

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

### **Preamble**

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

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

The framework is designed to:

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

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

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

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

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

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

Signature: \_\_\_\_\_  
**J. Ruth Kennedy**

SCHIP Program Name(s): All, Louisiana

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

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

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Submission Date: 2/13/2008

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

## SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

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

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

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

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

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

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

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

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

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

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
			If yes, what database? <b>[1000]</b> Our TPL contractor has data match agreements with the carriers. The contractor uses their proprietary matching techniques to determine if private insurance coverage exists for our clients. If determined they do, follow up is conducted by eligibility worker at renewal and steps are taken to close SCHIP case if information is proven accurate.	
<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 checked="" 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	
Family moves out of state or requests closure.		Guaranteed from conception through birth unless family moves out of state or requests closure.		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	

	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

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

Does your program require income disregards?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	Louisiana utilizes the standard Medicaid income deductions for children in our SCHIP Medicaid Expansion program including: \$90 for each working parent, \$50 of child support received, All child support paid outside of the home and \$175/\$200 for child care expenses.			
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

	circumstances have changed		income or other circumstances have changed	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Enter any Narrative text below. [7500]

**Comments on Responses in Table:**

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

7. Indicate what documentation is required at initial application

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

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

	<b>Medicaid Expansion SCHIP Program</b>			<b>Separate Child Health Program</b>		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Application	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Application documentation requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Benefit structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j) Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k) Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l) Eligibility redetermination process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o) Outreach (e.g., decrease funds, target outreach)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q) Prenatal Eligibility expansion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Other – please specify						
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
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b) Application	1) Updated the income chart; 2) added residency-related questions for those temporarily out of state due to Hurricanes Katrina and Rita; and 3) added request for birth verification for children not born in Louisiana
c) Application documentation requirements	Policy changed April 12, 2007, requiring that income be verified only if reported income, before deductions, is above 75% of the maximum program income standards for the household size. If income reported by the applicant is equal to or less than 75% of the maximum income amount, it is accepted without further verification unless there is conflicting information from routine clearances.
d) Benefit structure	
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	
j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	
l) Eligibility redetermination process	Mandatory follow-up telephone calls halted in January 2006 in conjunction with DRA citizenship & identity documentation requirements resulting in procedural closures more than tripling. Effective January 1, 2007, we resumed, and retention renewal dramatically improved.
m) Enrollment process for health plan selection	
n) Family coverage	

o) Outreach	Post-Katrina, we became aware that there were eligible families who had become disconnected from the system. Staff targeted New Orleans and funding was increased for SFY 08. Recent legislation calls for DHH to work with community partners & other agencies to ensure a heightened awareness of LaCHIP expansion and Medicaid programs, implement a major marketing campaign and host a statewide outreach conference. Outstationing equipment was expanded to allow more onsite enrollment assistance.
p) Premium assistance	
q) Prenatal Eligibility Expansion	Effective 5/1/07, LA coverage to provide prenatal care to pregnant women otherwise ineligible for Medicaid through the SCHIP Unborn Option. The main impetus for implementing this expansion was the explosion of immigrant women who have little to no access to prenatal care due to the compromised safety net in post-Katrina New Orleans. Implementation of this expansion was a recommendation of the Health Care Redesign Collaborative which Sec. Leavitt called for following hurricanes Katrina and Rita.
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	
a.	
b.	
c.	

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

Regarding #7 above: While documentation is required for income and citizenship, eligibility workers are often able to do this through systems checks without requiring follow-up documentation from families.

## **SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS**

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

### **SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES**

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

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

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

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

#### **If Data Not Reported, Please Explain Why:**

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

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

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

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

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

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

**Measurement Specification:**

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

**Data Source:**

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

**Definition of Population included in the Measure:**

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

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

**Year of Data:**

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

**Performance Measurement Data (HEDIS® or Other):**

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

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

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

**Explanation of Progress:**

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

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

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

**Other Comments on Measure:**

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2005</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2006, Volume 2</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2007</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2008</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  MMIS</p>
<p><b>Definition of Population Included in the Measure:</b>                  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><b>Definition of Population Included in the Measure:</b>                  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: As of June 30, 2006, the number of unique recipients who were enrolled for at least 14 of the last 15 months who visited primary care practitioners at least once (twice, three times, four times, five times or six or more times) in their first 15 months of life.</p>	<p><b>Definition of Population Included in the Measure:</b>                  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: As of March 30, 2007, the number of unique recipients who were enrolled for at least 14 of the last 15 months who visited primary care practitioners at least once (twice, three times, four times, five times or six or more times) in their first 15 months of life.</p>
<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>

<b>Well Child Visits in the First 15 Months of Life (continued)</b>		
<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 2234 Denominator: 38383 Rate: 5.8</p> <p><u>4 visits</u> Numerator: 5339 Denominator: 38383 Rate: 13.9</p> <p><u>1 visit</u> Numerator: 1870 Denominator: 38383 Rate: 4.9</p> <p><u>5 visits</u> Numerator: 6825 Denominator: 38383 Rate: 17.8</p> <p><u>2 visits</u> Numerator: 2733 Denominator: 38383 Rate: 7.1</p> <p><u>6+ visits</u> Numerator: 16449 Denominator: 38383 Rate: 42.9</p> <p><u>3 visits</u> Numerator: 3831 Denominator: 38383 Rate: 10</p> <p>Additional notes on measure:</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 1807 Denominator: 40223 Rate: 4.5</p> <p><u>4 visits</u> Numerator: 5363 Denominator: 40223 Rate: 13.3</p> <p><u>1 visit</u> Numerator: 1932 Denominator: 40223 Rate: 4.8</p> <p><u>5 visits</u> Numerator: 6794 Denominator: 40223 Rate: 16.9</p> <p><u>2 visits</u> Numerator: 2890 Denominator: 40223 Rate: 7.2</p> <p><u>6+ visits</u> Numerator: 17585 Denominator: 40223 Rate: 43.7</p> <p><u>3 visits</u> Numerator: 3852 Denominator: 40223 Rate: 9.6</p> <p>Additional notes on measure: As children under 19 enrolled in Medicaid are included in this data set, we believe that a percentage of the total number with 0 visits are likely those recipients with TPL. Since Medicaid serves as only a payer of last resort, we suspect that Medicaid children who have TPL don't have administrative claims data on the MMIS because of reimbursement policy. We will further analyze data to make this determination during FFY07 and plan to have more to report in next year's annual report.</p>	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 1677 Denominator: 36399 Rate: 4.6</p> <p><u>4 visits</u> Numerator: 4622 Denominator: 36399 Rate: 12.7</p> <p><u>1 visit</u> Numerator: 1928 Denominator: 36399 Rate: 5.3</p> <p><u>5 visits</u> Numerator: 6111 Denominator: 36399 Rate: 16.8</p> <p><u>2 visits</u> Numerator: 2618 Denominator: 36399 Rate: 7.2</p> <p><u>6+ visits</u> Numerator: 16164 Denominator: 36399 Rate: 44.4</p> <p><u>3 visits</u> Numerator: 3279 Denominator: 36399 Rate: 9</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** The health care system remains in a disrupted state which has resulted in decreased utilization of services and access to providers in the aftermath of Hurricane Katrina in the state's most populous region. Many of the Medicaid and LaCHIP eligibles & their families have ended up seeking care through safety-net providers such as grant funded mobile clinics & traveling healthcare teams. This has impacted the data reported because so many of these services which would otherwise be captured in FFS system are not due to these changes. For most of the data collection period, enrollment remained artificially inflated as redetermination activity was resumed for children in Orleans and St. Bernard Parishes only resumed in 12/06. Many children who are captured in this data set may not have had access to services where they were relocated through population shifts following Hurricane Katrina. The actual performance was lower than the objective we set for many of the reasons outlined above.

**Are there any quality improvement activities that contribute to your progress?** A pay-for-performance initiative was implemented for immunizations delivered to children under 2 years of age which we are hopeful has started and will continue to impact the rate of well-child visits for children in this measure.

**Annual Performance Objective for FFY 2008:** We expect that provider rate increases implemented in SFY07 will cause an improvement for this objective. Other initiatives to raise awareness as to the importance of well-child visits and targeted reviews of children who have had zero visits will reduce that percentage below 4.5% in FFY08. In light of the addition of children added to the program through the unborn option and the reduced likelihood of these immigrant families to have access to transportation and other supports to access preventative care, we think the challenge to maintain our current rate will be more difficult in FFY08.

**Annual Performance Objective for FFY 2009:** Annual Performance Objective for FFY 2009: By FFY09, we are hopeful to have increased our PFP initiatives and build upon the other quality initiatives already in place. In addition to these we will perform targeted reviews of those children who have had zero visits per the HEDIS reporting data and work to intervene in order to reduce that percentage below 4.0% in FFY09.

**Annual Performance Objective for FFY 2010:** By FFY09, we are hopeful to have increased our PFP initiatives and build upon the other quality initiatives already in place. In addition to these we will perform targeted reviews of those children who have had zero visits per the HEDIS reporting data and work to intervene in order to reduce that percentage below 3.0% in FFY09.

*Explain how these objectives were set:* A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.

**Other Comments on Measure:** We have conducted a review of the data for children enrolled in only Medicaid or LaCHIP and determined that the rate of 6+ visits is higher than the same measurement for those children with Medicaid and TPL coverage included in the overall count as they are in the measure reported above. For future reporting periods will explore the possibility of removing children with Medicaid and TPL to ensure that they are not adversely impacting the overall percent reported.



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

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30)  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i> 2005</p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2006, Volume 2</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2007</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2008</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  MMIS</p>
<p><b>Definition of Population Included in the Measure:</b>                  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 had at least one well-child visit during the measurement year.</p>	<p><b>Definition of Population Included in the Measure:</b>                  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: As of June 30th, 2006, the number of children who had at least one well-child visit during the measurement year.</p>	<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator: As of March 30, 2007, the number of children who had at least one well-child visit during the measurement year.</p>
<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                  Percent with 1+ visits                  Numerator: 81648</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                  Percent with 1+ visits                  Numerator: 75245</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                  Percent with 1+ visits                  Numerator: 76750</p>

<b>FFY 2005</b>	<b>FFY 2006</b>	<b>FFY 2007</b>
<p>Denominator: 143786 Rate: 56.8</p> <p>Additional notes on measure:</p>	<p>Denominator: 143769 Rate: 52.3</p> <p>Additional notes on measure: Ten months of this reporting period fell in the immediate aftermath of Hurricane Katrina and thus was likely responsible for a decline from the rates in FFY05 for this measure. We also believe the TPL issue we described for children in the first 15 months of life is a part of the issue relative to a number of children having no well child visits. We plan to evaluate and revise policies that may currently discourage well child screenings to occur during the same date of service as sick visits.</p>	<p>Denominator: 130961 Rate: 58.6</p> <p>Additional notes on measure: The agency is also exploring the impact of these services performed in rural health clinics and FQHCs which may not be captured in this measure because of current billing procedures.</p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> For most of the data collection period, enrollment remained artificially inflated redetermination activity was resumed for children in Orleans and St. Bernard Parishes only resumed in 12/06. Many children who are captured in this data set may not have had access to services where they were relocated through population shifts following Hurricane Katrina. The health care system remains in a disrupted state which has resulted is decreased utilization of services and access to providers in the aftermath of Hurricane Katrina in the state’s most populous region. We are hesitant to note the improvement from last year is not strongly correlated largely to enrollment reduction referenced above.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> Outreach initiative have been in place by contracted PCCM third-party administrator to increase the awareness of well child services, but these efforts cannot fully explain the progress outlined in these numbers.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Our PCCM Quality Control Unit will be looking into increasing education about the importance of well-child visits for these age groups. We plan to evaluate and revise policies that may currently discourage well-child screenings to occur during the same date of service as sick visits. Taking these factors into account, along with the stabilization of the eligibility files, we are hopeful to keep the possibly artificially inflated increase we have seen this year by achieving a rate of 57.55% in FFY08.</p> <p><b>Annual Performance Objective for FFY 2009:</b> We are hopeful to maintain this significantly improved rate of 57.5% in FFY09.</p> <p><b>Annual Performance Objective for FFY 2010:</b> With continued outreach and education of recipients and expanding reporting categories, we expect the rate to increase to 59% for FFY 10.</p> <p><i>Explain how these objectives were set:</i> A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.</p>		
<p><b>Other Comments on Measure:</b></p>		

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2005</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2007</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2008</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  MMIS</p>
<p><b>Definition of Population Included in the Measure:</b>                  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 asthmatics meeting the HEDIS measure</p>	<p><b>Definition of Population Included in the Measure:</b>                  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: As of June 30, 2006, the number of recipients who meet the persistent asthma diagnosis for 2 years who have use the appropriate medications over the reporting period.</p>	<p><b>Definition of Population Included in the Measure:</b>                  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: As of March 30, 2007, the number of recipients who meet the persistent asthma diagnosis for two years who have the appropriate medications over the reporting period.</p>
<p><b>Year of Data:</b> 2004</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>

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

FFY 2005	FFY 2006	FFY 2007
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications</p> <p><u>5-9 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 13063                      Denominator: 22446                      Rate: 58.2</p> <p>Additional notes on measure: Only one rate developed for all children under 19 meeting the HEDIS criteria.</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications</p> <p><u>5-9 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 14308                      Denominator: 16061                      Rate: 89.1</p> <p>Additional notes on measure: As the HEDIS definition changed in the 2007 version to only capture those children with a persistent asthma diagnosis for the last 2 years rather than just the last 1 year, the denominator was significantly smaller in data reported for FFY06. In order to provide more useful data and trending, we will analyze the data provided for FFY05 using the HEDIS 2007 guidelines.</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                      Percent receiving appropriate medications</p> <p><u>5-9 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>10-17 years</u>                      Numerator:                      Denominator:                      Rate:</p> <p><u>Combined rate (5-17 years)</u>                      Numerator: 14424                      Denominator: 15963                      Rate: 90.4</p> <p>Additional notes on measure:</p>
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>                      Numerator:                      Denominator:                      Rate:</p> <p>Additional notes on measure:</p>

**Explanation of Progress:**

**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** For most of the data collection period, enrollment remained artificially inflated redetermination activity was resumed for children in Orleans and St. Bernard Parishes only resumed in 12/06. Many children who are captured in this data set may not have had access to services where they were relocated through population shifts following Hurricane Katrina. The health care system remains in a disrupted state which has resulted in decreased utilization of services and access to providers in the aftermath of Hurricane Katrina in the state's most populous region. We are hesitant to note the improvement from last year is not strongly correlated to the significant reduction in enrollment due to the Hurricane Katrina factors outlined above.

**Are there any quality improvement activities that contribute to your progress?** Several efforts have been initiated by the state Medicaid agency to improve outcomes for children with asthma including: 1) offering CEU for nurses/asthma management, 2) pilot phase of performing Quality Reviews specific to asthma management based on the Chronic Care Model with provider offices & 3) intervention with patients for education through telephone contact and follow up with PCPs.

**Annual Performance Objective for FFY 2008:** In FFY08 we are hoping to continue utilizing these initiatives to increase the use of appropriate medications for children with asthma to 92%.

**Annual Performance Objective for FFY 2009:** In FFY09 we are hoping to continue utilizing these initiatives to increase the use of appropriate medications for children with asthma to 93%.

**Annual Performance Objective for FFY 2010:** We are hoping to continue utilizing these initiatives to increase the use of appropriate medications for children with asthma to 94%.

*Explain how these objectives were set:* A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.

**Other Comments on Measure:**

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>	<p><b>Did you report on this goal?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>If Data Not Reported, Please Explain Why:</b>  <input type="checkbox"/> Population not covered.  <input type="checkbox"/> Data not available. <i>Explain:</i>  <input type="checkbox"/> Small sample size (less than 30).  <i>Specify sample size:</i>  <input type="checkbox"/> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2005</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2006, Volume 2</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2007</p>	<p><b>Measurement Specification:</b>  <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input type="checkbox"/> Other. <i>Explain:</i>                  2008</p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i>  <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i>  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i>                  MMIS</p>
<p><b>Definition of Population Included in the Measure:</b>                  Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                  Definition of numerator: The number of unique recipients who visited PCPs by HEDIS defined age groups.</p>	<p><b>Definition of Population Included in the Measure:</b>                  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: As of June 30, 2006, the number of unique recipients who visited PCPs by HEDIS defined age groups &amp; who were enrolled for a certain number of prior months per age group as defined by HEDIS.</p>	<p><b>Definition of Population Included in the Measure:</b>                  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: As of March 30, 2007, the number of unique recipients who visited PCPs by HEDIS-defined age groups and who were enrolled for a certain number of prior months per age group as defined by HEDIS.</p>
<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>

FFY 2005	FFY 2006	FFY 2007																																																						
<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 41437</td> <td>Numerator: 122123</td> </tr> <tr> <td>Denominator: 43176</td> <td>Denominator: 139516</td> </tr> <tr> <td>Rate: 96</td> <td>Rate: 87.5</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: 153632</td> <td>Numerator: 159241</td> </tr> <tr> <td>Denominator: 177938</td> <td>Denominator: 183411</td> </tr> <tr> <td>Rate: 86.3</td> <td>Rate: 86.8</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 41437	Numerator: 122123	Denominator: 43176	Denominator: 139516	Rate: 96	Rate: 87.5	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 153632	Numerator: 159241	Denominator: 177938	Denominator: 183411	Rate: 86.3	Rate: 86.8	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 40182</td> <td>Numerator: 123611</td> </tr> <tr> <td>Denominator: 43820</td> <td>Denominator: 144359</td> </tr> <tr> <td>Rate: 91.7</td> <td>Rate: 85.6</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 142902</td> <td>Numerator: 163964</td> </tr> <tr> <td>Denominator: 178906</td> <td>Denominator: 194330</td> </tr> <tr> <td>Rate: 79.9</td> <td>Rate: 84.4</td> </tr> </table> <p>Additional notes on measure: On this measure, we plan to also continue investigating during FFY07 whether our reimbursement policy relative to payment of claims for children with TPL results in us having an artificially inflated number of kids showing up without a PCP visit.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 40182	Numerator: 123611	Denominator: 43820	Denominator: 144359	Rate: 91.7	Rate: 85.6	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 142902	Numerator: 163964	Denominator: 178906	Denominator: 194330	Rate: 79.9	Rate: 84.4	<p><b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 38195</td> <td>Numerator: 116278</td> </tr> <tr> <td>Denominator: 40053</td> <td>Denominator: 135481</td> </tr> <tr> <td>Rate: 95.4</td> <td>Rate: 85.8</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: 139123</td> <td>Numerator: 152495</td> </tr> <tr> <td>Denominator: 162925</td> <td>Denominator: 179585</td> </tr> <tr> <td>Rate: 85.4</td> <td>Rate: 84.9</td> </tr> </table> <p>Additional notes on measure: We plan to also continue investigating during FFY08 whether our reimbursement policy relative to payment of claims for children with TPL results in our having an artificially inflated number of kids showing up without a PCP visit. The agency is also exploring the impact of these services performed in rural health clinics and FQHCs which may not be captured in this measure because of current billing procedures.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 38195	Numerator: 116278	Denominator: 40053	Denominator: 135481	Rate: 95.4	Rate: 85.8	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 139123	Numerator: 152495	Denominator: 162925	Denominator: 179585	Rate: 85.4	Rate: 84.9
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FFY 2005	FFY 2006	FFY 2007
<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> For most of the data collection period, enrollment remained artificially inflated redetermination activity was resumed for children in Orleans and St. Bernard Parishes only resumed in 12/06. It is particularly noticeable in the significant drop in the denominators between FFY06 and FFY07. Thus Many children who are captured in this data set may not have had access to services where they were relocated through population shifts following Hurricane Katrina. The health care system remains in a disrupted state which has resulted is decreased utilization of services and access to providers in the aftermath of Hurricane Katrina in the state’s most populous region. We are hesitant to note the improvement from last year is not strongly correlated to the significant reduction in enrollment due to the Hurricane Katrina factors outlined above.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b> No</p> <p><b>Annual Performance Objective for FFY 2008:</b> Our agency has increased reimbursement for well-child visits during FFY07 and has plans to initiate a program to divert Medicaid recipients from utilizing the ER, which we anticipate will have an impact on this measure. In FFY08 the eligibility files should be stabilized and through initiatives geared towards recruiting more physicians into the storm-damaged areas we are hoping to see the rates for this measure to return to the levels reported in FFY05. We also plan to explore whether services delivered in FQHCs and rural health clinics are accurately being captured in this data set or whether they may be excluded and thus artificially lowering what we are reporting for this measure.</p> <p><b>Annual Performance Objective for FFY 2009:</b> In FFY09 we are hoping to see enough stabilization of the above-mentioned issues that the rates for this measure will begin to improve annually as they had from FFY04 to FFY05.</p> <p><b>Annual Performance Objective for FFY 2010:</b> In FFY10 we are hoping to see enough stabilization of the above-mentioned issues that the rates for this measure will continue to improve annually.</p> <p><i>Explain how these objectives were set:</i> A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.</p>		
<p><b>Other Comments on Measure:</b></p>		

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	142389	151953	6.72
Separate Child Health Program	0	1710	Infinity

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

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

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	175	26.6	14.6	2.2
1998 - 2000	161	25.8	13.7	2.0
2000 - 2002	123	18.6	9.7	1.4
2002 - 2004	106	17.5	8.6	1.4
2003 - 2005	88	15.7	7.3	1.3
2004 - 2006	85	15.0	7.4	1.3
Percent change	-51.4%	NA	-49.3%	NA

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

The State of Louisiana has taken deliberate actions since the inception of LaCHIP to slowly but surely reducing the number of uninsured children. This data illustrates how effective the phased-in approach of eligibility expansion, focus on simplification of policies to keep children enrolled and consistently strong grassroots outreach efforts done by our eligibility staff have resulted in Louisiana being ahead of the curve on this very important healthcare indicator.

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

We believe that the estimates available through a small sample size are not adequate for tracking the rate of uninsured children in this state due to its being less populous. In order to obtain more reliable state specific data we commissioned a household insurance survey by our state's flagship university.

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

Yes (please report your data in the table below)

No (skip to Question #4)

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

Data source(s)	Louisiana Health Insurance Survey conducted by the Louisiana State University Public Policy Research Lab
Reporting period (2 or more points in time)	Initial survey conducted during Summer 2003, first update to survey conducted during Summer 2005, and updated again in Summer of 2007.
Methodology	The 2007 Louisiana Health Insurance Survey (LHIS) is the third in a series of surveys designed to provide the most accurate and comprehensive assessment of Louisiana's uninsured populations possible. Each wave of the LHIS has been based on over 10,000 Louisiana households and 27,000 Louisiana residents, thus allowing for detailed estimates of uninsured populations for each of DHH's nine regions and across very specific subpopulations (e.g., African-American children under 200% of federal poverty). Each wave of the LHIS has also incorporated important improvements in methodology to assure that the survey results in this report reflect our best understanding of how to estimate uninsured populations. The 2005 LHIS, for example, included a survey of Medicaid recipients and corresponding adjustments to the final uninsured estimates to account for the Medicaid bias. The 2007 LHIS takes this another step forward by developing an innovative methodological tool to adjust uninsured estimates for the Medicaid undercount at the individual level. Importantly, the technique provides results comparable to the methodology utilized in the 2005 LHIS, but has the advantage of

adjusting the data based on individual-level probabilities that Medicaid eligible respondents have misreported as uninsured.

To assure reporting is as accurate as possible, initial respondents are screened to make sure they are the most knowledgeable person in the household about family health care and health insurance. Once the most knowledgeable person in the household has been selected, respondents are asked to identify all members of the household and a series of questions asking whether members of the household are covered by particular types of insurance including employer sponsored insurance, purchased insurance, Medicaid, Medicare, or through the military. Respondents are asked to verify uninsured status for any individual not identified as having any form of coverage. Only household members who are identified as not having any form of coverage are included in the final estimate as uninsured.

The initial sampling strategy was designed to generate responses from 10,000 Louisiana households with at least 65 households from each parish and 800 households from each DHH region. To assure adequate sampling of minority and poor residents, an over sample of 1000 respondents from telephone prefixes where the median income was below the statewide median and where the minority population was 30 percent or greater was also conducted. Because of the large population shifts in the New Orleans area, an oversample of 500 households from Orleans Parish was also put into place.

Because of the sampling design employed, the probability of being selected into the final sample was dependent on the parish in which the respondent resided. To account for this, the results were weighted to adjust for sampling differences across parishes. Specifically, the sampling weight was constructed as the parish population divided by the number of individuals sampled in the parish. Because differences in response rates among different segments of the population may also result in biased estimates of uninsured rates, the data were also weighted based on demographic characteristics where sample estimates do not closely mirror census-based population estimates. In the 2007 LHIS, results are weighted to account for the most recent estimates of statewide population available, July 2006 U.S. Census Estimates. Importantly, these estimates account for post-hurricane population shifts and reflect the best estimates available of current population. A comparison of unweighted and weighted sample estimates to census data is provided in Table 3. As can be seen in Table 3, the estimates provided by the 2007 LHIS nicely match the population estimates from the U.S. census.

As a final adjustment, uninsured estimates are adjusted to account for the widely Medicaid bias. A long line of empirical research has demonstrated that Medicaid recipients often misreport their insurance status. Our greatest concern in the current report is the extent that they misreport as uninsured. In this situation, estimates of uninsured populations would be biased upward and estimates of Medicaid populations would be biased downward. The results presented in this report have been adjusted to account for this bias. The methodology used to make these adjustments is fully described in a working paper (Barnes, Goidel, and Terrell 2007). The methodology is an improvement over the methodology used in the 2005 report in that the current adjustments account for the probability that any given individual eligible for Medicaid misreported their insurance status,

	whereas the previous technique made aggregate adjustments to insurance status based on levels of misreporting. It is important to note that the methodology used in 2005 is consistent with other research that has adjusted for misreporting, that the 2007 procedure reflects a step forward in this area, and that the differences between these two procedures are often small.
Population (Please include ages and income levels)	All Louisiana households, 2006 Census Population Estimate – 4,287,768
Sample sizes	10,051 Louisiana households representing health insurance status on 28,138 individuals including 8,339 children under age 19.
Number and/or rate for two or more points in time	11.1% of all children were uninsured in 2003 and decreased to 7.6 % of all children identified as uninsured in 2005, and to 5.4% in 2007.
Statistical significance of results	Overall, there is consistent and compelling evidence that the decline in the number of uninsured children is largely related to the increase in the number of children covered by LaCHIP or Medicaid.

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

Prior to this study, estimates of the number of non-elderly uninsured in Louisiana were based on Current Population Survey's March Supplement. While the CPS estimates have been invaluable as the only consistent longitudinal, statewide estimates of the uninsured, they have historically been limited in terms of the overall sample size for any given state and the geographic distribution of respondents. The CPS has since addressed some of these concerns by increasing the number of households included in the sample and diversifying the strata from which these households are drawn. CPS includes approximately 2000 households from Louisiana. While the increase in sample size makes the CPS a better estimate of statewide uninsured populations, it remains limited in its capacity to generate regional and parish-level estimates.

This study also addressed what health researchers have long known-- that a substantial proportion of Medicaid enrollees misreport their insurance status, often reporting themselves (or their families) as uninsured or as having private insurance. The consequence of this undercount is that survey-based estimates of the uninsured often include respondents who are actually covered through Medicaid or LaCHIP. That is, they overstate uninsured rates. Because Louisiana has a high proportion of respondents on Medicaid, particularly children enrolled in Medicaid or LaCHIP, the consequences of the Medicaid undercount are likely to be more substantial in Louisiana (and in other Southern states) than has been reported in the existing literature.

Aside from the methodological improvements, the timing of the 2007 LHS adds greatly to its significance. The 2007 LHS reflects the most comprehensive effort since the 2005 hurricanes to gauge how changes in population shifts and post-hurricane economic growth have affected the state's uninsured populations. The most obvious impact is the loss of state population, particularly in the New Orleans area. According to current July 2006 Census estimates, Louisiana lost 4.9 percent of its population. Most of this loss was from Orleans Parish where population declined by over 50 percent to approximately 228,782 residents. Since most of the population "permanently" displaced to other states was relatively poor, one would expect a net decline in uninsured rates. Less obvious is how changes in population within Louisiana may have affected uninsured rates, particularly at the regional level. For example, the population of East Baton Rouge Parish increased by 4.7 percent (or 19,264 residents).

Other changes are also relevant. Stimulated by rebuilding spending, the state economy has been growing at a rapid pace since the 2005 hurricanes. Jobs have been relatively plentiful and state revenues have grown at surprising rates. As a result, employers have been faced with a tight labor market, workers have had greater choice in employment, and state government has found itself awash in a budget surplus. Simultaneously, however, many residents have lost a great deal of wealth due to damage to personal property and/or the loss

of jobs or businesses. Workers may find it easier to find jobs with health insurance, but they are struggling to replace lost homes and valuables. The net effect of these countervailing forces on uninsured populations is not immediately apparent. A stronger economy should work to reduce the number of uninsured persons in the state, yet the loss of wealth and displacement would serve to increase the number of uninsured.

With this in mind, the 2007 LHIS has been designed to provide the best possible estimates of uninsured populations statewide, within each of nine Department of Health & Hospitals regions, and across key demographic characteristics.

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

In terms of methodology, the 2007 LHIS improves upon work from the 2005 LHIS. The net effect of these changes is to provide more conservative (higher) and more accurate initial estimates of the uninsured. Our confidence in survey research resides not in individual point estimates but rather in confidence intervals around which we can be reasonably certain the true population parameter resides. The 2007 Survey was designed in such a way as to assure large samples by regional demographic characteristics such that we could have reasonably high confidence in our estimates.

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

None that we are aware of at this time.

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

State officials plan to use the data from this survey to target hard-to-reach eligible children for enrollment into LaCHIP, while at the same time make informed decisions about how to focus on policy to build coverage options for those subsets of children who remain uninsured.

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

As a result of the devastation surrounding Hurricane Katrina, the metropolitan New Orleans area (the most populous area of Louisiana) experienced a significant outmigration of its residents. In the aftermath, the area's low-income population has experienced some of the greatest difficulty in returning to the region. Subsequently, it has impacted the overall enrollment of children in Louisiana's public health coverage programs. During this reporting period there has actually been a net decrease in enrollment of children in Title XIX by 34,470 as opposed to a growth in the enrollment of SCHIP children by 4,039. The bulk of the decline in enrollment of Medicaid children happened in the first quarter of Federal Fiscal Year 2007, when the state took action to initiate the re-enrollment process for many of these families impacted by the storm. In the last three quarters of this fiscal year, Louisiana has again seen a dramatic increase in the enrollment of Medicaid children by 15,331. As the population shifts continue to balance out in Louisiana we anticipate seeing this trend continuing for the foreseeable future.

## SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

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

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

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

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

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

### **Goal:**

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

### **Type of Goal:**

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

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

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

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

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

### **Measurement Specification:**

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

### **Data Source:**

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

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

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

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

### **Year of Data:**

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



**Performance Measurement Data:**

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

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

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

**Explanation of Progress:**

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

**Other Comments on Measure:**

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

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for LaCHIP. Identify and enroll a net addition of 2,000 uninsured eligible children by Oct.1, 2006 in Title XXI SCHIP.</p>	<p><b>Goal #1 (Describe)</b> Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for LaCHIP. Identify and enroll a net addition of 2,000 uninsured eligible children by Oct.1, 2006 in Title XXI SCHIP.</p>	<p><b>Goal #1 (Describe)</b> Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for LaCHIP. Prevent a reduction of the number of children covered as of the end of FFY06 thus increasing the number of uninsured eligible children by Oct. 1, 2007.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Goal revised to more accurately account for anticipated growth in FFY06 taking the known factors into account.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Goal revised to more accurately account for anticipated growth in FFY06 taking the known factors into account.</p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2005</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator:                       Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator:                       Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator:                       Definition of numerator:</p>
<p><b>Year of Data:</b></p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>
<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Net addition of children enrolled in LaCHIP at a point in time. Subtract the number of children enrolled at the end of FFY05 by the number enrolled in LaCHIP at the end of FFY04. The goal for increased FFY 05 (10,612) was based on the last six months of FFY04. Actual enrollment growth was only 4,459. While we impacted the uninsured rate throughout FFY05 by enrolling nearly 4,500 net additional children into SCHIP, our average monthly enrollment growth dropped through the reporting period.                       Numerator:</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Net change of children enrolled in LaCHIP at a point in time. Subtract the number of children enrolled at the end of FFY06 by the number enrolled in LaCHIP at the end of FFY05. The goal for increased FFY 06 (2,000) was based on the last six months of FFY05. Actual enrollment declined by 1,100.                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure: FFY06 was the first year in the</p>	<p><b>Performance Measurement Data:</b>                      Described what is being measured:                      Net change of children enrolled in LaCHIP at a point in time. Subtract the number of children enrolled at the end of FFY06 by the number enrolled in LaCHIP at the end of FFY05. The goal for stabilizing enrollment in FFY 07 to prevent further reductions was based on the last six months of FFY06 due to the impact of population shifts in the aftermath of Hurricane Katrina. Actual enrollment increased by over 4,000.                       Numerator:                      Denominator:                      Rate:</p>

FFY 2005	FFY 2006	FFY 2007
<p>Denominator: Rate:</p> <p>Additional notes on measure: We anticipate that several factors are responsible for this, most notably, the impact that a further reduction of uninsured kids has had in recent years in the universe of potential eligibles for SCHIP. We also experienced significant budget shortfalls in Louisiana during this period and had to limit travel and overtime spending which limited our frontline eligibility staff's opportunity to conduct outreach.</p>	<p>program's existence that we experienced a reversal in helping to reduce the rate of uninsured children by increasing enrollment in LaCHIP. There are two reasons we identify for this: 1)out-migration of many existing LaCHIP eligibles as a result of Hurricanes Katrina &amp; Rita &amp; 2)The requirements of the DRA Citizenship/Identity verifications requirements have made it difficult for many U.S. citizen children to prove they meet the criteria to maintain or obtain LaCHIP.</p>	<p>Additional notes on measure: A reinvigorated outreach effort was pushed by the state after the largest dip in LaCHIP enrollment since the program's inception in 12/06. A reduction of nearly 5,500 LaCHIP children was due to the resumption of renewal process in Metro New Orleans for the first time since Katrina. Multiple initiatives include community blitzes (see outreach section of report) resulting in enrollment gains to more than negate losses related to this and other DRA Citizenship &amp; Identity verification requirements.</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</b> We far exceeded our goals by increasing enrollment of LaCHIP children by 4,000 despite drastic reductions out of our control in Q1 of FFY07.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b> Prevent a reduction of the number of children covered as of the end of FFY06 thus increasing the number of uninsured eligible children by Oct. 1, 2007.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Identify and enroll a net addition of 2,250 uninsured eligible children by Oct. 1, 2008 in Title XXI SCHIP.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Identify and enroll a net addition of 2,250 uninsured eligible children by Oct. 1, 2009 in Title XXI SCHIP.</p> <p><i>Explain how these objectives were set:</i> Known factors for FFY07 will result in enrollment reductions still related to the aftermath of Hurricanes Katrina &amp; Rita which are out of our control. The rate of increases projected for FFY08&amp; FFY09 are based on the trends of enrollment growth prior to the hurricanes.</p>	<p><b>Annual Performance Objective for FFY 2008:</b> Identify and enroll a net addition of 4,500 uninsured eligible children by Oct. 1, 2008 in Title XXI SCHIP.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Identify and enroll a net addition of 4,500 uninsured eligible children by Oct. 1, 2009 in Title XXI SCHIP.</p> <p><b>Annual Performance Objective for FFY 2010:</b> Identify and enroll a net addition of 2,250 uninsured eligible children by Oct. 1, 2010 in Title XXI SCHIP.</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b> Hurricanes Katrina &amp; Rita have displaced an unprecedented number of Louisiana residents and subsequently many SCHIP and Medicaid eligibles who have begun to drop out of our programs as they have moved out of state.</p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

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

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

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

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

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

**Objectives Related to SCHIP Enrollment**

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



FFY 2005	FFY 2006	FFY 2007
	<p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Annual Performance Objective for FFY 2008:</b>  <b>Annual Performance Objective for FFY 2009:</b>  <b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

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

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

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

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

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

**Objectives Related to Medicaid Enrollment**

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 15,000 uninsured eligible children by Oct., 2005 in Title XIX Medicaid programs.</p>	<p><b>Goal #1 (Describe)</b> Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 15,000 uninsured eligible children by Oct., 2006 in Title XIX Medicaid programs.</p>	<p><b>Goal #1 (Describe)</b> Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. As in LaCHIP, we are hopeful that we are able to maintain the enrollment level seen at the end of FFY06 by October 2007 without greater enrollment reductions.</p>
<p><b>Type of Goal:</b>  <input checked="" type="checkbox"/> New/revised. <i>Explain:</i>  <input type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i>                      Due to the fact that Hurricanes Katrina had a disproportionately large impact on poor urban neighborhoods in Orleans Parish, we have adjusted our goal slightly downward in order to account for the many Medicaid eligibles from this area who are expected to drop out of our program in coming months as they have moved out of state permanently.</p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2005</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input checked="" type="checkbox"/> Eligibility/Enrollment data.  <input type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator:                       Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator:                       Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                       Definition of denominator:                       Definition of numerator:</p>
<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2006</p>	<p><b>Year of Data:</b> 2007</p>

FFY 2005	FFY 2006	FFY 2007
<p><b>Performance Measurement Data:</b> Described what is being measured: The goal for increased enrollment throughout FFY 05 (17,900) was based on an expected slow down of the enrollment growth rate as was experienced over the last quarter of FFY04. Actual enrollment growth of children under 19 in Title XIX Medicaid was 23,148.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: While the rate of growth in Medicaid enrolled children was slightly higher than anticipated last year, the level of poverty in Louisiana by default causes us to see more of our population at these lower income levels.</p>	<p><b>Performance Measurement Data:</b> Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: For the first time since the inception of LaCHIP, we experienced a net decrease in enrollment of children covered by Medicaid. From the beginning to end of FFY the enrollment of children under the age of 19 in Medicaid dropped by 11,000. As in SCHIP enrollment this was a direct result of outmigration from Hurricanes Katrina &amp; Rita as well as the loss of citizen children who failed to meet the new rigorous requirements of the DRA Citizenship/Identity verification changes.</p>	<p><b>Performance Measurement Data:</b> Described what is being measured: The goal to maintain enrollment levels as of the end of FFY06 during this enrollment period was based on the trends with enrollment reductions due to significant population shifts in Louisiana post-Katrina. Actual enrollment of children in Medicaid Under 19 as of September 30, 2006 is compared to enrollment on September 30, 2007.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: As anticipated we experienced a net decrease in enrollment of children covered by Medicaid in FFY07. Actual enrollment dropped by nearly 35,000. This was a result of outmigration from Hurricanes Katrina &amp; Rita as well as the loss of citizen children who failed to meet the new rigorous requirements of the DRA Citizenship/Identity verification changes in Q1 of FFY07. In fact, in the last three quarters of FFY07, Medicaid enrollment grew by over 20,000.</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Due to factors out of our control we were unable to keep enrollment at the same levels it was at the end of FFY06. However, significant progress was made on increasing enrollment of Medicaid children in the last three quarters of FFY07 to negate many of those losses related to Katrina and the DRA that we anticipate to continue in FFY08.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p>
	<p><b>Annual Performance Objective for FFY 2007:</b> As in LaCHIP, we are hopeful that we are able to maintain the enrollment level seen at the end of FFY06 by October 2007 without greater enrollment reductions.</p> <p><b>Annual Performance Objective for FFY 2008:</b> Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 12,000 uninsured eligible children by Oct., 2008 in Title XIX Medicaid programs.</p>	<p><b>Annual Performance Objective for FFY 2008:</b> Identify and enroll a net addition of 15,000 uninsured eligible children by Oct. 1, 2008 in Title XIX Medicaid programs.</p> <p><b>Annual Performance Objective for FFY 2009:</b> Identify and enroll a net addition of 15,000 uninsured eligible children by Oct. 1, 2009 in Title XIX Medicaid programs.</p>

FFY 2005	FFY 2006	FFY 2007
	<p><b>Annual Performance Objective for FFY 2009:</b> Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 12,000 uninsured eligible children by Oct., 2009 in Title XIX Medicaid programs.</p> <p><i>Explain how these objectives were set:</i> For FFY07, there are factors out of our control related to outmigration that will likely impact Medicaid enrollment of children as projected. An approximate growth rate of 2% as seen pre-Katrina, would allow us to meet the targets set forth for FFY08 &amp; FFY09</p>	<p><b>Annual Performance Objective for FFY 2010:</b> Identify and enroll a net addition of 15,000 uninsured eligible children by Oct. 1, 2010 in Title XIX Medicaid programs.</p> <p><i>Explain how these objectives were set:</i></p>
<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>	<b>Other Comments on Measure:</b>



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

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

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

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

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p><b>Goal #1 (Describe)</b> To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p>	<p><b>Goal #1 (Describe)</b> To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p>	<p><b>Goal #1 (Describe)</b> To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p>
<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p><b>Type of Goal:</b>  <input type="checkbox"/> New/revised. <i>Explain:</i>  <input checked="" type="checkbox"/> Continuing.  <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input type="checkbox"/> Final.  <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported: 2005</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>	<p><b>Status of Data Reported:</b>  <input type="checkbox"/> Provisional.  <input checked="" type="checkbox"/> Final.  <input type="checkbox"/> Same data as reported in a previous year's annual report.  <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b>  <input 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>                      Consumer Assessment of Health Plans Survey (CAHPS®) methodologies as well as input from –program management were taken into account to meet particular needs of monitoring progress.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Consumer Assessment of Health Plans Survey (CAHPS®) methodologies as well as input from –program management were taken into account to meet particular needs of monitoring progress.</p>	<p><b>Measurement Specification:</b>  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i>  <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i>  <i>Explain how HEDIS was modified:</i>  <input checked="" type="checkbox"/> Other. <i>Explain:</i>                      Consumer Assessment of Health Plans Survey (CAHPS®) methodologies as well as input from program management were taken into account to meet particular needs of monitoring progress.</p>
<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>	<p><b>Data Source:</b>  <input type="checkbox"/> Administrative (claims data).  <input type="checkbox"/> Hybrid (claims and medical record data).  <input checked="" type="checkbox"/> Survey data. <i>Specify:</i>  <input type="checkbox"/> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>	<p><b>Definition of Population Included in the Measure:</b>                      Definition of denominator:  <input type="checkbox"/> Denominator includes SCHIP population only.  <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).                      Definition of numerator:</p>
<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2005</p>	<p><b>Year of Data:</b> 2005</p>
<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure: Individuals enrolled in</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure: In 2005 survey, sixty-nine</p>	<p><b>HEDIS Performance Measurement Data:</b>  <i>(If reporting with HEDIS/HEDIS-like methodology)</i>                       Numerator:                      Denominator:                      Rate:                       Additional notes on measure: In 2005 survey, 69 percent (283</p>

FFY 2005	FFY 2006	FFY 2007
<p>Medicaid PCCM. Approximately 80% of all enrollees are children under 19 from either Title XIX Medicaid or LaCHIP. CommunityCARE, Louisiana Medicaid's PCCM has been in place statewide since 12/2003. In 2005 survey, sixty-nine percent (283 of the 411 survey respondents) of respondents rated their overall satisfaction with the CommunityCARE program as very satisfied or satisfied.</p>	<p>percent (283 of the 411 survey respondents) of respondents rated their overall satisfaction with the CommunityCARE program as very satisfied or satisfied.</p>	<p>of the 411 survey respondents) of respondents rated their overall satisfaction with the CommunityCARE programs as very satisfied or satisfied.</p>
<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: We see virtually the same level of satisfaction with PCCM program in FFY05 study as we did in FFY03.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Data reported for FFY06 is the same as FFY05 due to the fact that survey is only conducted bi-annually and will not be available until late 2007.</p>	<p><b>Other Performance Measurement Data:</b> <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Data reported for FFY06 is the same as FFY05 due to the fact that survey is only conducted bi-annually and will not be available until Spring 2008 due to other priorities related to the impact of Hurricane Katrina which prevented this survey from being repeated as planned in 2007.</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b> To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p> <p><b>Annual Performance Objective for FFY 2008:</b> To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p> <p><b>Annual Performance Objective for FFY 2009:</b> To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b> Still awaiting data from 2007 survey in order to complete response on this measure.</p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> <b>Annual Performance Objective for FFY 2009:</b></p> <p><b>Annual Performance Objective for FFY 2010:</b></p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b>	<b>Goal #2 (Describe)</b> To provide more LaCHIP and Medicaid children have annual dental exams by ensuring greater access to preventative dental services.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input 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 2008
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of enrolled members 2-18 years of age who had at least one dental visit during the measurement year.
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b> 2007
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 196158 Denominator: 497513 Rate: 39.4  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? N/A</b></p> <p><b>Are there any quality improvement activities that contribute to your progress? N/A</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> In FFY 2008 we will strive for increased access to preventative dental care for members who are 2-18 years of age in order that at least 39% of members have at least one dental visit during the year.</p> <p><b>Annual Performance Objective for FFY 2009:</b> In FFY 2009 we will strive for increased access to preventative dental care for members who are 2-18 years of age in order that at least 39.5% of members have at least one dental visit during the year.</p> <p><b>Annual Performance Objective for FFY 2010:</b> In FFY 2010 we will strive for increased access to preventative dental care for members who are 2-18 years of age in order that at least 40% of members have at least one dental visit during the year.</p> <p><i>Explain how these objectives were set:</i></p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>



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

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

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

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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b>	<b>Goal #1 (Describe)</b> Increase the number of well-care visits by adolescents to ensure preventative care is provided to this hard-to-reach age group.
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input 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 2008
<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	<b>Data Source:</b> <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	<b>Definition of Population Included in the Measure:</b> Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of enrolled members who were 12-21 years of age and who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
<b>Year of Data:</b>	<b>Year of Data:</b>	<b>Year of Data:</b> 2007
<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: 67427 Denominator: 204717 Rate: 32.9  Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>	<p><b>Other Performance Measurement Data:</b>  <i>(If reporting with another methodology)</i>            Numerator:            Denominator:            Rate:</p> <p>Additional notes on measure:</p>
	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</b></p> <p><b>Are there any quality improvement activities that contribute to your progress?</b></p> <p><b>Annual Performance Objective for FFY 2007:</b>  <b>Annual Performance Objective for FFY 2008:</b></p> <p><b>Annual Performance Objective for FFY 2009:</b></p> <p><i>Explain how these objectives were set:</i></p>	<p><b>Explanation of Progress:</b></p> <p><b>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? N/A.</b></p> <p><b>Are there any quality improvement activities that contribute to your progress? N/A</b></p> <p><b>Annual Performance Objective for FFY 2008:</b> In FFY 2008 we hope to maintain the rate of well-care visits by adolescents to 32.5%.  <b>Annual Performance Objective for FFY 2009:</b> In FFY 2009 we hope to increase the rate of well-care visits by adolescents to 33%.  <b>Annual Performance Objective for FFY 2010:</b> In FFY 2010 we hope to increase the rate of well-care visits by adolescents to 33.5%.</p> <p><i>Explain how these objectives were set:</i> We plan to use the school-based health centers to make sure more adolescents have access to preventative care.</p>
<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>	<p><b>Other Comments on Measure:</b></p>

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

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

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

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

FFY 2005	FFY 2006	FFY 2007
<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>	<b>Goal #3 (Describe)</b>
<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	<b>Type of Goal:</b> <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	<b>Status of Data Reported:</b> <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	<b>Measurement Specification:</b> <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
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<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:	<b>Year of Data:</b> <b>HEDIS Performance Measurement Data:</b> <i>(If reporting with HEDIS/HEDIS-like methodology)</i>  Numerator: Denominator: Rate:  Additional notes on measure:

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



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

None other than those outlined above.

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

None

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

No

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

N/A

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

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

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Please reference and summarize attachments that are relevant to specific questions

### OUTREACH

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

During this past reporting period a new type of outreach initiative has been implemented in several areas across the state. Outreach Blitz Campaigns have been conducted in urban and rural areas. During these campaigns several experienced eligibility outreach workers accompany Covering Kids and Families (CKF) staff and community partners to blanket a specific area with door-to-door and business-to-business outreach efforts. LaCHIP applications are distributed along with counter-top take-one application holders. This is an effective way of getting information about LaCHIP and Medicaid into the hands of potential clients in rural areas and urban areas.

This type of initiative was first put into practice in Orleans and St. Bernard Parishes in response to the number of families who had been displaced and lost coverage in the aftermath of Hurricane Katrina. Approximately 100 trained LaCHIP outreach workers from throughout the State participated in an intensive weeklong outreach campaign, resulting in contacts with stakeholders and thousands of applications being distributed throughout these ravaged communities. Hundreds of families were enrolled or re-enrolled on the spot through the use of laptop computers, portable printers and scanners, and wireless access to our eligibility systems. The "blitz" outreach has since been replicated in several other areas in Central and North Louisiana with the same positive results. The contacts that are made during these campaigns are followed up by the local Medicaid eligibility workers to ensure that applications continue to be available to the public at these sites. Not only has this type of initiative been successful at getting information about LaCHIP into the hardest to reach areas of the state but it has also proved to be a very effective public awareness tool.

Outreach staff has worked hard at building relationships with private businesses and employers throughout the state to deliver information about the LaCHIP program to their employees who either do not have access to private health insurance or cannot afford the coverage if it is available to them. This has been accomplished through employee benefits fairs and also through direct distribution of applications and literature to new hires on an individual basis.

The Louisiana Legislature has appropriated additional funding to increase the number of Louisiana Covering Kids & Families Regional contractors to cover the entire state. Eleven agencies around the state are now under contract to develop coalitions of stakeholders and conduct outreach initiatives, in collaboration with the Regional DHH outreach staff. With guidance from DHH, the contracted agencies have worked with employers, non-profit agencies, school systems and faith-based organizations throughout the state. The efforts of these community-based organizations augment those of our Medicaid eligibility outreach staff.

The LaCHIP budget for the period beginning July 2007 provided funding for a major LaCHIP marketing campaign, a large LaCHIP outreach conference and many other initiatives to increase enrollment of eligible children into LaCHIP and Medicaid.

Another change in the reporting period was the January 2007 mandate to Eligibility Regional Administrators to increase outreach in their respective regions and engage more eligibility employees in outreach. The Regions have responded with renewed commitment to outreach and greater participation.

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

Again this year DHH partnered with school systems in providing over 900,000 children with information about the program, piggy backing with the free/reduced lunch program in sending applications home. Effectiveness of this outreach is measured by monitoring the application origination point logs which gives outreach staff a view of how applications are received by potential clients.

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

The bilingual Strategic Enrollment Unit services the Spanish and Vietnamese speaking populations in the state. This unit is centrally located in Baton Rouge and in general is unable to have face-to-face contact with the clients it serves. Recently one of the Spanish speaking eligibility workers relocated to the northern part of the state while continuing to work with the Strategic Enrollment Unit. This move has allowed for expanded outreach efforts to the Spanish-speaking communities in other parts of the state where there are migrant farming communities. There continues to be a tremendous increase in the Spanish-speaking population in the Greater New Orleans Region due to the growth of the construction industry. Workers have conducted targeted outreach to these communities in the New Orleans area.

Rural areas have been targeted with Outreach Blitz Campaigns that have proved to be successful. During these campaigns several experienced eligibility outreach workers blanket a specific area with door-to-door, business-to-business outreach efforts where LaCHIP applications are distributed. This is an effective way of getting information about LaCHIP and Medicaid into the hands of potential clients in rural areas.

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

The percentage of uninsured children in the state of Louisiana who are eligible for but not enrolled in Medicaid or LaCHIP is 5.5%. This figure is down from 8.9% in 2005. In actual numbers of children this number is down from 83,669 children in 2005 to 41,595 children in 2007. This information was made available through the 2007 Louisiana Household Insurance Survey that was conducted by the Louisiana State University Public Policy Research Lab. A sampling of 10,000 households which included 27,000 Louisiana residents was used to calculate the percentage of uninsured children in Louisiana.

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

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

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

- Yes  
 No  
 N/A

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

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

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

- Yes  
 No  
 N/A

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

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

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

- Yes  
 No  
 N/A

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

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

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

Monitoring is done through review of monthly production reports on closures and Medicaid Eligibility Quality Control Process.

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

The percent of applications rejected during FFY 2003 because children had other health insurance coverage was 3.35% (1,709 of 51,079 applications processed). The monthly percentage ranged from a high of 4.8% in October 2002 (following a very visible television advertising campaign) to a low of 2.5% in August 2003.

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

As a Medicaid expansion SCHIP Program without a Section 115 Waiver, there can be no waiting period if a person drops private health coverage in order to become eligible for and enroll in LaCHIP.

Our findings from the above-referenced review revealed that 3.85% (23 of 597 cases in the sample) of applicants dropped private health coverage immediately prior to enrolling in LaCHIP. "Immediately" was defined as termination effective the month of application or the month prior to application. Additional families lost private health coverage in the 12 months prior to application? 2.51% from two to six months prior, and 3.85% from seven to 12 months prior to applying for LaCHIP.

## **COORDINATION BETWEEN SCHIP AND MEDICAID**

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

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

Yes, for unborn option the eligibility process is the same that is in place for Medicaid & SCHIP in Louisiana.

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

For unborn option, when child is born they are automatically transferred into Medicaid as a Deemed Eligible certification.

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

Yes, children covered in Unborn option also have services delivered through FFS system in place for Medicaid and LaCHIP children under 200% FPL

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

N/A

## **ELIGIBILITY REDETERMINATION AND RETENTION**

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

Conducts follow-up with clients through caseworkers/outreach workers

Sends renewal reminder notices to all families

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

Caseworkers mail two separate reminder notices to families when it is time to renew coverage.

- 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]**

The initial renewal notice is sent to families a month prior to their cases expiring. A second notice is mailed out on the tenth of the month in which the case is scheduled to expire to remind them that renewal is needed to prevent coverage from ending.

- 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]***

Our program also explores information available through other systems (i.e., Food Stamps, Dept. of Labor, etc.) to determine if ex-parte renewals can be conducted. Families are also allowed the option of renewing coverage over the phone with their eligibility worker or through an automated phone system after hours.

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

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

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

The ex-parte renewal process where we utilize other existing data available for us to determine the eligibility for another 12 months has made a great deal of difference in our ability to keep eligible children enrolled even in the face of great adversities such as dealing with overwhelming workload adjustment of citizenship and identity verification as required by the DRA.

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

Of all children in LaCHIP due for renewal in September 2007, 86% retained coverage and 14% were disenrolled. The most frequent reason for disenrollment was increase in income.

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

- Yes
- No
- N/A

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

September 2007

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

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

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
2877	1725	60	708	25	403	14	72	3	41	1

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]**.

Monthly management reports which track the number of individuals who are disenrolled from LaCHIP and the reason for their disenrollment are run directly from the state's Medicaid eligibility system. The above review of disenrollees was based on administrative data for the month of September 2007.

**COST SHARING**

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

N/A

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

N/A

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

N/A

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

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

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

**Children**

- Yes, Check all that apply and complete each question for each authority.

- Family Coverage Waiver under the State Plan
- SCHIP Section 1115 Demonstration
- Medicaid Section 1115 Demonstration

- Health Insurance Flexibility & Accountability Demonstration

**Adults**

- Yes, Check all that apply and complete each question for each authority.

- Family Coverage Waiver under the State Plan
- SCHIP Section 1115 Demonstration
- Health Insurance Flexibility & Accountability Demonstration
- Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

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

- Parents and Caretaker Relatives
- Childless Adults
- Pregnant Women

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

LaCHIP considers Title XXI children for premium reimbursement under Section 1906 (HIPP) authority.

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

N/A for Section 1906

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

In addition to meeting the cost effectiveness test, the benefit package must consist of a major medical plan with inpatient and outpatient hospital, physician, home health, and pharmaceutical services.

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

Yes, for Medicaid and SCHIP enrollees (but not for parents ineligible for Medicaid)

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

No cost sharing for Medicaid (regardless of age) and SCHIP enrollees

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).

0	Number of childless adults ever-enrolled during the reporting period
178	Number of adults ever-enrolled during the reporting period
421	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]**

No substitution exists. Child cannot have private coverage at the time of SCHIP enrollment and can only be enrolled in HIPP if it will result in a cost savings to the agency.

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

Identifying the cases most suitable for HIPP and locating the resources to establish eligibility and enroll, even with a maximum degree of automation, as it is a labor intensive process and difficult for a small staffing unit.

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

One is the significant increase in families and individuals for whom we are making premium reimbursements. A second is getting the infrastructure in place.

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

None.

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

Negligible at this point

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:   0  

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

N/A for Section 1906 HIPP

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]**

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.

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

No.

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

No.

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

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

(1) prevention

(2) investigation

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

The same plan in place for our Medicaid program exists for children covered through the Unborn option.

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

Provider Credentialing

\_\_\_\_\_ Number of cases investigated

\_\_\_\_\_ Number of cases referred to appropriate law enforcement officials

Provider Billing

1206 Number of cases investigated

48 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

245 Number of cases investigated

36 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]**

DHH's Program Integrity section conducts oversight of the contractor for this program. Program Integrity has one state staff physically located in Unisys' Surveillance and Utilization Review Systems [SURS] unit. Program Integrity staff conducts case direction and makes all final determinations as to issuing notices of sanctions. Program Integrity staff review various reports related to complaint and referrals by Unisys' SURS unit.

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

In responding to #2 above it should be noted that data were not able to be separated between Provider Credentialing and Provider Billing; therefore they are reported together under Provider Billing.

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

### COST OF APPROVED SCHIP PLAN

	2007	2008	2009
<b>Benefit Costs</b>			
Insurance payments			
Managed Care			
Fee for Service	139463608	172167172	192509066
<b>Total Benefit Costs</b>	139463608	172167172	192509066
(Offsetting beneficiary cost sharing payments)		-298600	-2591200
<b>Net Benefit Costs</b>	\$ 139463608	\$ 171868572	\$ 189917866

### Administration Costs

Personnel	6476118	7900492	9449393
General Administration	441981	539191	644900
Contractors/Brokers (e.g., enrollment contractors)	1483952	1810336	2165255
Claims Processing	3579272	4366506	5222566
Outreach/Marketing costs	698489	852117	1019175
Other (e.g., indirect costs)			
Health Services Initiatives			
<b>Total Administration Costs</b>	12679812	15468642	18501289
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	15495956	19096508	21101985

<b>Federal Title XXI Share</b>	119858586	151237333	166568589
<b>State Share</b>	32284834	36099881	41850566

<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	152143420	187337214	208419155
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2. What were the sources of non-Federal funding used for State match during the reporting period?

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

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

no

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

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care		\$		\$		\$
Fee for Service	111019	\$ 105	121313	\$ 120	132987	\$ 125

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

For children covered through the Unborn option, the PMPM is higher in FFY08 and 09 and is not taken into account in the chart above. The number of eligibles in chart above are from points in time at the end of both fiscal years.

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

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

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

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

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

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

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

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

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

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

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

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

### Benefit Costs for Demonstration Population #2

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

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

**Benefit Costs for Demonstration Population #3**

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

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

**Benefit Costs for Demonstration Population #4**

**(e.g., childless adults)**

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

**Total Benefit Costs**

(Offsetting Beneficiary Cost Sharing Payments)

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

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**Administration Costs**

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

**Federal Title XXI Share**

**State Share**

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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

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

In 2007, we saw an unprecedented level of support in Louisiana for enrolling more uninsured children and adults in public health programs. While remarkable progress has been made since LaCHIP was implemented in 1998, there was recognition that we still had 65,000 or so uninsured children who were already eligible for Medicaid or LaCHIP but not enrolled. At the same time an increasing number of uninsured children over 200% of poverty were becoming newly uninsured—many had been enrolled in Medicaid or SCHIP for years and lost eligibility because of a modest increase in the parents' earnings.

In contrast to most years when the State is faced with the prospect of huge budget deficits, Louisiana is experiencing a robust economy, largely attributable to Katrina reconstruction. Additional investment was made in children's health including rate increases for physicians and dentists and additional state match necessary to insure 24,000 more children under 200% FPL through either Medicaid or LaCHIP, 8,000 uninsured children between 200% and 300% FPL in a proposed expansion of LaCHIP and state match for increased outreach and other administrative costs.

House Bill 542/Act 407 which provided legislative authority to extend eligibility to 300% FPL was part of Governor Kathleen Babineaux Blanco's legislative package and she personally testified on behalf of the legislation before the House Health & Welfare Committee. The legislation was unopposed and unanimously passed both the House and Senate with more than 40 co-authors. There was additional clear expression of legislative will to continue to reduce the number of uninsured children through comments by legislators during committee hearings and the unanimous passage of House Concurrent Resolution 118, urging and requesting the Governor to provide families with "meaningful assistance" to enroll in public health coverage. In addition to expanding the income limit to 300% FPL, Act 407 also contains policy and procedural changes intended to enroll more eligible children.

During the 2007 Gubernatorial campaign support for LaCHIP and expansion of the program was a topic addressed by all of the major candidates. Each expressed support for not only sustaining the gains in LaCHIP but enrolling additional uninsured children below 200% of poverty and expanding the program to 300% FPL.

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

During the first quarter of the reporting period, we experienced a decrease in enrollment of 6,308 children. In each of the preceding eight years since SCHIP implementation enrollment had significantly increased during the first quarter of the federal fiscal year. The reasons for the rapid loss in enrollment were twofold:

a) As a Medicaid expansion SCHIP program, we were severely impacted by the DRA citizenship and identity documentation requirements throughout the first quarter. As a result of the additional administrative requirements, caseworkers were unable to continue the highly proactive methods we have implemented to minimized procedural closures at renewal. As a result, the percentage of procedural closures at renewal tripled.

b) In December 2006 we completed all of the SCHIP renewals that had been deferred since August 2005 for enrollees who were residing in New Orleans immediately prior to Katrina. Thousands of children were disenrolled from LaCHIP. While many of them had established residence in other states, a considerable number of children were disenrolled because the parents did not complete the renewal process and we were unable to establish continuing eligibility.

Evaluation of our month-to-month progress and trending for budget purposes have been highly problematic in the aftermath of Katrina. Because of the deferred renewals, enrollment was overstated between August 2005 and January 2007. Furthermore, utilization continued to be impacted by the reduction in provider capacity. In the last quarter of this reporting period, true enrollment reached the highest point ever. However, we are unable to identify the extent of actual program growth because of the artificially high enrollment numbers from August 2005 to January 2007.

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

The most significant accomplishment for LaCHIP is further reduction of both the number and percentage of uninsured children in low-income households. Results of the 2007 Louisiana Household Insurance Survey indicate that the overall percentage of uninsured children in Louisiana is now 5.4%, with the percentage of uninsured children eligible for Medicaid or LaCHIP at 5.5%. The percentage of uninsured children in households between 200 and 300% of poverty is actually higher than for children below 200% of poverty.

There is consensus that while the overall state of healthcare in Louisiana may be dismal, children's health coverage is the exception. LaCHIP is widely viewed as a "bright spot" and the program is seen as a success. In a relatively short time, from a public policy standpoint, we have seen a dramatic reduction in the percentage of uninsured children and improvement in our ranking for this health indicator.

We believe that minimizing procedural closures of otherwise eligible children at renewal is paramount in the effort to enroll all eligible children in SCHIP and Medicaid. Our caseworkers continued to demonstrate the extent to which proactive efforts [e.g. follow-up phone calls, telephone renewals, searching for new contact information, mandatory supervisory review of procedural closures] can keep eligible children enrolled at renewal. When these procedures were suspended due to the administrative impact of citizenship and identity documentation, procedural closures at renewal quickly tripled, resulting in decreases in net enrollment. In January 2007 we reinstated the requirement for aggressive efforts to keep eligible children enrolled at renewal. Our eligibility staff rose to the challenge and subsequently attained the lowest rate of procedural closures ever: for SCHIP, fewer than 2% of children due for renewal were closed for failure to complete the renewal process during the third and fourth quarters of FFY 07.

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

We continue to plan for expansion of LaCHIP in Louisiana to uninsured children in households between 200 and 300% of poverty. Our "hole in the bucket" is no longer renewals but children in families whose income increased to more than 200% FPL and for whom SCHIP eligibility terminated. These children are most likely to join the ranks of the uninsured as parents are unable to afford the premiums even when insurance is available through employers. This is reflected in the percentage of uninsured children between 200 and 300% of poverty being 6.9% as compared to 5.5% for children under 200% of poverty.

Act 411 included authority for policy and procedural changes to accelerate enrollment of eligible children including presumptive eligibility for SCHIP as well as Medicaid. We intend to submit a State Plan Amendment to implement presumptive eligibility. We plan to primarily use presumptive eligibility as a tool for our own caseworkers to accelerate enrollment of children prior to receipt of all income verification. It will allow our caseworkers to not only assist with application completion but to also do "on-site" enrollment of hard-to-reach populations, using laptops and wireless access to our eligibility systems.

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