have dropped coverage within the four months prior to applying.

COORDINATION BETWEEN SCHIP AND MEDICAID

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

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

Yes, both our SCHIP and Medicaid programs employ the same verification and review requirements. Eligibility is redetermined annually using a pre-populated review form that is mailed to the client for completion and return. In lieu of returning the form, the client may also choose to call in and complete a phone review. At review the client must provide proof of household income and any other changes that would affect eligibility. Benefits are continued during the review period, but would not be recertified until all verification is provided.

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]**

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The state of Washington currently provides continuous 12 month eligibility for Medicaid and SCHIP programs. Medicaid household's that report an increase in income during the certification period continue to receive Medicaid for their children. SCHIP households that report an increase in income during the certification period continue to receive SCHIP for their children. However, SCHIP household's that report a decrease in income below 200% of FPL will have their eligibility for Medicaid redetermined during the certification period so that they may receive medical coverage without a premium expense. Each year when the FPL is adjusted, SCHIP households that are now within Medicaid income levels are automatically transferred to that program, but their certification period remains unchanged.

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

Yes, we offer the same delivery systems for both Medicaid and SCHIP.

A provider who signs a Core Provider Agreement with MAA can serve both Medicaid and SCHIP clients. Providers receive the same reimbursement for services for both populations, so there is no advantage or disadvantage to seeing clients from either population.

We have a managed care system in our state to provide medical care to clients. There is at least one managed care plan contracting in 37 of our 39 counties. In counties with two or more managed care plans, we require both SCHIP and Medicaid clients to enroll in a plan. In counties with only one contracting plan, we offer the household a choice of fee-for-service or enrollment in a plan. In the two counties without a managed care plan, we offer fee-for-service. The managed care system consists of contracts with health carriers for medical coverage, contracts with Regional Support Networks for mental health care, and fee-for-service for primary care case management clinics. Other Medicaid and SCHIP services are "carved out" of managed care and provided on a "wrap-around" fee-for-service basis. These services include dental coverage, chemical dependency services, eyeglasses, hearing aid devices, pregnancy terminations, interpreter services, and non-emergent transportation.

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

N/A

ELIGIBILITY REDETERMINATION AND RETENTION

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

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families

How many notices are sent to the family prior to disenrolling the child from the program?

[500]

Two. One notice is sent with the Eligibility Review letting the client know the due date and that benefits may end if the household does not provide the necessary information to determine eligibility. A second notice is sent notifying the client of a termination date if the household fails to return the Eligibility Review or is determined to no longer be eligible for the program.

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

A termination letter is automatically generated at least two weeks prior to the end of the certification period if no Eligibility Review form has been received.

- 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]***

There is a combined Medicaid/SCHIP application. It is a one page (double-sided) application. Our state also has an online application that the client may electronically file. The child's eligibility for all medical programs is considered at each application.

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

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

Eligibility reviews are mostly pre-populated to facilitate completion of the form. Most clients are only required to indicate changes and provide proof of household income.

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]**

We believe all of the strategies listed above have contributed to enrollment accessibility and retention. We have not evaluated one strategy as being more effective than another. In 2005, the addition of automatic continuation of benefits when an Eligibility Review has been received, but not yet processed, has been particularly helpful in reducing the number of children inadvertently dropped from enrollment that had to be reinstated. Our state is also in the process of piloting several new renewal strategies to reduce the number of children who are dropping off coverage at their review. These pilots will be operated from Jan.'08 through June '08 and the results of each measured. We will report out on these renewal strategies on the next annual report.

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

The state of Washington has not measured a distinct enrollment/disenrollment rate for eligibility reviews for SCHIP. In a combined measurement study with Medicaid recipients completed in July, the "churn" rate was estimated at 21% over a 6 month period in 2007. This measurement counted only households that failed to return the review, or failed to provide requested verification, and not other reasons that the household may have terminated their assistance at review.

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]**

Our state completes a monthly report that measures the number of children terminated from SCHIP for all reasons, and if they reenroll within 6 months in SCHIP or another public program. The last report completed was for August, 2007. (There is a four month lag time on these reports.)

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
357	194	54			1	0	3	1	159	45

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

The data is reported on the CHIP (F07) Monthly Termination Report. This report is derived from the termination codes listed in ACES for a one month time period, six months prior to the current month. In this case, August data is from February and tracks the number of children terminated in February who reenroll in SCHIP or another public program in the intervening six months, or remain off of public assistance.

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. However, the state does track the number of children disenrolled for non-payment of a premium. Over the twelve months from 9/06-8/07 this has averaged 1% of total monthly enrollment.

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]**

There has been no change in cost sharing in the last year.

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

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

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

Children

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

Adults

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

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

- Parents and Caretaker Relatives
- Childless Adults
- Pregnant Women

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

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

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

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

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

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

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

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

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

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

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

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

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

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

State: _____

Employer: _____

Employee: _____

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

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

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

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

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

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

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

Please explain: **[7500]**

Yes. It is the same plan as for our Medicaid programs.

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

Provider Credentialing

_____ Number of cases investigated

_____ Number of cases referred to appropriate law enforcement officials

Provider Billing

_____ Number of cases investigated

Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP

Medicaid and SCHIP Combined

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

Yes, please answer question below.

No

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

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

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

COST OF APPROVED SCHIP PLAN

	2007	2008	2009
Benefit Costs			
Insurance payments	0	0	0
Managed Care	15500961	18901433	30610547
Fee for Service	4587718	5009614	6940514
Total Benefit Costs	20088679	23911047	37551061
(Offsetting beneficiary cost sharing payments)	-1673007	-1613262	-1613338
Net Benefit Costs	\$ 18415672	\$ 22297785	\$ 35937723

Administration Costs

Personnel	326574	342903	360048
General Administration	84604	88834	93276
Contractors/Brokers (e.g., enrollment contractors)	280330	294347	309064
Claims Processing	26788	28127	29533
Outreach/Marketing costs	0	0	0
Other (e.g., indirect costs)	0	0	0
Health Services Initiatives	0	0	0
Total Administration Costs	718296	754211	791921
10% Administrative Cap (net benefit costs ÷ 9)	2046186	2477532	3993080

Federal Title XXI Share	12452386	15228149	24116684
State Share	6681582	7823847	12612960

TOTAL COSTS OF APPROVED SCHIP PLAN	19133968	23051996	36729644
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2. What were the sources of non-Federal funding used for State match during the reporting period?

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

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

No. We did not experience a short fall in SCHIP funds this year.

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	9398	\$ 138	11427	\$ 138	17896	\$ 146
Fee for Service	1911	\$ 127	2101	\$ 135	3220	\$ 138

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

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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

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

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

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

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

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

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

Benefit Costs for Demonstration Population #2

(e.g., parents)

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

Benefit Costs for Demonstration Population #3

(e.g., pregnant women)

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

Benefit Costs for Demonstration Population #4

(e.g., childless adults)

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

Total Benefit Costs

(Offsetting Beneficiary Cost Sharing Payments)

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

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Administration Costs

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

Federal Title XXI Share

State Share

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TOTAL COSTS OF DEMONSTRATION

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

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

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

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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]**

In 2007, Governor Gregoire signed into law SSB 5093 "Cover all Kids" legislation. This legislation raised the income limit for children to be eligible for medical assistance to 250% of FPL beginning July 21st, 2007. An increase to 300% of the FPL goes into effect January, 2009. Households with income in excess of 300% of the FPL will be able to buy-in to health insurance for their children at the full premium. Enrollment of children in state-only and federally matched programs has increased in response to the passage of this legislation. Trend data for August, 2007 compared to August, 2006 indicates an increase of 10,000 children in low-income medical assistance programs.

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

The percentage of low-income children who have coverage is nearly 96%. While this is very good news, it presents a challenge to identify and reach the few remaining children who are "slipping through the cracks". Enrollment in SCHIP declined for the second straight year.

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

Though overall enrollments in SCHIP have declined for the second straight year, a significant portion of this decline occurred in April when the FPL increase resulted in nearly 2,000 children transitioning to Medicaid. Since that time trend data indicates an increase in enrollment of 200 children per month.

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]**

In response to passage of the "Cover All Kids" legislation our state will be pursuing a State Plan Amendment to increase its SCHIP income limit to 300% of the FPL. In 2008 a number of pilot projects will be completed to test strategies for how to reduce the "churn" rate and keep children connected to healthcare coverage. We may also be proposing a State Plan Amendment or Waiver, to allow expansion of our Employer Sponsored Insurance program to include SCHIP children who have transitioned from Medicaid. We are also pursuing state-funded outreach efforts that will pay a "bounty" for contractors who provide application assistance that result in children obtaining medical assistance. It is expected that the combination of these changes will result in a greater number of children being covered under the SCHIP program.

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