

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

Preamble

Section 2108(a) and Section 2108(e) 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 CHIP 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 CHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their CHIP 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.

The CHIP Annual Report Template System (CARTs) is organized as follows:

- Section I: Snapshot of CHIP Programs and Changes
- Section II: Program's Performance Measurement and Progress
- Section III: Assessment of State Plan and Program Operation
- Section IV: Program Financing for State Plan
- Section V: 1115 Demonstration Waivers (Financed by CHIP)
- Section VI: Program Challenges and Accomplishments

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

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE 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)) and Section 2108(e).

Signature: _____
Stacy J. McQuillin

CHIP Program Name(s): All, Louisiana

CHIP Program Type:

- ☐ CHIP Medicaid Expansion Only
☐ Separate Child Health Program Only
☒ Combination of the above

Reporting Period: 2010 *Note: Federal Fiscal Year 2009 starts 10/1/08 and ends 9/30/09.*

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Submission Date: 12/29/2010

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

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your CHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different CHIP 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. Please note that the numbers in brackets, e.g., [500] are character limits in the Children's Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

	CHIP Medicaid Expansion Program					Separate Child Health Program				
	* Upper % of FPL are defined as <u>Up to and Including</u>									
	Gross or Net Income: ALL Age Groups as indicated below									
	Is income calculated as gross or net income?	<input checked="" type="checkbox"/>	Income Net of Disregards	Is income calculated as gross or net income?	<input checked="" type="checkbox"/>	Gross Income				
						<input type="checkbox"/>	Income Net of Disregards			
Eligibility							From	0	% of FPL conception to birth	200
	From	133	% of FPL for infants	200	% of FPL *	From	201	% of FPL for infants	250	% of FPL *
	From	133	% of FPL for children ages 1 through 5	200	% of FPL *	From	201	% of FPL for children ages 1 through 5	250	% of FPL *
	From	100	% of FPL for children ages 6 through 16	200	% of FPL *	From	201	% of FPL for children ages 6 through 16	250	% of FPL *
	From	100	% of FPL for children ages 17 and 18	200	% of FPL *	From	201	% of FPL for children ages 17 and 18	250	% of FPL *
						From		% of FPL for pregnant women ages 19 and above		% of FPL *

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

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes, for whom and how long? [1000] Retroactive eligibility is available for up to three months prior to the month of application.	<input type="checkbox"/>	Yes, for whom and how long? [1000]
	<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

Please check all the methods of application utilized by your state.	<input checked="" type="checkbox"/>	Mail-in application	<input checked="" type="checkbox"/>	Mail-in application
	<input checked="" type="checkbox"/>	Phoned-in application	<input checked="" type="checkbox"/>	Phoned-in application
	<input checked="" type="checkbox"/>	Program has a web-based application that can be printed, completed, and mailed in	<input checked="" type="checkbox"/>	Program has a web-based application that can be printed, completed, and mailed in
	<input checked="" type="checkbox"/>	Applicant can apply for your program on-line	<input checked="" type="checkbox"/>	Applicant can apply for your program on-line
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input checked="" type="checkbox"/>	Electronic signature is required	<input checked="" type="checkbox"/>	Electronic signature is required
			<input type="checkbox"/>	No Signature is required

Does your program	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
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require a face-to-face interview during initial application	<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 type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months 12	
			To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
			<p>The wait period applies to the LaCHIP Affordable Plan, 201 - 250% FPL. The wait period does not apply to the Unborn Option.</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <p>1. Lost insurance due to divorce or death of parent, 2. Lifetime maximum reached, 3. COBRA coverage ends, 4. Insurance ended due to lay-off or business closure, 5. Changed jobs; new employer does not offer dependent coverage, 6. Employer no longer provides dependent coverage, 7. Monthly family premium exceeds 10% of gross income.</p>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

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

insurance status?			If yes, what database? [1000] During the eligibility determination process, eligibility workers are mandated to check the Health Management Systems (HMS) COB Match. HMS has data match agreements with the majority of Health insurance carriers. Using that information they have built a national carrier file of health insurance and have developed a product that they call COB Match to determine private health insurance coverage. COB Match captures retroactive private insurance status and helps to ensure that CHIP provisions regarding the 12 month wait period are appropriately applied. HMS uses their proprietary matching techniques to determine if private insurance coverage exists for our applicants and enrollees. If determined they do, follow up is conducted by eligibility worker at renewal and steps are taken to close the CHIP Case if information is proven accurate and if the recipient is not income eligible for Title XIX coverage.	
	<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		12	Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below [1000]		Explain circumstances when a child would lose eligibility during the time period in the box below [1000]		
	1. family moves out of state, 2. death, 3. child reaches age 19, 4. requests closure, 5. children originally ineligible and certified under fraudulent or misleading circumstances		1. family moves out of state, 2. death, 3. fails to pay premium, 4. child reaches age 19, 5. requests closure, 6. children originally ineligible and certified under fraudulent or misleading circumstances. 7. Obtains additional health insurance during enrollment period		
<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 type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		0	
	Premium amount		50	
	If premiums are tiered by FPL, please breakout by FPL			
	Premium Amount		Premium Amount	
	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL
	If premiums are tiered by FPL, please breakout by FPL			
	Yearly Maximum Premium Amount per family		\$	
	Range from	Range to	From	To
	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL
	\$	\$	% of FPL	% of FPL
	If yes, briefly explain fee structure in the box below [500]		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) [500]	

			The Unborn Option has no enrollment fee amounts, premium amount, or yearly cap. In LaCHIP Affordable Plan for families over 200% FPL (Phase V) the monthly premium is \$50 per family to provide coverage to all eligible children. The yearly cap is calculated as 5% of the family's gross income. Families do not owe monthly premiums for the remainder of their annual eligibility period once this 5% cap has been reached.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

Does your program 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 [500]		If Yes, please describe below [500]	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
	If Yes, do you permit the administrative verification of assets?		If Yes, do you permit the administrative verification of assets?	
	<input type="checkbox"/>	No	<input 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 income disregards? (Note: if you checked off net income in the eligibility question, you must complete this question)	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below [1000]		If Yes, please describe below [1000]	
	Louisiana utilizes the standard Medicaid income deductions for children in our CHIP Medicaid expansion program including: \$90 for each working parent, \$50 of all child support received, All child support paid outside of the home up to the amount in the court order, and \$175/\$200 for child care expenses.		For the CHIP Unborn Option, Louisiana utilizes the standard Medicaid income deductions for children in our CHIP Medicaid expansion program including: \$90 for each working parent, \$50 of all child support received, all child support paid outside of the home up to the amount of the court order, and \$175/\$200 for child care expenses. For LaCHIP Affordable Plan, there are no income disregards	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Which delivery system(s) does your program use?	<input type="checkbox"/>	Managed Care	<input type="checkbox"/>	Managed Care
	<input checked="" type="checkbox"/>	Primary Care Case Management	<input type="checkbox"/>	Primary Care Case Management
	<input type="checkbox"/>	Fee for Service	<input checked="" type="checkbox"/>	Fee for Service
	Please describe which groups receive which delivery system [500]		Please describe which groups receive which delivery system [500] Louisiana's Unborn Option uses the Medicaid Model delivery system for benefits. For LaCHIP Phase V (LaCHIP Affordable Plan), benefits are provided via third party contract with the agency that administers the state employees health plan.	

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 circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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? ☐ 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? ☒ Yes ☐ No ☐ N/A
6. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program? ☒ Yes ☐ No ☐ N/A
7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP? ☒ Yes ☐ No ☐ N/A
8. Indicate what documentation is required at initial application for

	Self-Declaration	Self-Declaration with internal verification	Documentation Required
Income	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insured Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Residency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Use of Income Disregards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Medicaid Expansion CHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Benefits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility determination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Implementing an enrollment freeze and/or cap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Income disregards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) 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"/>
o) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p) Outreach (e.g., decrease funds, target outreach)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)

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

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

s) Expansion to "Lawfully Residing" children

t) Expansion to "Lawfully Residing" pregnant women

u) Pregnant Women State Plan Expansion

v) Waiver populations (funded under title XXI)

Parents

Pregnant women

Childless adults

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

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

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

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

a.

b.

c.

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

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

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Application documentation requirements	
d) Benefits	
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	

h) Eligibility determination process	
i) Implementing an enrollment freeze and/or cap	
j) Eligibility levels / target population	
k) Assets test in Medicaid and/or CHIP	
l) Income disregards in Medicaid and/or CHIP	
m) Eligibility redetermination process	
n) Enrollment process for health plan selection	
o) Family coverage	
p) Outreach	Please see Outreach Summary in Section III
	Please see Outreach Summary in Section III
q) Premium assistance	
r) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
s) Expansion to "Lawfully Residing" children	
t) Expansion to "Lawfully Residing" pregnant women	
u) Pregnant Women State Plan Expansion	
v) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	

w) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
x) Other – please specify	
a.	
b.	
c.	

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

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the CHIP and/or Medicaid 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

Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub.L. 111-3) required the Secretary of the Department of Health and Human Services to identify an initial core set of child health care quality measures for voluntary use by State programs administered under titles XIX and XXI, health insurance issuers and managed care entities that enter into contract with such programs, and providers of items and services under such programs. Additionally, Section 401(a)(4) required the development of a standardized reporting format for states that volunteer to report on the CHIPRA core set. This section of will be used for standardized reporting on the core set measures.

The core set measures will be implemented in at least two phases—however, CARTS will serve as the interim reporting vehicle for all phases until another system is named. The measures for the first phase of reporting are included in the table below with general measure information. States that volunteer are required to report using the standardized methodologies and specifications and report on the populations to which the measures are applied. Below are the measure stewards and general description of the measures - please reference the individual measure steward's technical specifications manual for detailed information for standardized measure reporting. **The reporting of the Core Performance Measures 1-23 are voluntary. Title XXI programs are required to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013. States may begin reporting in the 2010 CARTS.**

	Measure	Measure Steward	Description	Reporting
1	Prenatal and Postpartum Care: Timeliness of Prenatal Care	NCQA/HEDIS	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
2	Frequency of Ongoing Prenatal Care	NCQA/HEDIS	Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	Measure is voluntary. States may begin reporting in the 2010 CARTS
3	Percent of live births weighing less than 2,500 grams	NVSS	The measure assesses the number of resident live births less than 2,500 grams as a percent of the number of resident live births in the State reporting period	Measure is voluntary. States may begin reporting in the 2010 CARTS
4	Cesarean rate for nulliparous singleton vertex	CMQCC	Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	Measure is voluntary. States may begin reporting in the 2010 CARTS
5	Childhood Immunization Status	NCQA/HEDIS	Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
6	Immunizations for Adolescents	NCQA/HEDIS	Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.	Measure is voluntary. States may begin reporting in the 2010 CARTS
7	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents	NCQA/HEDIS	Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender	Measure is voluntary. States may begin reporting in the 2010 CARTS
8	Screening using standardized screening tools for potential delays in social and emotional development	ABCD Project	Assesses the extent to which children at various ages from 0-36 months were screened for social and emotional development with a standardized, documented tool or set of tools	Measure is voluntary. States may begin reporting in the 2010 CARTS
9	Chlamydia Screening	NCQA/HEDIS	Percentage of women 16- 20 who were identified as sexually active who had at least one test for Chlamydia during the measurement year	Measure is voluntary. States may begin reporting in the 2010 CARTS
10	Well Child Visits in the First 15 Months of Life	NCQA/HEDIS	Percentage of members who received zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	Measure is voluntary. States may begin reporting in the 2010 CARTS
11	Well Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life	NCQA/HEDIS	Percentage of members age 3 to 6 years old who received one or more well-child visits with a primary care practitioner during the measurement year.	Measure is voluntary. States may begin reporting in the 2010 CARTS
12	Adolescent Well-Care Visits	NCQA/HEDIS	Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
13	Total Eligibles who Received Preventive Dental Services	EPSDT	Total Eligibles who Received Preventive Dental Services	Measure is voluntary. States may begin reporting in the 2010 CARTS
14	Child and Adolescent Access to Primary Care Practitioners	NCQA/HEDIS	Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none"> Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement year Children 7 – 11 years and adolescents 12 – 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year 	Measure is voluntary. States may begin reporting in the 2010 CARTS
15	Appropriate Testing for Children with Pharyngitis	NCQA/HEDIS	Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	Measure is voluntary. States may begin reporting in the 2010 CARTS
16	Otitis media with effusion – avoidance of inappropriate use of systemic antimicrobials in children – ages 2-12	AMA/PCPI	Percent of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	Measure is voluntary. States may begin reporting in the 2010 CARTS
17	Total Eligibles who Received Dental Treatment Services	EPSDT	Total Eligibles who Received Dental Treatment Services	Measure is voluntary. States may begin reporting in the 2010 CARTS
18	Ambulatory Care: Emergency Department Visits	NCQA/HEDIS	The number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year	Measure is voluntary. States may begin reporting in the 2010 CARTS
19	Pediatric central-line associated blood stream infections – NICU and PICU	CDC	Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	Measure is voluntary. States may begin reporting in the 2010 CARTS

	Measure	Measure Steward	Description	Reporting
20	Annual number of asthma patients (≥ 1 yo) with > 1 asthma-related emergency room visits	Alabama	Asthma emergency department utilization for all children >1 year of age diagnosed with asthma or treatment with at least two short-acting beta adrenergic agents during the measurement year with more than one asthma-related ER visit	Measure is voluntary. States may begin reporting in the 2010 CARTS
21	Follow-Up Care for Children Prescribed ADHD Medication	NCQA/HEDIS	Percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	Measure is voluntary. States may begin reporting in the 2010 CARTS
22	Annual Pediatric hemoglobin A1C testing	NCQA/HEDIS	Percentage of pediatric patients with diabetes with an HBA1c test in a 12-month measurement period	Measure is voluntary. States may begin reporting in the 2010 CARTS
23	Follow-up after hospitalization for mental illness	NCQA/HEDIS	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner	Measure is voluntary. States may begin reporting in the 2010 CARTS
24	CAHPS® 4.0 (Child version including Medicaid and Children with Chronic Conditions supplemental items)	NCQA/HEDIS	Family of surveys of experiences of care, an aspect of patient-centeredness. Parents or other responsible adults report about experiences of care during visits in which they accompany their children	States may begin reporting in 2010 Reporting Required in 2013 Title XXI programs are required to report results from the CAHPS Child Medicaid Survey and the Supplemental Items for the Child Questionnaires on dental care, access to specialist care, and coordination of care from other health providers, by December 31, 2013. States have a few options for submitting these data: 1) States can submit the CAHPS data using the CARTS attachment facility. 2) If States are already working with the Agency for Healthcare Research and Quality to report CAHPS, they can continue doing so.

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 2008 and FFY 2009) will be populated with data from previously reported data in CARTS, 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 2010). 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 2010.
- Final: Check this box if the data you are reporting are considered final for FFY 2010.
- 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® 2008). 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 CHIP population only, or include both CHIP 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: CARTS 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 2011, 2012, and 2013. Based on your recent performance on the measure (from FFY 2008 through 2010), 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.

EQRO Requirement: States with CHIP managed care that have existing external quality review organization (EQRO) reports are required to submit EQRO reports as an attachment.

Category I - PREVENTION AND HEALTH PROMOTION

Prenatal/Perinatal

MEASURE 1: Prenatal and Postpartum Care: Timeliness of Prenatal Care

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization	HEDIS Performance Measurement Data: The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization	HEDIS Performance Measurement Data: The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year, that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization
Numerator:	Numerator:	Numerator:
Denominator:	Denominator:	Denominator:
Rate:	Rate:	Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2011: n/a Annual Performance Objective for FFY 2012: n/a Annual Performance Objective for FFY 2013: n/a Explain how these objectives were set: n/a		
Other Comments on Measure: n/a		

MEASURE 2: Frequency of Ongoing Prenatal Care

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input checked="" type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30)</p> <p><i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p> <p>Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input checked="" type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30).</p> <p><i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p> <p>Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input checked="" type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30).</p> <p><i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p> <p>Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report.</p> <p><i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report.</p> <p><i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report.</p> <p><i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i></p> <p><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i></p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i></p> <p><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i></p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i></p> <p><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i></p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	HEDIS Performance Measurement Data: Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of visits: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

MEASURE 3: Percent of live births weighing less than 2,500 grams

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Percent of live births weighing less than 2,500 grams	Performance Measurement Data: Percent of live births weighing less than 2,500 grams	Performance Measurement Data: Percent of live births weighing less than 2,500 grams
Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

MEASURE 4: Cesarean rate for nulliparous singleton vertex

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input checked="" type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p> <p>Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input checked="" type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p> <p>Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input checked="" type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p> <p>Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i></p> <p><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i></p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i></p> <p><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i></p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i></p> <p><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i></p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes CHIP population only.</p> <p><input type="checkbox"/> Denominator includes Medicaid population only.</p> <p><input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX).</p> <p>Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data:</p> <p>Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later</p>	<p>Performance Measurement Data:</p> <p>Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later</p>	<p>Performance Measurement Data:</p> <p>Percent of women who had a cesarean section (C-section) among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later</p>

FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

Immunizations

MEASURE 5: Childhood Immunization Status

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	HEDIS Performance Measurement Data: Percentage of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV), four pneumococcal conjugate (PCV), two hepatitis (HepA), two or three rotavirus (RV); and two influenza vaccines by the child's second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

MEASURE 6: Immunizations for Adolescents

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.	HEDIS Performance Measurement Data: Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.	HEDIS Performance Measurement Data: Percentage of patients who turned 13 years old during the measurement year who had one does on meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their thirteenth birthday. a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday. The measure calculates a rate for each vaccine and one combination rate.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

Screening

MEASURE 7: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescents

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>HEDIS Performance Measurement Data: Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender</p>	<p>HEDIS Performance Measurement Data: Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender</p>	<p>HEDIS Performance Measurement Data: Percentage of children, 3 through 17 years of age, whose weight is classified based on BMI percentile for age and gender</p>

FFY 2008		FFY 2009		FFY 2010	
<u>12-24 months</u> Numerator: Denominator: Rate:	<u>7-11 years</u> Numerator: Denominator: Rate:	<u>12-24 months</u> Numerator: Denominator: Rate:	<u>7-11 years</u> Numerator: Denominator: Rate:	<u>12-24 months</u> Numerator: Denominator: Rate:	<u>7-11 years</u> Numerator: Denominator: Rate:
<u>25 months-6 years</u> Numerator: Denominator: Rate:	<u>12-19 years</u> Numerator: Denominator: Rate:	<u>25 months-6 years</u> Numerator: Denominator: Rate:	<u>12-19 years</u> Numerator: Denominator: Rate:	<u>25 months-6 years</u> Numerator: Denominator: Rate:	<u>12-19 years</u> Numerator: Denominator: Rate:
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	
Additional notes on measure:		Additional notes on measure:		Additional notes on measure:	
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>					
Other Comments on Measure: n/a					

MEASURE 8: Screening using standardized screening tools for potential delays in social and emotional development

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP</p>	<p>Performance Measurement Data: Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP</p>	<p>Performance Measurement Data: Rates of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well child or other visit to their primary care provider with in the specified age categories and which are enrollees in Medicaid or CHIP</p>

FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

MEASURE 9: Chlamydia Screening

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>HEDIS Performance Measurement Data: Percent of 16-20 year old females wgi were identified as sexually active and who had at least one test for chlamydia during the measurement year</p>	<p>HEDIS Performance Measurement Data: Percent of 16-20 year old females wgi were identified as sexually active and who had at least one test for chlamydia during the measurement year</p>	<p>HEDIS Performance Measurement Data: Percent of 16-20 year old females wgi were identified as sexually active and who had at least one test for chlamydia during the measurement year</p>

FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

Well-child Care Visits (WCV)

MEASURE 10: Well Child Visits in the First 15 Months of Life

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Medicaid Management Information System (MMIS)</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Medicaid Management Information System (MMIS)</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Medicaid Management Information System (MMIS)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2008, the number of unique recipients who were enrolled for at least 14 of the last 15 months who visited a primary care practitioner at least once (twice, three times, four times, five times, six times, or more times) in their first 15 months of life. Includes CHIP population only as of March 2008.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2009 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. Includes CHIP population only as of March 2009.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: As of March 31, 2010 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. Includes CHIP population only as of March 2010.</p>

FFY 2008		FFY 2009		FFY 2010	
Year of Data: 2008		Year of Data: 2009		Year of Data: 2010	
HEDIS Performance Measurement Data: Percent with specified number of visits		HEDIS Performance Measurement Data: Percent with specified number of visits		HEDIS Performance Measurement Data: Percent with specified number of visits	
<u>0 visits</u> Numerator: 52 Denominator: 3408 Rate: 1.5 <u>1 visits</u> Numerator: 75 Denominator: 3408 Rate: 2.2 <u>2 visits</u> Numerator: 120 Denominator: 3408 Rate: 3.5 <u>3 visits</u> Numerator: 194 Denominator: 3408 Rate: 5.7	<u>4 visits</u> Numerator: 340 Denominator: 3408 Rate: 10 <u>5 visits</u> Numerator: 525 Denominator: 3408 Rate: 15.4 <u>6+ visits</u> Numerator: 2102 Denominator: 3408 Rate: 61.7	<u>0 visits</u> Numerator: 81 Denominator: 3582 Rate: 2.3 <u>1 visits</u> Numerator: 74 Denominator: 3582 Rate: 2.1 <u>2 visits</u> Numerator: 121 Denominator: 3582 Rate: 3.4 <u>3 visits</u> Numerator: 180 Denominator: 3582 Rate: 5	<u>4 visits</u> Numerator: 301 Denominator: 3582 Rate: 8.4 <u>5 visits</u> Numerator: 612 Denominator: 3582 Rate: 17.1 <u>6+ visits</u> Numerator: 2213 Denominator: 3582 Rate: 61.8	<u>0 visits</u> Numerator: 37 Denominator: 2937 Rate: 1.3 <u>1 visits</u> Numerator: 43 Denominator: 2937 Rate: 1.5 <u>2 visits</u> Numerator: 83 Denominator: 2937 Rate: 2.8 <u>3 visits</u> Numerator: 113 Denominator: 2937 Rate: 3.8	<u>4 visits</u> Numerator: 221 Denominator: 2937 Rate: 7.5 <u>5 visits</u> Numerator: 444 Denominator: 2937 Rate: 15.1 <u>6+ visits</u> Numerator: 1996 Denominator: 2937 Rate: 68
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 also began capturing FQHC/RHC claims for inclusion in our 2008 data.		Additional notes on measure: As children under 19 enrolled in Medicaid are included in this data set, we believe that a %age 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 b/c of reimbursement policy. This measure includes FQHC/RHC claims data. Does not include the Phase V population- we are working to develop HEDIS measures for this group.		Additional notes on measure: As children under 19 enrolled in Medicaid are included in this data set, we believe that a %age 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 b/c of reimbursement policy. This measure includes FQHC/RHC claims data. Does not include the Phase V population- we are working to develop HEDIS measures for this group.	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	

Explanation of Progress:

How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? Louisiana reached the 2010 goal of maintaining the rate of children (CHIP and Medicaid (Title XIX) population) who have had zero visits at 3.3% and exceeded the goal of increasing the rate of children with 6+ visits to 52.0%.

What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Several initiatives to raise awareness as to the importance of well-child visits and targeted reviews of children have resulted in the low rate of children with zero visits. A Pay for Performance (P4P) rewards system was implemented and for the past three years, we have rewarded Primary Care Physicians/Pediatricians, who are enrolled in the CommunityCARE program, for participating in the immunization program. Further, those physicians who have high outcomes in terms of the number of children who receive immunizations received additional compensation. Louisiana is currently revamping the PCCM program with a performance-based model including practice-specific quality outcomes for physicians. These physicians will have access to a provider profile database in which they can track HEDIS/HEDIS-like performance measures which include detailed recipient information based on administrative paid claims data. Starting in January 2010, provider rate reductions were implemented.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2011: In FFY 11, Louisiana hopes to have increased the PFP initiatives and build upon the other quality initiatives already in place. In addition to these, Louisiana will perform targeted reviews of those children who have had zero visits per the HEDIS reporting data and work to intervene in order to maintain the rate of 1.3% in FFY11 (CHIP population only). Louisiana also hopes to increase the rate of 6+ well child visits by 1% to 69% (CHIP population only) in an effort to stay above the HEDIS national mean for Medicaid.

Annual Performance Objective for FFY 2012: In FFY 12, Louisiana hopes to have increased the PFP initiatives and build upon the other quality initiatives already in place. In addition to these, Louisiana will perform targeted reviews of those children who have had zero visits per the HEDIS reporting data and work to intervene in order to maintain the rate of 1.3% in FFY12 (CHIP population only). Louisiana also hopes to increase the rate of 6+ well child visits by 1% to 70% (CHIP population only) in an effort to stay above the HEDIS national mean for Medicaid.

Annual Performance Objective for FFY 2013: In FFY 13, Louisiana hopes to have increased the PFP initiatives and build upon the other quality initiatives already in place. In addition to these, Louisiana will perform targeted reviews of those children who have had zero visits per the HEDIS reporting data and work to intervene in order to maintain the rate of 1.3% in FFY13 (CHIP population only). Louisiana also hopes to increase the rate of 6+ well child visits by 1% to 71% (CHIP population only) in an effort to stay above the HEDIS national mean for Medicaid.

Explain how these objectives were set: A workgroup of our clinical Medicaid staff and contractors was developed to advise CHIP management on tracking these HEDIS measures and other quality indicators, including those set in the 2012 Medicaid Operational Plan. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise CHIP management of the progress made and planned direction for these quality initiatives.

Other Comments on Measure: Claims data from Separate CHIP (LaCHIP Phase V), which was implemented in June 2008, is currently being gathered but is not available for inclusion in this measure yet. Data for other phases of LaCHIP is based on March 2010.

MEASURE 11: Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Medicaid Management Information System (MMIS)	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Medicaid Management Information System (MMIS)	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Medicaid Management Information System (MMIS)
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2008, the number of children who had at least one well child visit during the measurement year. Includes CHIP (Medicaid Expansion) population as of March 2008.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2009, the number of children who had a least one well-child visit during the measurement year. Includes CHIP (Medicaid Expansion) population as of March 2009.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: As of March 31, 2010, the number of children who had a least one well-child visit during the measurement year. Includes CHIP (Medicaid Expansion) population as of March 2010.
Year of Data: 2008	Year of Data: 2009	Year of Data: 2010
HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits

FFY 2008	FFY 2009	FFY 2010
<u>1+ visits</u> Numerator: 10084 Denominator: 15864 Rate: 63.6	<u>1+ visits</u> Numerator: 10387 Denominator: 16470 Rate: 63.1	<u>1+ visits</u> Numerator: 10213 Denominator: 15593 Rate: 65.5
Additional notes on measure: We began capturing FQHC/RHC claims for inclusion in our 2008 data.	Additional notes on measure: This measure includes FQHC/RHC claims data. This measure does not currently include the LaCHIP Affordable Plan (Phase V) population- we are working to develop HEDIS measures for this group.	Additional notes on measure: This measure includes FQHC/RHC claims data. This measure does not currently include the LaCHIP Affordable Plan (Phase V) population- we are working to develop HEDIS measures for this group.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? Louisiana exceeded the 2010 goal of increasing the rate of children with 1+ well-child visits in the 3rd, 4th, 5th, and 6th years of life to 61.5% (CHIP and Medicaid (Title XIX) Population).</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Louisiana is currently revamping the PCCM program with a performance-based model including practice-specific quality outcomes for physicians. These physicians will have access to a provider profile database in which they can track HEDIS/HEDIS-like performance measures which include detailed recipient information based on administrative paid claims data. Starting in January 2010, provider rate reductions were implemented. Additional initiatives, including the push for childhood immunizations of school age children by the Office of Public Health may have contributed to this increase.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: In FFY 2011 Louisiana hopes to increase the rate of well-care visits by 1% to 66.5% (CHIP population only) in an effort to move toward the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2012: In FFY 2012 Louisiana hopes to increase the rate of well-care visits by 1% to 67.5% (CHIP population only) in an effort to move toward the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2013: With the implementation of its Coordinated Care Networks, Louisiana hopes to increase the rate of well-care visits to reach the national mean of 71.6% (CHIP population only) in FFY 2013.</p> <p><i>Explain how these objectives were set:</i> A workgroup of our clinical Medicaid staff and contractors was developed to advise CHIP management on tracking these HEDIS measures and other quality indicators, including those set in the 2012 Medicaid Operational Plan. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise CHIP management of the progress made and planned direction for these quality initiatives.</p>		

FFY 2008	FFY 2009	FFY 2010
Other Comments on Measure: Claims data from Separate CHIP (LaCHIP Phase V), which was implemented in June 2008, is currently being gathered but is not available for inclusion in this measure yet. Data for other phases of LaCHIP is based on March 2010.		

MEASURE 12: Adolescent Well-Care Visits

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>

FFY 2008	FFY 2009	FFY 2010
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP 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 during the measurement year. Includes CHIP (Medicaid Expansion) population as of March 2008.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP 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. Includes CHIP (Medicaid Expansion) population as of March 2009.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP 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. Includes CHIP (Medicaid Expansion) population as of March 2010.
Year of Data: 2008	Year of Data: 2009	Year of Data: 2010
HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	HEDIS Performance Measurement Data: Percentage of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.
Numerator: 19691 Denominator: 47746 Rate: 41.2	Numerator: 21026 Denominator: 50663 Rate: 41.5	Numerator: 22856 Denominator: 48589 Rate: 47
Additional notes on measure: We began capturing FQHC/RHC claims for inclusion in our 2008 data.	Additional notes on measure: Measure includes FQHC/RHC claims data. This measure does not currently include the LaCHIP Affordable Plan (Phase V) population- we are working to develop HEDIS measures for this group.	Additional notes on measure: Measure includes FQHC/RHC claims data. This measure does not currently include the LaCHIP Affordable Plan (Phase V) population- we are working to develop HEDIS measures for this group.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator:

FFY 2008	FFY 2009	FFY 2010
Rate:	Rate:	Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? Louisiana exceeded the 2010 goal of increasing the rate of well-care visits by adolescents to 35.8% (CHIP and Medicaid (Title XIX) population).</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Louisiana is currently revamping the PCCM program with a performance-based model including practice-specific quality outcomes for physicians. These physicians will have access to a provider profile database in which they can track HEDIS/HEDIS-like performance measures which include detailed recipient information based on administrative paid claims data. Starting in January 2010, provider rate reductions were implemented. Louisiana is expanding the number of School-Based Health Clinics within the state to provide greater access to care. Also, continued aggressive outreach and simplified application/renewal processes have contributed.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: In FFY 2011 Louisiana hopes to increase the rate of well-care visits by adolescents by 1% to 48% (CHIP population only) in an effort to stay in line with the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2012: In FFY 2012 Louisiana hopes to maintain the rate of well-care visits by adolescents by 1% to 49% (CHIP population only) in an effort to stay above the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2013: In FFY 2013 Louisiana hopes to maintain the rate of well-care visits by adolescents by 1% to 50% (CHIP population only) in an effort to stay above the HEDIS national mean for Medicaid.</p> <p><i>Explain how these objectives were set:</i> A work group of our clinical Medicaid staff and contractors was developed to advise CHIP management on tracking these HEDIS measures and other quality indicators, including those set in the 2012 Medicaid Operational Plan. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise CHIP management of the progress made and planned direction for these quality initiatives.</p> <p>Other Comments on Measure: Claims data from Separate CHIP (LaCHIP Phase V), which was implemented in June 2008, is currently being gathered but is not available for inclusion in this measure yet. Data for other phases of LaCHIP is based on March 2010.</p>		

Dental

MEASURE 13: Total Eligibles who Received Preventive Dental Services

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The number of enrolled members 2-21 years of age who had at least one dental visit during the measurement year. Includes CHIP (Medicaid Expansion) population as of March 2008.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The percentage of enrolled members 2-21 years of age who had at least one dental visit during the measurement year. Includes CHIP (Medicaid Expansion) population as of March 2009.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The percentage of enrolled members 2-21 years of age who had at least one dental visit during the measurement year. Includes CHIP (Medicaid Expansion) population as of March 2010.</p>
Year of Data: 2008	Year of Data: 2009	Year of Data: 2010
<p>Performance Measurement Data: Total EPSDT eligibles who received preventive dental services</p>	<p>Performance Measurement Data: Total EPSDT eligibles who received preventive dental services</p>	<p>Performance Measurement Data: Total EPSDT eligibles who received preventive dental services</p>

FFY 2008	FFY 2009	FFY 2010
Numerator: 45948 Denominator: 100217 Rate: 45.8	Numerator: 51838 Denominator: 105813 Rate: 49	Numerator: 55233 Denominator: 100554 Rate: 54.9
Additional notes on measure: We began capturing FQHC/RHC claims for inclusion in our 2008 data.	Additional notes on measure: Measure includes FQHC/RHC claims data. This measure does not currently include the LaCHIP Affordable Plan (Phase V) population- we are working to develop HEDIS measures for this group.	Additional notes on measure: Measure includes FQHC/RHC claims data. This measure does not currently include the LaCHIP Affordable Plan (Phase V) population- we are working to develop HEDIS measures for this group.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? Louisiana met and exceeded the 2010 goal of maintaining the rate of 43.0% (CHIP and Medicaid (Title XIX) Population) for eligibles who received preventive dental services.</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Due to 2008 rate increases, Louisiana has seen an increase in access to services by a growing number of enrolled dentists. However, rate reductions which have occurred on 3 separate occasions since the start of the 2010 calendar year may impact our ability for improvement in the future.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: In FFY 2011 Louisiana hopes to increase the rate for eligibles who received preventive dental services by 1% to 55.9% (CHIP population only), which is above the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2012: In FFY 2012 Louisiana hopes to increase the rate for eligibles who received preventive dental services by 1% to 56.9% (CHIP population only), which is above the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2013: In FFY 2013 Louisiana hopes to increase the rate for eligibles who received preventive dental services by 1% to 57.9% (CHIP population only), which is above the HEDIS national mean for Medicaid.</p> <p><i>Explain how these objectives were set:</i> A work group of our clinical Medicaid staff and contractors was developed to advise CHIP management on tracking these HEDIS measures and other quality indicators, including those set in the 2012 Medicaid Operational Plan. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise CHIP management of the progress made and planned direction for these quality initiatives.</p> <p>Other Comments on Measure: This measure does not currently include the LaCHIP Affordable Plan (Phase V) population- we are working to develop HEDIS measures for this group.</p>		

Access

MEASURE 14: Child and Adolescent Access to Primary Care Practitioners

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Medicaid Management Information System (MMIS)	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Medicaid Management Information System (MMIS)	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Medicaid Management Information System (MMIS)
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2008, 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. Includes CHIP (Medicaid Expansion) population as of March 2008.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2009, 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. Includes CHIP (Medicaid Expansion) population as of March 2009.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: As of March 31, 2010, 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. Includes CHIP (Medicaid Expansion) population as of March 2010.
Year of Data: 2008	Year of Data: 2009	Year of Data: 2010

FFY 2008		FFY 2009		FFY 2010	
HEDIS Performance Measurement Data: Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none">Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement yearChildren 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year		HEDIS Performance Measurement Data: Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none">Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement yearChildren 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year		HEDIS Performance Measurement Data: Percentage of enrollees who members 12 months – 19 years of age who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: <ul style="list-style-type: none">Children 12- 24 months and 25months – 6 years who had a visit with a PCP during the measurement yearChildren 7 – 11 years and adolescents 12 –19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year	
<u>12-24 months</u> Numerator: 3589 Denominator: 3664 Rate: 98	<u>7-11 years</u> Numerator: 27786 Denominator: 29901 Rate: 92.9	<u>12-24 months</u> Numerator: 3697 Denominator: 3791 Rate: 97.5	<u>7-11 years</u> Numerator: 29425 Denominator: 31573 Rate: 93.2	<u>12-24 months</u> Numerator: 2999 Denominator: 3042 Rate: 98.6	<u>7-11 years</u> Numerator: 28091 Denominator: 30167 Rate: 93.1
<u>25 months-6 years</u> Numerator: 17590 Denominator: 19103 Rate: 92.1	<u>12-19 years</u> Numerator: 39458 Denominator: 43383 Rate: 91	<u>25 months-6 years</u> Numerator: 18527 Denominator: 20108 Rate: 92.1	<u>12-19 years</u> Numerator: 42198 Denominator: 46088 Rate: 91.6	<u>25 months-6 years</u> Numerator: 17462 Denominator: 18802 Rate: 92.9	<u>12-19 years</u> Numerator: 40597 Denominator: 44572 Rate: 91.1
Additional notes on measure: We began capturing FQHC/RHC claims for inclusion in our 2008 data.		Additional notes on measure: This measure includes FQHC/RHC claims data. This measure does not currently include the LaCHIP Affordable Plan (Phase V) population- we are working to develop HEDIS measures for this group.		Additional notes on measure: This measure includes FQHC/RHC claims data. This measure does not currently include the LaCHIP Affordable Plan (Phase V) population- we are working to develop HEDIS measures for this group.	
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:		Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	
Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? Louisiana met the 2010 goal of maintaining the rate of children’s access to primary care practitioners as we are currently above the HEDIS national mean for Medicaid in all age groups (CHIP and Medicaid (Title XIX) Population). What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Initiatives, including the push for childhood immunizations of school age children by the Office of Public Health may have contributed to this increase. A revised PCCM model beginning in January 2011 will include pay-for-performance activities including incentives for in-house EPSDT screenings, immunizations, extended office hours for emergent and non-emergent care, decrease in emergency room utilization, and becoming a NCQA level one medical home. Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2011: In FFY 2011 Louisiana hopes maintain the rate of children’s access to primary care practitioners as we are currently above the HEDIS					

FFY 2008	FFY 2009	FFY 2010
<p>national mean for Medicaid in all age groups.</p> <p>Annual Performance Objective for FFY 2012: In FFY 2012 Louisiana hopes to maintain the rate of children’s access to primary care practitioners as we are currently above the HEDIS national mean for Medicaid in all age groups.</p> <p>Annual Performance Objective for FFY 2013: In FFY 2013 Louisiana hopes to maintain the rate of children’s access to primary care practitioners as we are currently above the HEDIS national mean for Medicaid in all age groups.</p> <p><i>Explain how these objectives were set:</i> A workgroup of our clinical Medicaid staff and contractors was developed to advise CHIP management on tracking these HEDIS measures and other quality indicators, including those set in the 2012 Medicaid Operational Plan. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise CHIP management of the progress made and planned direction for these quality initiatives.</p> <p>Other Comments on Measure: Claims data from Separate CHIP (LaCHIP Phase V), which was implemented in June 2008, is currently being gathered but is not available for inclusion in this measure yet. Data for other phases of LaCHIP is based on March 2010.</p>		

Category II - MANAGEMENT OF ACUTE CONDITIONS

Upper Respiratory -- Appropriate Use of Antibiotics

MEASURE 15: Appropriate Testing for Children with Pharyngitis

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	HEDIS Performance Measurement Data: Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode	HEDIS Performance Measurement Data: Percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic and who received a group A streptococcus test for the episode
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

MEASURE 16: Otitis media with effusion – avoidance of inappropriate use of systemic antimicrobials in children – ages 2-12

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Percentage of patients who aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials</p>	<p>Performance Measurement Data: Percentage of patients who aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials</p>	<p>Performance Measurement Data: Percentage of patients who aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials</p>

FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

Dental

MEASURE 17: Total Eligibles who Received Dental Treatment Services

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Total EPSDT eligibles who received preventive dental services	Performance Measurement Data: Total EPSDT eligibles who received preventive dental services	Performance Measurement Data: Total EPSDT eligibles who received preventive dental services

FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

Emergency Department

MEASURE 18: Ambulatory Care: Emergency Department Visits

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: HEDIS Performance Measurement Data: the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.</p>	<p>Year of Data: HEDIS Performance Measurement Data: the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.</p>	<p>Year of Data: HEDIS Performance Measurement Data: the number of visits per member per year as a function of all child and adolescent members enrolled and eligible during the measurement year.</p>

FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

Inpatient

MEASURE 19: Pediatric central-line associated blood stream infections – NICU and PICU

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	Performance Measurement Data: Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units	Performance Measurement Data: Central line-associated blood stream infections (CLABSI) identified during periods selected for surveillance as a function of the number of central line catheter days selected for surveillance in pediatric and neonatal intensive care units
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

Category III - MANAGEMENT OF CHRONIC CONDITIONS

Asthma

MEASURE 20: Annual number of asthma patients (≥ 1 yo) with > 1 asthma-related emergency room visits

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:

FFY 2008	FFY 2009	FFY 2010
Performance Measurement Data: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit	Performance Measurement Data: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit	Performance Measurement Data: Annual number of asthma patients (> 1 year-old) with > 1 asthma related ER visit
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:	Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

Attention-Deficit/Hyperactivity Disorder

MEASURE 21: Follow-Up Care for Children Prescribed ADHD Medication

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.	HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.	HEDIS Performance Measurement Data: Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date (IPSD) with an ambulatory prescription dispensed who had one follow up visit. Continuation and Maintenance (C&M) Phase: Percentage of members 6 - 12 years of age as of the IPSD with an ambulatory prescription who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase had at least two follow-up visits with practitioner within 270 days (9 months) after the initiation phase ended.
Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:	Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:	Initiation Phase Numerator: Denominator: Rate: Continuation and Maintenance (C&M) Phase: Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
<p>Other Comments on Measure: n/a</p>		

Diabetes

MEASURE 22: Annual Pediatric hemoglobin A1C testing

FFY 2008	FFY 2009	FFY 2010
<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>HEDIS Performance Measurement Data: Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period</p>	<p>HEDIS Performance Measurement Data: Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period</p>	<p>HEDIS Performance Measurement Data: Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period</p>

FFY 2008	FFY 2009	FFY 2010
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set: n/a</i></p>		
Other Comments on Measure: n/a		

Mental Health

MEASURE 23: Follow-up after hospitalization for mental illness

FFY 2008	FFY 2009	FFY 2010
Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.	Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Louisiana is working to gather the data for this measure by the mandatory reporting deadline of 2013.
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes Medicaid population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:

FFY 2008	FFY 2009	FFY 2010
HEDIS Performance Measurement Data: Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	HEDIS Performance Measurement Data: Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner	HEDIS Performance Measurement Data: Percentage of individuals aged 6 years and older who have had a mental hospitalization and were discharged from the hospitalization had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a</p> <p>What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? n/a</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: n/a</p> <p>Annual Performance Objective for FFY 2012: n/a</p> <p>Annual Performance Objective for FFY 2013: n/a</p> <p><i>Explain how these objectives were set:</i> n/a</p>		
Other Comments on Measure: n/a		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

- The information in the table below is the Unduplicated Number of Children Ever Enrolled in CHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the CHIP 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 CARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2009	FFY 2010	Percent change FFY 2009-2010
CHIP Medicaid Expansion Program	161651	147199	-8.94
Separate Child Health Program	8431	9428	11.83

- A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**

The enrollment in the Separate Child Health Program has increased because the LaCHIP Affordable Plan (Phase V) was implemented in June 2008 and has continued to grow each quarter during FFY10.

- 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 2008-2009. 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. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2010 Annual Report Template.

	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	
Period	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

2005 - 2007	91	16.0	8.0	1.4
2006 - 2008	102	17.0	9.0	1.4
2007 - 2009	0	0	0	0
Percent change 1996-1998 vs. 2006-2010	.0%	NA	.0%	NA

- A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**

The State of Louisiana has taken deliberate actions since the inception of LaCHIP to slowly but surely reduce 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. **[7500]**

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 and updated Summer 2005, Summer 2007, and Summer 2009.
Methodology	The 2009 Louisiana Health Insurance Survey (LHIS) is the fourth in a series of surveys designed to provide the most accurate and comprehensive assessment of Louisiana's uninsured populations possible. Each version 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 iteration of the LHIS has also incorporated important improvements in methodology to assure that the survey results in this report reflect our

	<p>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 and 2009 LHIS took 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. The 2009 LHIS is also the first version to include a cell phone survey ensuring the most representative sample.</p> <p>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 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, 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.</p> <p>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 1,500 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.</p> <p>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 2009 LHIS, results are weighted to account for the most recent estimates of statewide population available, 2008 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 2009 LHIS nicely match the population estimates from the U.S. census.</p> <p>As a final adjustment, uninsured estimate are adjusted to account for the wide Medicaid bias. 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 the 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</p>
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	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 had adjusted for misreporting, that the 2007 and 2009 procedure reflects a step forward in this area, and that the difference between these two procedures are often small.
Population (Please include ages and income levels)	All Louisiana households, July 1, 2008 Census Population Estimate -- 4,410,796
Sample sizes	10,650 Louisiana households representing health insurance status on 29,931 individuals including 8,650 children under age 19.
Number and/or rate for two or more points in time	11.1% of all children were uninsured in 2003. This number decreased to 7.6% in 2005, to 5.4% in 2007, and to 5.0% in 2009.
Statistical significance of results	Estimates for uninsured children are based on 8,650 Louisiana children (under 19). The margin of error for a sample of this size is +/- 0.5 percentage points.

A. Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children. **[7500]**

Prior to this study, estimates of the number of non-elderly uninsured in Louisiana were based on Current Population Survey's "Annual Social and Economic Supplement" (also referred to as the "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 geographical 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 756 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 who are enrolled in 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.

The 2009 LHIS has been designed to provide the best possible estimate of uninsured populations statewide, within each of the nine Department of Health and 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.) **[7500]**

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. Given the sample sizes, we have more confidence in the regional estimates and scaled the parish-level estimates so that the regional totals match those from the full report. In terms of methodology, the 2007 and 2009 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 2009 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. Quarterly updates of this survey also ensure the most recent and relevant data is available.

C. What are the limitations of the data or estimation methodology? **[7500]**

None that we are aware of at this time.

D. How does your State use this alternate data source in CHIP program planning? **[7500]**

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 CHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information **[7500]**

During this reporting period, October 2009 to September 2010, there has been a net increase in enrollment of children in Title XIX by 34,614, bringing the statewide enrollment total to 600,950. These enrollment figures come from two reports: Recipient CHIP Quarterly Statistic Report and Children Under 19 Recipient Statistic Report, both of which come from the mainframe and are run monthly by Production Control at Molina.

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 CHIP State Plan. (If your goals reported in the annual report now differ from Section 9 of your CHIP state plan, please indicate how they differ in "Other Comments on Measure." 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
- CHIP 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 2008 and FFY 2009) will be populated with data from previously reported data in CARTS, 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 2010).

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 CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

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

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

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

Status of Data Reported:

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

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2010.
- Final: Check this box if the data you are reporting are considered final for FFY 2010.
- 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® 2008). 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 CHIP 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 CHIP population only, or include both CHIP 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. Any quality improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. 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 2011, 2012 and 2013. Based on your recent performance on the measure (from FFY 2008 through 2010), 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, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the CHIP state plan.

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

FFY 2008	FFY 2009	FFY 2010
Goal #1 (Describe) 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 4,500 uninsured eligible children by Oct. 1, 2008 in Title XXI SCHIP.	Goal #1 (Describe) 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 FFY09 thus decreasing the number of uninsured eligible children by Oct. 1, 2009.	Goal #1 (Describe) 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 FFY10 thus decreasing the number of uninsured eligible children by Oct. 1, 2010.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data: 2008	Year of Data: 2009	Year of Data: 2010
Performance Measurement Data: 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 FFY07 from the number enrolled in LaCHIP at the end of FFY08. Actual enrollment increased by 13,559. Numerator: Denominator: Rate: Additional notes on measure: Continued aggressive outreach to potentially eligible children as well as the stabilization of the Unborn (Phase IV) program and implementation of Phase	Performance Measurement Data: 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 FFY08 from the number enrolled in LaCHIP at the end of FFY09. Actual enrollment decreased by 637 children. Numerator: Denominator: Rate: Additional notes on measure: The decrease in LaCHIP enrollment has coincided with a large increase of children enrolled in the Medicaid program due in part to the current	Performance Measurement Data: Described what is being measured: Net change of children enrolled in LaCHIP at a point in time. Subtract the number of children enrolled in LaCHIP at the end of FFY09 from the number enrolled at the end of FFY10. Actual enrollment increased by 1,379 children. Numerator: Denominator: Rate: Additional notes on measure: Continued aggressive outreach to potentially eligible children as well as the stabilization of Phase V (LaCHIP Affordable Plan) have contributed to the

FFY 2008	FFY 2009	FFY 2010
V (LaCHIP Affordable Plan) have contributed to the steady enrollment increases.	economic condition.	steady enrollment increases.
Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? We far exceeded our goals by increasing enrollment of LaCHIP children by 13,559 due to continued aggressive outreach and increasing numbers in the Unborn (Phase IV) and Phase V (LaCHIP Affordable Plan) programs. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Continued aggressive outreach and simplified application/renewal processes.	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? We were unable to meet our FFY08 goal enrolling a net increase of 4,500 uninsured eligible children into LaCHIP. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Continued aggressive outreach and simplified application/renewal processes.	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? We exceeded our goal of maintaining enrollment levels in LaCHIP by increasing enrollment by 1,379. This increase can be attributed to continued aggressive outreach and increasing numbers in the Phase V (LaCHIP Affordable Plan) program. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Continued aggressive outreach and simplified application/renewal processes.
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2009: Identify and enroll a net addition of 4,500 uninsured eligible children by Oct. 1, 2009 in Title XXI SCHIP. Annual Performance Objective for FFY 2010: Identify and enroll a net addition of 3,000 uninsured eligible children by Oct. 1, 2010 in Title XXI SCHIP. Annual Performance Objective for FFY 2011: Identify and enroll a net addition of 1,500 uninsured eligible children by Oct. 1, 2011 in Title XXI SCHIP. <i>Explain how these objectives were set:</i> These objectives were set based on a proportion of remaining uninsured kids in this income group per the LHS which we are targeting to add every fiscal year.	Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2010: To prevent more than a 5% decline in enrollment by Oct 1, 2010 in Title XXI CHIP while continuing outreach efforts. Annual Performance Objective for FFY 2011: To prevent more than a 5% decline in enrollment by Oct 1, 2011 in Title XXI CHIP while continuing outreach efforts. Annual Performance Objective for FFY 2012: To prevent more than a 5% decline in enrollment by Oct 1, 2012 in Title XXI CHIP while continuing outreach efforts. <i>Explain how these objectives were set:</i> These objectives were set based on current year enrollment data and the proportion of remaining uninsured children in this income group per the LHS which we are targeting to add every fiscal year. Current economic conditions have also been factored in.	Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2011: To prevent more than a 5% decline in enrollment by Oct 1, 2011 in Title XXI CHIP while continuing outreach efforts. Annual Performance Objective for FFY 2012: To prevent more than a 5% decline in enrollment by Oct 1, 2012 in Title XXI CHIP while continuing outreach efforts. Annual Performance Objective for FFY 2013: To prevent more than a 5% decline in enrollment by Oct 1, 2013 in Title XXI CHIP while continuing outreach efforts. <i>Explain how these objectives were set:</i> These objectives were set based on current year enrollment data and the proportion of remaining uninsured children in this income group per the LHS which we are targeting to add every fiscal year.
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2008	FFY 2009	FFY 2010
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

FFY 2008	FFY 2009	FFY 2010
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

FFY 2008	FFY 2009	FFY 2010
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2008	FFY 2009	FFY 2010
Goal #1 (Describe) Increase enrollment of kids in LaCHIP Affordable Plan (Phase V).	Goal #1 (Describe) Increase enrollment of children in LaCHIP Affordable Plan (Phase V)	Goal #1 (Describe) Increase enrollment of children in LaCHIP Affordable Plan (Phase V)
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data: 2008	Year of Data: 2009	Year of Data: 2010
Performance Measurement Data: Described what is being measured: Increase enrollment in separate SCHIP for children between 201-250% FPL at a point in time. Subtract the number of children enrolled in separate SCHIP at the end of FFY07 from the number enrolled in separate SCHIP at the end of FFY08. Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Increase enrollment in separate CHIP for children between 201-250% FPL at a point in time. Subtract the number of children enrolled in separate CHIP at the end of FFY08 from the number enrolled in separate CHIP at the end of FFY09. Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Increase enrollment in separate CHIP for children between 201-250% FPL at a point in time. Subtract the number of children enrolled in separate CHIP at the end of FFY09 from the number enrolled at the end of FFY10. Actual enrollment increased by 434 children. Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? This is a new Annual Performance Objective. Therefore, there is nothing available in the 2007 Annual Report for comparison.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? Louisiana fell short of its goal of enrolling an additional 3,500 children in FY09 by only enrolling an additional 1,450.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Continued aggressive outreach and simplified application/renewal processes.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? Louisiana fell short of its goal of enrolling an additional 1,344 children in FY10 by only enrolling an additional 434.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Continued aggressive outreach and simplified application/renewal processes.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Increase enrollment in separate SCHIP for children between 201-250% FPL. Identify and enroll a net addition of 3,500 uninsured eligible children by Oct. 1, 2009 in Title XXI SCHIP.</p> <p>Annual Performance Objective for FFY 2010: Identify and enroll a net addition of 1,000 uninsured eligible children by Oct. 1, 2010 in Title XXI SCHIP.</p> <p>Annual Performance Objective for FFY 2011: Identify and enroll a net addition of 500 uninsured eligible children by Oct. 1, 2011 in Title XXI SCHIP.</p> <p><i>Explain how these objectives were set:</i> These objectives were set based on current year enrollment data and the proportion of remaining uninsured children in this income group per the LHS which we are targeting to add every fiscal year. Current economic conditions have also been factored in.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Identify and enroll a net addition of 1,344 uninsured eligible children by Oct. 1, 2010 in Phase V of Title XXI CHIP.</p> <p>Annual Performance Objective for FFY 2011: Identify and enroll a net addition of 672 uninsured eligible children by Oct. 1, 2011 in Phase V of Title XXI CHIP.</p> <p>Annual Performance Objective for FFY 2012: Identify and enroll a net addition of 336 uninsured eligible children by Oct. 1, 2012 in Phase V of Title XXI CHIP.</p> <p><i>Explain how these objectives were set:</i> These objectives were set based on a proportion of remaining uninsured children in this income group per the LHS which we are targeting to add every fiscal year. These objectives were set based on 12-month trending of actual enrollment for this group.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Identify and enroll a net addition of 528 uninsured eligible children by Oct. 1, 2011 in Phase V of Title XXI CHIP.</p> <p>Annual Performance Objective for FFY 2012: Identify and enroll a net addition of 288 uninsured eligible children by Oct. 1, 2012 in Phase V of Title XXI CHIP.</p> <p>Annual Performance Objective for FFY 2013: Identify and enroll a net addition of 144 uninsured eligible children by Oct. 1, 2013 in Phase V of Title XXI CHIP.</p> <p><i>Explain how these objectives were set:</i> These objectives were set based on a proportion of remaining uninsured children in this income group per the LHS which we are targeting to add every fiscal year. These objectives were set based on 12-month trending of actual enrollment for this group.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

FFY 2008	FFY 2009	FFY 2010
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.	Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.	Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.
Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:	Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:	Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:
<i>Explain how these objectives were set:</i>	<i>Explain how these objectives were set:</i>	<i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

FFY 2008	FFY 2009	FFY 2010
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment

FFY 2008	FFY 2009	FFY 2010
Goal #1 (Describe) Continue aggressive outreach to 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. 1, 2008 in Title XIX Medicaid programs.	Goal #1 (Describe) Continue aggressive outreach to the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 10,000 uninsured eligible children by October 1, 2009 in Title XIX Medicaid programs.	Goal #1 (Describe) Continue aggressive outreach to the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 30,537 uninsured eligible children by October 1, 2010 in Title XIX Medicaid programs.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data: 2008	Year of Data: 2009	Year of Data: 2010
Performance Measurement Data: Described what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY08 from the number enrolled in Medicaid at the end of FFY07. Actual net enrollment increased by 25,187. Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY09 from the number enrolled in Medicaid at the end of FFY08. Actual net enrollment increased by 30,537. Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Net change of children enrolled in Medicaid at a point in time. Subtract the number of children enrolled at the end of FFY10 from the number enrolled in Medicaid at the end of FFY09. Actual net enrollment increased by 34,614. Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? We far exceeded our goal by increasing enrollment of Title XIX Medicaid by 25,000 kids.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? We far exceeded our goal by increasing enrollment of Title XIX Medicaid by increasing net enrollment by more than 28,000 children.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Continued aggressive outreach and simplified application/renewal processes.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? We far exceeded our goal by increasing enrollment of Title XIX Medicaid by increasing net enrollment by more than 34,000.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Continued aggressive outreach and simplified application/renewal processes as well as implementation of the Express Lane Enrollment process which began enrolling children in November 2009.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Identify and enroll a net addition of (Medicaid eligible children shows increase of 10,000 uninsured eligible children by Oct. 1, 2009 in Title XIX Medicaid.</p> <p>Annual Performance Objective for FFY 2010: Identify and enroll a net addition of 7,500 uninsured eligible children by Oct. 1, 2010 in Title XIX Medicaid programs.</p> <p>Annual Performance Objective for FFY 2011: Identify and enroll a net addition of 5,000 uninsured eligible children by Oct. 1, 2011 in Title XIX Medicaid programs.</p> <p><i>Explain how these objectives were set:</i> These objectives were set based on a proportion of remaining uninsured kids in this income group per the LHS which we are targeting to add every fiscal year. Also, the weakening economy will likely mean a greater proportion of enrollees into Medicaid.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Identify and enroll a net addition of 30,537 uninsured eligible children by Oct. 1, 2010 in Title XXI Medicaid programs by using Express Lane Eligibility.</p> <p>Annual Performance Objective for FFY 2011: Identify and enroll a net addition of 15,269 uninsured eligible children by Oct. 1, 2011 in Title XXI Medicaid programs by using Express Lane Eligibility.</p> <p>Annual Performance Objective for FFY 2012: Identify and enroll a net addition of 7,634 uninsured eligible children by Oct. 1, 2012 in Title XXI Medicaid programs by using Express Lane Eligibility.</p> <p><i>Explain how these objectives were set:</i> These objectives were set based on current year enrollment data and the proportion of remaining uninsured children in this income group per the LHS which we are targeting to add every fiscal year. Current economic conditions have also been factored in.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Identify and enroll a net addition of 17,307 uninsured eligible children by Oct. 1, 2011 in Title XXI Medicaid programs by using Express Lane Eligibility and other outreach strategies.</p> <p>Annual Performance Objective for FFY 2012: Identify and enroll a net addition of 8,654 uninsured eligible children by Oct. 1, 2012 in Title XXI Medicaid programs by using Express Lane Eligibility and other outreach strategies.</p> <p>Annual Performance Objective for FFY 2013: Identify and enroll a net addition of 4,327 uninsured eligible children by Oct. 1, 2013 in Title XXI Medicaid programs by using Express Lane Eligibility and other outreach strategies.</p> <p><i>Explain how these objectives were set:</i> These objectives were set based on a proportion of remaining uninsured children in this income group per the LHS which we are targeting to add every fiscal year. These objectives were set based on 12-month trending of actual enrollment for this group.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

FFY 2008	FFY 2009	FFY 2010
What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?

FFY 2008	FFY 2009	FFY 2010
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2008	FFY 2009	FFY 2010
Goal #1 (Describe) To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.	Goal #1 (Describe) To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.	Goal #1 (Describe) To maintain a high level of CHIP recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS-like Survey: 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.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS-like Survey: Consumer Assessment of Health Plan Survey (CAHPS®) methodologies as well as input from program management were taken into account to meet particular needs of monitoring progress.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS-like Survey: Consumer Assessment of Health Plan Survey (CAHPS®) methodologies as well as input from program management were taken into account to meet particular needs of monitoring progress.
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CAHPS-like Survey
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2005	Year of Data: 2009	Year of Data: 2009
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Data reported for FFY08 is the same as FFY05, FFY06, and FFY07 due the survey only conducted bi-annually. The state is currently working to draft a new survey to be completed in the coming months.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Individuals enrolled in Medicaid PCCM. CommunityCARE, Louisiana Medicaid's PCCM has been in place statewide since 12/2003. In 2009 survey, for the question: Please rate your satisfaction with all of your child's health care in the last 6 months, 56.8 percent (120 of the 237 respondents) responded "Very Satisfied" and 40.7% (or 109 of 237 respondents) replied that they were neither satisfied nor dissatisfied.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Individuals enrolled in Medicaid PCCM. CommunityCARE, Louisiana Medicaid's PCCM has been in place statewide since 12/2003. In 2009 survey, for the question: Please rate your satisfaction with all of your child's health care in the last 6 months, 56.8 percent (120 of the 237 respondents) responded "Very Satisfied" and 40.7% (or 109 of 237 respondents) replied that they were neither satisfied nor dissatisfied.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Still awaiting data from updated survey in order to complete response on this measure.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? We see a high level of satisfaction with PCCM program in FFY09 study as we did in FFY05.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE. Annual Performance Objective for FFY 2011: To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE. Annual Performance Objective for FFY 2012: 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>Explanation of Progress:</p> <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? We see a high level of satisfaction with PCCM program in FFY09 study as we did in FFY05.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE. Annual Performance Objective for FFY 2012: To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE. Annual Performance Objective for FFY 2013: 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>

FFY 2008	FFY 2009	FFY 2010
Other Comments on Measure:	Other Comments on Measure: Louisiana is currently conducting a CAHPS® Survey for enrollees in the LaCHIP Affordable Plan (Phase V) and the results will be reported on in the 2010 Annual Report.	Other Comments on Measure: See Attachment 1. PCCM Enrollee Satisfaction Survey 2009

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

FFY 2008	FFY 2009	FFY 2010
Goal #2 (Describe) To provide more LaCHIP and Medicaid children to have annual dental exams by ensuring greater access to preventive dental services.	Goal #2 (Describe) To provide more LaCHIP and Medicaid children have annual dental exams by ensuring greater access to preventive dental services.	Goal #2 (Describe) To provide more LaCHIP and Medicaid children have annual dental exams by ensuring greater access to preventive dental services.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This goal is now being reported as "Total Eligibles who Received Preventable Dental Services" under Section IIA. Reporting of Core Performance Measures.
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2010	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The number of enrolled members 2-21 years of age who had at least one dental visit during the measurement year.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP 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.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2008	Year of Data: 2009	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 212359 Denominator: 536621 Rate: 39.6	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 244574 Denominator: 569419 Rate: 43	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:

FFY 2008	FFY 2009	FFY 2010
Additional notes on measure: We began capturing FQHC/RHC claims for inclusion in our 2008 data.	Additional notes on measure: Measure includes FQHC/RHC claims data. This measure does not currently include the LaCHIP Affordable Plan (Phase V) population but is working to develop HEDIS measures for this group.	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The FFY 08 goal of 39% of members having at least one dental visit during the year was reached.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? A rate increase for providers that was implemented may have contributed to increased performance.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: In FFY 2009 we hope to increase the rate by 1% to 40.57% in an effort to move toward the HEDIS audit means for Medicaid.</p> <p>Annual Performance Objective for FFY 2010: In FFY 2010 we hope to increase the rate by 1% to 41.57% in an effort to move toward the HEDIS audit means for</p>	Explanation of Progress: <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The FFY09 goal of 40.57% of member having at least one dental visit during the year was exceeded.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? A rate increase implemented in December 2008 for providers may have contributed to increased performance.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: In FFY 2010 we hope to maintain the rate of 43.0% despite anticipated provider rate cuts and budget constraints.</p> <p>Annual Performance Objective for FFY 2011: In FFY 2011 we hope to maintain the rate of 43.0% despite anticipated provider rate cuts and budget constraints.</p>	Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p>

FFY 2008	FFY 2009	FFY 2010
<p>Medicaid.</p> <p>Annual Performance Objective for FFY 2011: In FFY 2011 we hope to increase the rate by 1% to 42.57% in an effort achieve toward the HEDIS audit means for Medicaid.</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>Annual Performance Objective for FFY 2012: In FFY 2012 we hope to maintain the rate of 43.0% despite anticipated provider rate cuts and budget constraints.</p> <p><i>Explain how these objectives were set:</i> A work group of our clinical Medicaid staff and contractors was developed to advise CHIP management on tracking these HEDIS measures and other quality indicators, including those set in the 2011 Medicaid Operational Plan. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise CHIP management of the progress made and planned direction for these quality initiatives.</p>	<p>Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe) To ensure a high level of LaCHIP Phase V recipient satisfaction with the third party administrator, the Louisiana Office of Group Benefits.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> A CAHPS-like survey was conducted in of 2009
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input 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>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS-like Survey: Consumer Assessment of Health Plan Survey (CAHPS®) methodologies as well as input from program management were taken into account to meet particular needs of monitoring progress.
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CAHPS-like Survey
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data: 2010
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 247 Denominator: 300 Rate: 82.3 Additional notes on measure: Denominator includes only CHIP Phase V enrollees. Phase V has been administered since inception in June 2008 by the Louisiana Office of Group Benefits. In the 2009 survey, for the question: "Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate your child's health care in the last 12 months?" 247 of the 300 respondents (or 82.3%) responded 8, 9, or 10.
Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: <i>Explain how these objectives were set:</i>	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: <i>Explain how these objectives were set:</i>	Explanation of Progress: How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report? n/a What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2011: To maintain a high level of recipient satisfaction with the CHIP Phase V third party administrator, Louisiana Office of Group Benefits. Annual Performance Objective for FFY 2012: To maintain a high level of recipient satisfaction with the CHIP Phase V third party administrator, Louisiana Office of Group Benefits. Annual Performance Objective for FFY 2013: To maintain a high level of recipient satisfaction with the CHIP Phase V third party administrator, Louisiana Office of Group Benefits. <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure: See Attachment 2. LAP Enrollee Satisfaction Survey 3-29-10

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

FFY 2008	FFY 2009	FFY 2010
Goal #1 (Describe) Increase the number of well-care visits by adolescents to ensure preventative care is provided to this hard-to-reach age group.	Goal #1 (Describe) Increase the number of well-care visits by adolescents to ensure preventative care is provided to this hard-to-reach age group.	Goal #1 (Describe) Increase the number of well-care visits by adolescents to ensure preventative care is provided to this hard-to-reach age group.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This goal is now being reported as "Adolescent Well-Care Visits" under Section IIA. Reporting of Core Performance Measures.
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input 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>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP 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 during the measurement year.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input checked="" type="checkbox"/> Denominator includes CHIP 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.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2008	Year of Data: 2009	Year of Data:
HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: 73294 Denominator: 213754 Rate: 34.3	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: 78567 Denominator: 225899 Rate: 34.8	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate:

FFY 2008	FFY 2009	FFY 2010
Additional notes on measure: We began capturing FQHC/RHC claims for inclusion in our 2008 data.	Additional notes on measure: Measure includes FQHC/RHC claims data. This measure does not currently include the LaCHIP Affordable Plan (Phase V) population but is working to develop HEDIS measures for this group.	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? We exceeded our goal by not only maintaining our rate of 32.9%, but increasing it to 34.29%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? A rate increase for providers that was implemented in 2008 may have contributed to increased performance.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: In FFY 2009 we hope to increase the rate of well-care visits by adolescents to by .5% to 34.79% in an effort to move toward the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2010: In FFY 2010 we hope to increase the rate of well-care visits by adolescents to by .5% to 35.29% in an effort to move toward the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2011: In</p>	Explanation of Progress: <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? We met our goal by increasing the percentage of adolescents with at least one well-care visit to 34.8%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Continued aggressive outreach and simplified application/renewal processes. A rate increase for providers that was implemented in 2008 may have contributed to this increased performance.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: In FFY2010 we hope to increase the rate of well-care visits by adolescents by 1% to 35.8% in an effort to move toward the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2011: In FFY2011 we hope to increase the rate of well-care visits by adolescents by 1% to 36.8% in an effort to move toward the HEDIS national mean for Medicaid.</p>	Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p>

FFY 2008	FFY 2009	FFY 2010
<p>FFY 2011 we hope to increase the rate of well-care visits by adolescents to by .5% to 35.79% in an effort to move toward the HEDIS national mean for Medicaid.</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>Annual Performance Objective for FFY 2012: In FFY2012 we hope to increase the rate of well-care visits by adolescents by 1% to 37.8% in an effort to move toward the HEDIS national mean for Medicaid.</p> <p><i>Explain how these objectives were set:</i> A work group of our clinical Medicaid staff and contractors was developed to advise CHIP management on tracking these HEDIS measures and other quality indicators, including those set in the 2011 Medicaid Operational Plan. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise CHIP management of the progress made and planned direction for these quality initiatives.</p>	<p>Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2008	FFY 2009	FFY 2010
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2008	FFY 2009	FFY 2010
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2008	FFY 2009	FFY 2010
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2010 compare with the Annual Performance Objective documented in your 2009 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: Annual Performance Objective for FFY 2013:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found? **[7500]**

"Use of appropriate medications for children with asthma" was previously reported in Section IIA: Reporting of Core Performance Measures but is no longer required. March 2010 HEDIS data shows a rate of 93.5% (CHIP population only) for age 0-18 years (3,083/3,296).

The Denominator includes CHIP population only and the definition of numerator is "As of March 31, 2010, the number of recipients who meet the persistent asthma diagnosis for two years who have the appropriate medications over the reporting period. Includes CHIP (Medicaid Expansion) population as of March 2010."

Additional notes on measure: This measure does not currently include the LaCHIP Affordable Plan (Phase V) population.

2. What strategies does your CHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your CHIP population? When will data be available? **[7500]**

Louisiana is working to gather the data necessary for the new CHIPRA Core Performance Measures by the mandatory reporting deadline of 2013.

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found? **[7500]**

No

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please list attachments here and summarize findings or list main findings. **[7500]**

n/a

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

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

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

Louisiana Medicaid's outreach staff has continued to work hard at building relationships with private businesses and employers throughout the state to deliver information about LaCHIP to their employees who either do not have access to private health insurance or cannot afford the coverage that 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. Outreach workers have also been able to get payroll stuffers with LaCHIP information placed in employee pay check envelopes in businesses around the state.

Funding for eleven Covering Kids & Families Regional Contractors to cover the entire state has been carried over. These agencies around the state are under contract to develop regional coalitions of stakeholders and conduct outreach initiatives, in collaborations with Regional DHH outreach staff. These regional coalitions have grown over this past reporting period and this was shown through the registration for the Fall Louisiana Covering Kids & Families Statewide Coalition Meeting in which over one hundred and thirty community partners registered. Growth in these regional coalitions has been made possible by the work that the contractors are doing to build relationships with city and parish governments, employers, non-profit organizations, school systems and faith based organizations in their respective coverage areas. The outreach efforts of these community based organizations augment those of our reduced Medicaid Eligibility outreach staff.

Both CKF and Medicaid Eligibility outreach staff have been able to successfully promote the Louisiana Medicaid Public Access On-line Application. The On-line Application Portal allows potential eligibles to apply for LaCHIP and Medicaid coverage via the DHH website. Current enrollees can also update their contact information and request replacement Medicaid cards through the on-line portal.

The CKF Contractors have built relationships with local government agencies and parish libraries to place shortcuts to the LaCHIP on-line application on public access computers in their service areas. The contractors also use their laptops to assist potential clients with the on-line application while attending outreach events.

Medicaid Eligibility outreach staff use outstation equipment to gain full access to all necessary systems during outreach events. This allows Eligibility staff to not only take applications and renewals but also make an eligibility decision or perform necessary case maintenance while offsite.

Another enhancement in statewide outreach practices in this reporting period is the continued involvement of Medicaid Eligibility workers in outreach around the state. This involvement has been accomplished even with the reduction of Medicaid Eligibility staff statewide by continued encouragement from regional and state office management. Eligibility workers have also been able to see the results of their outreach efforts in higher enrollment numbers statewide and greater retention rates of children in LaCHIP and Medicaid in their service areas.

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? **[7500]**

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

Positive word of mouth outreach has continued to be an important method of getting information to potential clients. This has been accomplished by DHH and CKF Contractors conducting in-service trainings to non-profit organizations, faith based organizations, private employers and other government agencies. These trainings provide a clear, consistent message about LaCHIP and the benefits that the program has to offer. Effectiveness can be measured through continued increases in enrollment in the program in areas of the state that have traditionally had higher uninsured rates for children and families.

3. Which of the methods described in Question 2 would you consider a best practice(s)? **[7500]**

Word of mouth outreach has continued to be a best practice for the LaCHIP program. Through greater awareness of the program and program benefits by community partners this will continue to increase enrollment and retention rates in LaCHIP and Medicaid.

4. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)?

☒ Yes

☐ No

Have these efforts been successful, and how have you measured effectiveness? **[7500]**

The bilingual Strategic Enrollment Unit that services the Spanish and Vietnamese speaking populations around the state has continued to increase their outreach efforts. Outreach to migrant farming communities has been conducted to increase awareness of LaCHIP and increase enrollment in LaCHIP and Medicaid for families who have traditionally perceived that they were not eligible for coverage in these programs. There continues to be a tremendous increase in the Spanish speaking community in the Greater New Orleans Area due to the growth of the construction industry in the area.

A Spanish version of our Online Application Portal was released in November of 2009 to offer a more efficient application process for those Spanish speaking applicants with computer access.

5. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? [5] 94.7

(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 5.3%. This figure is down from 5.5% in 2007. In actual numbers of children

this number is down from 41,595 children in 2007 to 39,765 children in 2009. 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 over 10,000 households which included 28,000+ Louisiana residents was used to calculate the percentage of uninsured children in Louisiana.

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

All states should answer the following questions. Please include percent calculations in your responses when applicable and requested.

1. Do you have substitution prevention policies in place?

- ☒ Yes
☐ No

If yes, indicate if you have the following policies:

- ☒ Imposing waiting periods between terminating private coverage and enrolling in CHIP
☒ Imposing cost sharing in approximation to the cost of private coverage
☒ Monitoring health insurance status at the time of application
☐ Other, please explain **[7500]**

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

For LaCHIP Phase V (LaCHIP Affordable Plan) all three of the substitution of coverage policies listed above are in place. There is a one year wait period between termination of private coverage and enrollment in LaCHIP Phase V, unless one of the hardship exemptions is met. The program also imposes a cost sharing mechanism that requires families to pay a \$50 per family per month premium for enrollment of eligible children. Prescription and medical service co-payments are in effect. Health insurance status is monitored at the time of application through applicant questions. Eligibility workers are also mandated to check the Health Management Systems (HMS) COB Match on each LaCHIP Phase V case to view the history of previous or current private health insurance.

3. Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy. **[7500]**

Monthly reports provide data on application rejections. This enables the agency to track the number of applicants that were denied coverage due to health insurance coverage.

New LaCHIP V certifications are viewed daily to ensure that eligibility workers have checked COB Match prior to certification.

All States must complete the following questions

4. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5]** 1
and what percent of applicants are found to have other group insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? 3.41
Provide a combined percent if you cannot calculate separate percentages. **[5]** 3.41

5. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage **[5]** 3.41

- a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)*100]? **[5]**

0.87

6. Does your State have an affordability exception to its waiting period?

- ☒ Yes
☐ No

If yes, please respond to the following questions. If no, skip to question 7.

- a. Has the State established a specific threshold for defining affordability (e.g., when the cost of the child's portion of the family's employer-based health insurance premium is more than X percent of family income)?

- ☒ Yes
☐ No

If the State has established a specific threshold, please provide this figure and whether this applies to net or gross income. If no, how does the State determine who meets the affordability exception? **[7500]**

An affordability exception exists if the monthly health insurance premium exceeds 10% of gross household income.

- b. What expenses are counted for purposes of determining when the family exceeds the affordability threshold? (e.g., Does the State consider only premiums, or premiums and other cost-sharing charges? Does the State base the calculation on the total premium for family coverage under the employer plan or on the difference between the amount of the premium for employee-only coverage and the amount of the premium for family coverage? Other approach?) **[7500]**

Louisiana considers only the amount of the total family premium in determining the affordability threshold.

- c. What percentage of enrollees at initial application qualified for this exception in the last Federal Fiscal Year? (e.g., Number of applicants who were exempted because of affordability exception/total number of applicants who were enrolled). **[5]**

0.13

- d. Does the State conduct surveys or focus groups that examine whether affordability is a concern?

- ☐ Yes
☒ No

If yes, please provide relevant findings. **[7500]**

7. If your State does not have an affordability exception, does your State collect data on the cost of health insurance for an individual or family? **[7500]**

n/a

8. Does the State's CHIP application ask whether applicants have access to private health insurance?

☒ Yes
☐ No

If yes, do you track the number of individuals who have access to private insurance?_

☐ Yes
☒ No

If yes, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last Federal Fiscal Year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]? [5]

C. ELIGIBILITY

(This subsection should be completed by all States)

Medicaid Expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A.

Section IIIC: Subpart A: Overall CHIP and Medicaid Eligibility Coordination

1. Does the State use a joint application for establishing eligibility for Medicaid or CHIP?

☒ Yes
☐ No

If no, please describe the screen and enroll process. [7500]

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

Since the delivery model and benefits for Medicaid and CHIP below 200% (Phases I-III) are the same, recipients are not made aware of the change and it appears seamless. For changes between Medicaid Expansion CHIP to the Separate CHIP (LaCHIP Affordable Plan), families are notified of the change in advance of the actual change taking place. Parents of children who move to the Separate CHIP Program are informed that cost sharing is involved with their participation in the program, as well as a change in benefits. When a recipient moves from the Separate CHIP Program (Phase V) to Medicaid/Medicaid Expansion (Phases I-III), they are again notified in writing to explain they are eligible for a no cost program with different benefits and delivery model.

3. Are the same delivery systems (such as managed care or fee for service,) or provider networks used in Medicaid and CHIP? [7500]

☐ Yes
☒ No

If no, please explain. [7500]

The delivery system and provider network for Medicaid and CHIP for children to 200% FPL is the same: Primary Care Case Management model known in Louisiana as CommunityCARE. For LaCHIP Affordable Plan, the Office of Group Benefits PPO fee for service provider network is used (same as that of state employees).

4. Do you have authority in your CHIP State plan to provide for presumptive eligibility, and have you implemented this? ☐ Yes ☒ No

If yes

- a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? [5]
- b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination those children are determined eligible and enrolled? [5]

**Section IIIC: Subpart B: Initial Eligibility, Enrollment, and Renewal for
CHIP (Title XXI) and Medicaid (Title XIX) Programs**

Table B1

This section is designed to assist CMS and the States track progress on the “5 out of 8” eligibility and enrollment milestones. It will not be used to determine CHIPRA performance bonus payments.

Program Feature	Question	Medicaid	CHIP
Continuous Eligibility	<p>1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below:</p> <p>a. child is no longer a resident of the State;</p> <p>b. death of the child;</p> <p>c. child reaches the age limit;</p> <p>d. child/representative requests disenrollment;</p> <p>e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.</p>	<p>In accordance with section 1902(e)(12) of the Act</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
Liberalization of Asset (or Resource Test) Requirements	<p>2. Does the State have an assets test?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

	3. If there is an assets test, does the State allow administrative verification of assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Elimination of In-Person Interview	4. Does the State require an in-person interview to apply?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	5. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Use of Same Application and Renewal Forms and Procedures for Medicaid and CHIP	6. Does the State use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Does the State use the same application form, supplemental forms, and information verification process for establishing eligibility for Medicaid and CHIP?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Automatic/Administrative Renewal	8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		If exparte is used, is it used for All applicants <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No	If exparte is used, is it used for All applicants <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A subset of applicants <input type="checkbox"/> Yes <input type="checkbox"/> No
Presumptive	10. Does the State provide presumptive eligibility to children	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Eligibility	who appear to be eligible for Medicaid and CHIP to enroll pending a full determination of eligibility?		
Express Lane Eligibility	11. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			If yes, which Express Lane Agencies are you using? <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps <input type="checkbox"/> Tax/Revenue Agency <input type="checkbox"/> Unemployment Compensation Agency <input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Free, Reduced School Lunch Program <input type="checkbox"/> Subsidized Child Care Program <input type="checkbox"/> Other, please explain. [7500]
			If yes, what information is the Express Lane Agency providing? <input type="checkbox"/> Income <input type="checkbox"/> Resources <input type="checkbox"/> Residency <input type="checkbox"/> Age <input type="checkbox"/> Citizenship <input type="checkbox"/> Other, please explain. [7500] Social Security Number Race Mailing Address
Premium Assistance	12. Has the State implemented premium assistance as added or modified by CHIPRA?	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section IIIC: Subpart C: Eligibility Renewal and Retention

CHIP (Title XXI) and Medicaid (Title XIX) Programs

1. What additional measures, besides those described in Tables B1 or C1, does your State employ to simplify an eligibility renewal and retain eligible children in CHIP?

- ☒ Conducts follow-up with clients through caseworkers/outreach workers
- ☒ Sends renewal reminder notices to all families
 - How many notices are sent to the family prior to disenrolling the child from the program?
[500]
 Two: Either a notice requesting contact OR a renewal form with a cover notice AND a notice of closure for failure to renew or provide verification requested.
 - 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]**
 Final reminder notices are sent no later than 11 working days before our agency's end of the business month, also known as "cutoff."
- ☒ Other, *please explain:* **[500]**

We have extended our Customer Service Unit's hours to give recipients more opportunities to complete a telephone renewal. Recipients also have the options of renewing their coverage online and via an automated system. We have simplified our renewal process greatly by implementing the Automated Renewal process.

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 Administrative Renewal method is the most effective and efficient way to re-enroll Louisiana's LaCHIP recipients. In 2010, Louisiana's Medicaid case workers renewed 43.8% of all LaCHIP cases administratively. This is a significant increase from the amount of cases renewed administratively in 2009 (5%). This increase is attributed to the addition of LaCHIP Phases 1 and 2 to the administrative renewal process in November 2009.

We have seen a reduction of traditional paper renewal methods. In 2009, only 10.6% of cases were sent renewal forms before telephone contact was made. Renewing cases by paper method reduced to 5.9% in 2010. Louisiana is pleased to show that over 94% of all LaCHIP cases are renewed paperlessly.

Section IIIC: Subpart D: Eligibility Data

Table 1. Application Status of Title XXI Children in FFY 2010

States are required to report on questions 1 and 2 in FFY 2010. Reporting on questions 2.a., 2.b., and 2.c. is voluntary in FFY 2010, FFY 2011, and FFY 2012. Reporting on questions 2.a., 2.b., and 2.c. is required in 2013. Please enter the data requested in the table below and the template will tabulate the requested percentages.

	Number	Percent
1. Total number of title XXI applicants	14125	100
2. Total number of application denials	4770	33.8
a. Total number of procedural denials	558	4
b. Total number of eligibility denials	3811	27
i. Total number of applicants denied for title XXI and enrolled in title XIX	901	6.4
c. (Check here if there are no additional categories <input type="checkbox"/>) Total number of applicants denied for other reasons Please indicate:	401	2.8

3. Please describe any limitations or restrictions on the data used in this table:

Definitions:

- The "total number of title XXI applicants," including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI

in FFY 2010. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI eligibility determination made in FFY 2010 (e.g., an application that was determined eligible in September 2010, but coverage was effective October 1, 2010 is counted in FFY 2010).

2. The “the total number of denials” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2010. This definition only includes denials for title XXI at the time of initial application (not redetermination).
 - a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2010 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).
 - b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2010 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your State’s specified waiting period, etc.)
 - i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX
 - c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.

1. What percentage of children in the program is retained in the program at redetermination (i.e., # of children retained/total # of children who may remain eligible for CHIP at redetermination * 100) [5]? Please note that “may remain eligible” means that group of children who from the information the State has on record, appear to meet the eligibility criteria for renewal.

88.03

2. What percentage of children in the program are disenrolled at redetermination (i.e., (# children disenrolled/total # children who may remain eligible for CHIP) * 100). [5] 1.05
3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in CHIP (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

- a. When was the monthly report or assessment last conducted? [7500]

09/28/2010

- b. 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.

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

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other (specify)	
	Num ber	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1118	202	18.07	916	81.9	4	0.36	43	3.85	869	77.73

- c. 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 Eligibility Report for September 2010

D. COST SHARING

1. Describe how the State tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?

a. Cost sharing is tracked by:

- ☐ Enrollees (shoebox method)
- ☐ Health Plan(s)
- ☐ State
- ☒ Third Party Administrator
- ☐ N/A (No cost sharing required)
- ☐ Other, please explain. **[7500]**

If the State uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**

2. When the family reaches the 5% cap, are premiums, copayments and other cost sharing ceased? **[7500]** ☒ Yes ☐ No

3. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**

When a plan member reaches their annual maximum out of pocket expenditure, they are automatically changed to a no cost sharing plan within the TPA eligibility system. When providers verify coverage, they are provided the plan type which determines whether or not a co-pay is charged.

4. Please provide an estimate of the number of children that exceeded the 5 percent cap in the State's CHIP program during the Federal fiscal year. **[500]**

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5. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?

- ☐ Yes
- ☒ No

If so, what have you found? **[7500]**

6. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?

- ☐ Yes
- ☒ No

If so, what have you found? **[7500]**

7. 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 children's health services in CHIP. If so, what have you found? **[7500]**

E. EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE CHIP 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.
- ☐ Purchase of Family Coverage under the CHIP State Plan (2105(c)(3))
☐ Additional Premium Assistance Option under CHIP State Plan (2105(c)(10))
☐ Section 1115 Demonstration (Title XXI)
☐ Premium Assistance Option (applicable to Medicaid expansion) children (1906)
☒ Premium Assistance Option (applicable to Medicaid expansion) children (1906A)

Adults

- ☒ Yes, Check all that apply and complete each question for each authority.
- ☐ Purchase of Family Coverage under the CHIP State Plan (2105(c)(10))
☐ Additional Premium Assistance Option under CHIP State Plan (2105(c)(3))
☐ Section 1115 Demonstration (Title XXI)
☐ Premium Assistance option under the Medicaid State Plan (1906)
☒ Premium Assistance option under the Medicaid State Plan (1906A)
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, who receives the subsidy if a subsidy is provided, etc.) **[7500]**

LaCHIP considers Title XXI children for premium reimbursement under section 1906 (HIPP) authority if they are uninsured at the time of application and employer sponsored insurance is available.

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

N/A, coverage is through section 1906

5. Are there any minimum coverage requirements for the benefit package?

- ☒ Yes
☐ No

6. Does the program provide wrap-around coverage for benefits?

- ☒ Yes
☐ No

7. Are there any limits on cost sharing for children in your ESI program?

- ☐ Yes
☒ No

8. Are there any limits on cost sharing for adults in your ESI program?

- ☐ Yes
☒ No

9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?

- ☐ Yes ☒ No If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum [7500]?

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

<u>0</u>	Number of childless adults ever-enrolled during the reporting period
<u>707</u>	Number of adults ever-enrolled during the reporting period
<u>2848</u>	Number of children ever-enrolled during the reporting period

11. Provide the average monthly enrollment of children and parents ever enrolled in the premium assistance program during FFY 2010

Children	<u>2138</u>
Parents	<u>462</u>

12. 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.

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

The Department contracted the operational responsibility of the HIPP program to a contractor. This has been one of our greatest challenges as well. However we have increased the number of cases in our HIPP program over the past year over by over 50%.

14. 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]**

Contracting the operational responsibility; working closer with providers to assist with outreach of the HIPP program. The providers are on the frontline and they are the ones that notice when a patient drops their private coverage. Our goal is to identify these folks prior to dropping their coverage so that we can inform them about the HIPP program and potentially enroll them in the program.

15. 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]**

None at this point.

16. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **[7500]**

The total amount that the state paid for ESI was \$2,633,081.00.

17. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:

Children

Parent

State:

State:

Employer:

Employer:

Employee:

Employee:

18. Indicate the range in the average monthly dollar amount of premium assistance provided by the state on behalf of a child or parent.

Children Low 0 High 1550

Parents Low High

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

At this time there is no minimum required

20. 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 CHIP or Medicaid)?

☒ Yes
☐ No

21. Please provide the income levels of the children or families provided premium assistance.

From

To

Income level of Children: 0 % of FPL[5] 200 % of FPL[5]

Income level of Parents: 0 % of FPL[5] 200 % of FPL[5]

22. Is there a required period of uninsurance before enrolling in premium assistance? **[500]**

- ☐ Yes
☒ No

If yes, what is the period of uninsurance? **[500]**

23. Do you have a waiting list for your program?

- ☐ Yes
☒ No

24. Can you cap enrollment for your program?

- ☐ Yes
☒ No

25. What strategies has the State found to be effective in reducing administrative barriers to the provision of premium assistance in ESI? **[7500]** Building relationships with the various employers – helps us obtain the necessary information to determine the cost effectiveness of a case. Working with hospitals – sometimes it is easier for the hospital to get the necessary information from the recipient in order to process a HIPPA application. It can be difficult for HIPPA staff to get in touch with the recipient or policy holder.

26.

27.

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

F. PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE CHIP 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: ☒ Yes ☐ No
(2) investigation: ☒ Yes ☐ No
(3) referral of cases of fraud and abuse? ☒ Yes ☐ No

Please explain: **[7500]**

Louisiana Medicaid re: LaCHIP Phases I-IV: We use the federal rules and regulations and the authority provided in our Medical Assistance Program Integrity Law (MAPI) LA RS 46:437.1 – 440.1 and the Surveillance and Utilization Review System (SURS Rule) Louisiana Register, Vol. 29, No. 04, April 20, 2003 pp. 583-604 as our general procedures. Specific procedures and processes are covered in the SURS Manual. Procedures can also be found in the Provider Enrollment application: PE 50 & Addendum and our MOU with the Attorney General's Medicaid Fraud Control Unit

Third Party Administrator re: LaCHIP Phase V: The legal division through the compliance investigator and the deputy general counsel coordinates anti-fraud activities. The customer service department, the plan administration section, the eligibility department, the claims processing department, the provider contracting department and law enforcement all work with different aspects of fraud prevention. The legal division is primarily responsible for investigation and fraud referral.

Do managed health care plans with which your program contracts have written plans?

☒ Yes

☐ No

Please Explain: **[500]**

Louisiana Medicaid re: LaCHIP Phases I-IV: n/a

Third Party Administrator re: LaCHIP Phase V: Yes. All of managed care plans have a special unit dedicated to fighting fraud and work closely with our compliance investigator on leads that each has in common.

2. For the reporting period, please report the

<u>39</u>	Number of fair hearing appeals of eligibility denials
<u>13</u>	Number of cases found in favor of beneficiary

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

a. Provider Credentialing

<u>11</u>	Number of cases investigated
<u>0</u>	Number of cases referred to appropriate law enforcement officials

b. Provider Billing

<u>1028</u>	Number of cases investigated
<u>185</u>	Number of cases referred to appropriate law enforcement officials

c. Beneficiary Eligibility

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP ☐

Medicaid and CHIP Combined ☒

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

☒ Yes, please answer question below.

☐ No

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

Louisiana Medicaid for Phases 1-IV: The Department of Health and Hospital's (DHH) Program Integrity Section conducts oversight of the contractor, Molina, for the Surveillance and Utilization Review Systems (SURS) unit and the Provider Enrollment (PE) unit. Program Integrity has one state staff physically located at Molina's SURS unit; this staff member conducts case direction and makes all final determinations as to issuing notices of sanctions and reviews various reports related to complaint and referrals by Molina's SURS unit. The PE unit is monitored by staff located at DHH State Office.

Third Party Administrator for Phase V: DHH obtains an annual report on the summary of fraud activities.

6. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?

☐ Yes

☒ No

Please explain: **[500]**

Third Party Administrator for Phase V: The Office of Group Benefits uses its own compliance investigator, legal staff, eligibility staff, provider contracting staff, internal audit staff as well as the hospital audit staff, claims processing staff and computer claims analysis staff to monitor and detect possible fraud and or overpayment events.

G. DENTAL BENEFITS – Reporting is required in 2010 CARTS

1. Information on Dental Care for CHIP Children (Include all delivery types, i.e. MCO, PCCM, FFS).

Data for this table are based from the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)

a. Annual Dental Participation Table for CHIP Enrolled Children (Include children receiving full CHIP benefits and supplemental benefits) .

Please check which populations of CHIP children are included in the following table:

- ☐ Medicaid Expansion
☐ Separate CHIP
☒ Both Medicaid Expansion and Separate CHIP

State _____	Age Group						
FFY _____	Total	< 1	1-2*	3-5	6-9	10-14	15-18
Total Enrollees Receiving Any Dental Services ¹	176057	3117	6982	39996	48532	47854	29576
Total Enrollees Receiving Preventive Dental Services ²	126261	1972	4717	32909	40732	38978	6953
Total Enrollees Receiving Dental Treatment Services ³	60963	145	1084	10617	18255	17245	13617

*Includes 12-month visit

¹**Total Eligibles Receiving Any Dental Services** - Enter the unduplicated number of children enrolled in CHIP for at least 90 continuous days and receiving at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (CDT codes D0100 - D9999).

²**Total Eligibles Receiving Preventive Dental Services** - Enter the unduplicated number of children enrolled in CHIP for at least 90 continuous days and receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 - D1999 -(CDT codes D1000 - D1999).

³**Total Eligibles Receiving Dental Treatment Services** - Enter the unduplicated number of children enrolled in CHIP for at least 90 continuous days and receiving at least one treatment service by or under the supervision of a dentist, as defined by HCPCS codes D2000 - D9999 (CDT codes D2000 - 09999).

- b. For the age grouping that includes children 8 years of age, what is the number of such children who have received a protective sealant on at least one permanent molar tooth⁴? [7]

7295

⁴**Receiving a Sealant on a Permanent Molar Tooth** -- Enter the unduplicated number of children enrolled in CHIP for 90 continuous days and in the age category of 6-9 who received a sealant on a permanent molar tooth regardless of whether the sealant was provided by a dentist or a non-dentist, as defined by HCPCS code D1351 (CDT code D1351).

2. Does the State provide supplemental dental coverage? ☐ Yes ☒ No

If yes, how many children are enrolled? [7]

What percent of the total amount of children have supplemental dental coverage? [5]

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 2010. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED CHIP PLAN

Benefit Costs	2010	2011	2012
Insurance payments			
Managed Care			
Fee for Service	221992485	234441202	245823120
Total Benefit Costs	221992485	234441202	245823120
(Offsetting beneficiary cost sharing payments)	-242184	-287756	-298944
Net Benefit Costs	\$ 221750301	\$ 234153446	\$ 245524176

Administration Costs

Personnel	3621863	3457331	3522155
General Administration	8380032	7999349	8149334
Contractors/Brokers (e.g., enrollment contractors)	686915	655710	668005
Claims Processing	1043202	995812	1014484
Outreach/Marketing costs	2317255	2211988	2253463
Other (e.g., indirect costs)	0	0	0
Health Services Initiatives	0	0	0
Total Administration Costs	16049267	15320190	15607441
10% Administrative Cap (net benefit costs ÷ 9)	24638922	26017050	27280464

Federal Title XXI Share	183890406	185932701	194621394
State Share	53909162	63540935	66510223

TOTAL COSTS OF APPROVED CHIP PLAN	237799568	249473636	261131617
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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 CHIP funds this year? If so, what is your analysis for why there were not enough Federal CHIP 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 CHIP 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.

	2010		2011		2012	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	0	\$ 0	0	\$ 0	0	\$ 0
Fee for Service	128352	\$ 144	130332	\$ 150	131400	\$ 156

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

The number of eligibles in chart above is from points in time at the end of the three Federal fiscal years.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

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

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

	CHIP 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 CHIP 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
(*Only report for 1st Quarter of the FFY)

- 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 2010 starts 10/1/08 and ends 9/30/09).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2010	2011	2012	2013	2013
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

**Benefit Costs for Demonstration Population #2
(e.g., parents)**

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

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

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

**Benefit Costs for Demonstration Population #4
(e.g., childless adults)**

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

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

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Administration Costs

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

Federal Title XXI Share
State Share

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TOTAL COSTS OF DEMONSTRATION

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

Please provide a description of any assumptions that are included in your calculations. **[7500]**

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

Louisiana does not have a Demonstration Waiver financed with CHIP funds.

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

The political environment is challenging as it relates to healthcare coverage for low income, uninsured children through CHIP and Medicaid due to the state's dismal fiscal situation. Primary care services for children under age 16 had been protected to the extent possible. Budget constraints continue to result in the deferment of expanding children's coverage to 300% FPL although the legislative authority exists. Louisiana has not opted to implement the new CHIPRA option to cover legal immigrant children.

Governor Jindal recently appointed a new head of the Department of Health & Hospitals (DHH), Bruce Greenstein. Staff is optimistic that Secretary Greenstein's strong background and focus on the use of technology will help the Medicaid and CHIP programs to sustain the improvements that have been made despite fiscal constraints.

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

Major challenges continue to be adequate staffing in relation to the increased workload. The LaCHIP and Medicaid eligibility operation in Louisiana is nimble as a result of a totally electronic eligibility case record that allows work to be processed in a virtual environment throughout the state, a paperless renewal process, a centralized call center, and streamlined processes such as Express Lane Eligibility and administrative renewals. The fact remains that it is challenging to maintain good application processing times to continue proactive community outreach by eligibility staff and to provide a high level of customer service in the face of limited resources.

Louisiana continues to find the CPS numbers for uninsured children to be dramatically different from those produced by a state specific survey conducted by the LSU Policy Research Lab which uses a much larger sample size. The result is that, while our data showed 5.4% of Louisiana children without health insurance in 2007, CPS data released in August 2008 showed the state with 8.6% of uninsured children and ranking 45th among all states. We believe CPS data greatly overstates the number and percentage of uninsured children in Louisiana. The reason this is challenging is that it makes it appear that with all the resources that have been invested in reducing the number of uninsured children and the virtual elimination of procedural closures at renewal, Louisiana has improved by only three positions in state rankings.

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

Ultimately, Louisiana's goal is not to increase enrollment in CHIP and Medicaid but to decrease the number and percentage of uninsured children in the state. The 2009 Louisiana Household Insurance Survey (LHIS) conducted by the LSU Public Policy Research Lab showed that the percentage of low income uninsured children had decreased to 5.0% (from 5.4% in 2007). The separate state CHIP program (LaCHIP Affordable Plan), which was implemented on June 1, 2008, continues to grow with over 3,400 children now enrolled. These are children who would be uninsured if the program did not exist.

Louisiana eligibility caseworkers continued to close less than 1% of CHIP children at renewal for procedural reasons (failure to complete renewal process, unable to locate, etc.). This impacts not only overall enrollment numbers but stability and continuity of coverage for eligible children.

DHH continued to fund 11 local initiatives throughout the state to provide outreach and enrollment assistance through Louisiana Covering Kids & Families. The Robert Wood Johnson Foundation's (RWJF) Covering Kids & Families model of funding organizations who then engage local stakeholders in regional coalitions has worked well in Louisiana.

Louisiana is one of the eight states awarded a four-year MaxEnroll grant by the Robert Wood Johnson Foundation. The grant funds are targeted at systems improvements to improve the enrollment and retention of children in public health coverage. This grant is administered by the National Academy for State Health Policy.

DHH was awarded a CHIPRA Outreach and Enrollment grant in the amount of \$955,681. The grant enabled DHH to contract with 10 community-based organizations to reach Hispanic, rural, and cross-border (children in families affected by Hurricanes Katrina, Rita, Gustav, and Ike) populations.

Authorized by the CHIPRA legislation in 2009, Express Lane Eligibility (ELE) was implemented in Louisiana in April of 2010 utilizing data from the Supplemental Nutrition Assistance Program (SNAP). This auto-enrollment process was built upon an existing information technology infrastructure with Louisiana's Department of Children and Families, the administrator of SNAP. Approximately 19,000 children have been enrolled using ELE.

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

Louisiana intends to submit Medicaid and CHIP State Plan Amendments to change the service delivery model from fee for service to managed care. The ground for this change was laid in 2010 and implementation is anticipated in 2011.

Presumptive eligibility for children in CHIP, as well as Medicaid, was unanimously approved by the Louisiana legislature in 2007. Work on how to operationalize this process has begun in conjunction with the MaxEnroll initiative. A CHIP State Plan Amendment will be submitted to CMS for approval (The Medicaid SPA has already been approved).

The Hispanic population in Louisiana and particularly New Orleans is rapidly growing and through the CHIPRA outreach and enrollment grant referenced above, even greater focus will be placed on identifying, informing, and enrolling eligible children.

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

**CommunityCARE
Enrollee Satisfaction Survey**



DRAFT

A Study Submitted to:

Louisiana Department of Health and Hospitals

Submitted by:

ACS State Healthcare Solutions

December 16, 2009

Purpose

At the request of the Department of Health and Hospitals (DHH), Affiliated Computer Services (ACS) conducted a CommunityCARE Enrollee Satisfaction Survey to determine enrollee satisfaction with their primary care provider (PCP) and the CommunityCARE program.

Target Population and Sample Size

In accordance with the Health Plan Employer Data and Information Set (HEDIS) guidelines, ACS adopted a definition of the target population as: All CommunityCARE enrollees who have been enrolled continuously in the last six months with no more than one gap in enrollment longer than 30 days. The population consisted of enrollees randomly selected from a list of CommunityCARE members provided by the fiscal intermediary. HEDIS recommends a statistical sample size of 411 for any target population greater than 12,000 members. This sample accurately assesses results with a confidence level of ninety-five percent. The confidence level represents how often a true percentage of the population, who would pick an answer, lies within this confidence interval.

Survey Instrument

The Health Plan Employer Data and Information Set (HEDIS) and the Consumer Assessment of Health Plans Survey (CAHPS) methodologies were used to design the 2009 survey instrument. Upon request from DHH, ACS updated this survey instrument with the addition of several questions. The survey instrument included questions for adults as well as children and was designed to be easy to understand and appropriate for the CommunityCARE population. Following careful review, DHH approved the new survey instrument. The instrument was beta-tested by ACS staff prior to use.

The types of questions utilized included:

- Three, four, and five point Likert Scales
- Numeric and Text Open Ended (Please refer to Appendix II for Open ended comments)
- Yes/No/Not Applicable

Data Collection

The chosen method of data collection was through mail-out questionnaires and computer assisted telephone interviews. ACS Customer Service Representatives (CSRs) collected mailed in and telephone survey responses from a random sample of CommunityCARE members. ACS developed the mail out survey form and CSRs made calls using a script based on CAHPS recommendations. ACS developed and implemented a training course for CSRs to ensure inter-rater reliability and avoid the skewing of data due to surveyor bias. ACS's Information Technology (IT) Department used a program proven to capture important data and compiled the data obtained from the survey for further analysis. Using the data collected, ACS summarized the findings.

Summary of Survey Findings

1	What language do you mainly speak at home?	Adult	% Adult	Child	% Child	Total
	English	206	100.0%	194	96.0%	400
	Other - See appendix 1	0	0.0%	8	4.0%	8
	Total	206	100.0%	202	100.0%	408
	Skipped/Missing	0		2		2

2	Who is your CommunityCARE doctor and your child's CommunityCARE doctor?	Adult	% Adult	Child	% Child	Total
	Name or Clinic-See appendix 1	184	94.8%	189	97.9%	373
	Don't know	10	5.2%	4	2.1%	14
	Total	194	100.0%	193	100.0%	387
	Skipped/Missing	12		11		23

3	Is this the same doctor you/your child went to before being assigned to CommunityCARE?	Adult	% Adult	Child	% Child	Total
	Yes	116	61.4%	128	64.0%	244
	No	73	38.6%	72	36.0%	145
	Total	189	100.0%	200	100.0%	389
	Skipped/Missing	17		4		21

4	Did you choose this doctor from the Choice Letter that was mailed to you?	Adult	% Adult	Child	% Child	Total
	Yes	19	22.9%	21	29.2%	40
	No, I called in and chose a doctor	30	36.1%	32	44.4%	62
	I don't know what you are talking about	4	4.8%	2	2.8%	6
	No, I was assigned a doctor	30	36.1%	17	23.6%	47
	Total	83	100.0%	72	100.0%	155
	Skipped/Missing	123		132		255

5	When you became aware that you or your child was assigned to a CommunityCARE doctor, did you change to a different doctor?	Adult	% Adult	Child	% Child	Total
	Yes	26	41.3%	16	31.4%	42
	No	37	58.7%	35	68.6%	72
	Total	63	100.0%	51	100.0%	114
	Skipped/Missing	143		153		296

6	Why did you change doctors?	Adult	% Adult	Child	% Child	Total
	Office too far away	6	21.4%	21	29.2%	27
	Had to wait too long for an appointment	3	10.7%	32	44.4%	35
	Wanted my/my child's regular doctor	5	17.9%	2	2.8%	7
	Not satisfied with the care	5	17.9%	17	23.6%	22
	Other - See appendix 1	9	32.1%	0	0.0%	9
	Total	28	100.0%	72	100.0%	100
	Skipped/Missing	123		132		255

7	How easy was it to change your CommunityCARE doctor?	Adult	% Adult	Child	% Child	Total
	Easy	21	75.0%	14	82.4%	35
	Somewhat easy	6	21.4%	2	11.8%	8
	Not easy	1	3.6%	1	5.9%	2
	Total	28	100.0%	17	100.0%	45
	Skipped/Missing	178		187		365

8	How many times did you or your child go to your CommunityCARE doctor's office or clinic for a check up or routine care in the last 6 months?	Adult	% Adult	Child	% Child	Total
	None	41	20.8%	53	26.2%	94
	1-3	73	37.1%	121	59.9%	194
	4 or more	83	42.1%	28	13.9%	111
	Total	197	100.0%	202	100.0%	399
	Skipped/Missing	9		2		11

9	How many days did you or your child usually have to wait between making a regular appointment and seeing your CommunityCARE doctor?	Adult	% Adult	Child	% Child	Total
	Same day	37	24.0%	56	38.9%	93
	Next day	28	18.2%	32	22.2%	60
	2 to 5 days	36	23.4%	29	20.1%	65
	One week	10	6.5%	10	6.9%	20
	Two weeks	6	3.9%	7	4.9%	13
	Three weeks	7	4.5%	3	2.1%	10
	One month or more	28	18.2%	7	4.9%	35
	Could not get an appointment	2	1.3%	0	0.0%	2
	Total	154	100.0%	144	100.0%	298
	Skipped/Missing	52		60		112

10	Did you make any urgent appointments because you or your child was sick?	Adult	% Adult	Child	% Child	Total
	Yes	89	46.4%	110	55.6%	199
	No	103	53.6%	88	44.4%	191
	Total	192	100.0%	198	100.0%	390
	Skipped/Missing	14		6		20

11	How many days did you or your child usually have to wait between making the urgent appointment and seeing your CommunityCARE doctor?	Adult	% Adult	Child	% Child	Total
	Same Day	40	44.4%	69	61.6%	109
	Next Day	24	26.7%	24	21.4%	48
	2 to 5 Days	10	11.1%	12	10.7%	22
	One Week	5	5.6%	1	0.9%	6
	Two Weeks	3	3.3%	1	0.9%	4
	Three Weeks	4	4.4%	0	0.0%	4
	One Month or More	4	4.4%	5	4.5%	9
	Total	90	100.0%	112	100.0%	202
	Skipped/Missing	116		92		208

12	When you go to your appointment, about how much time do you or your child usually spend in the waiting room before being seen?	Adult	% Adult	Child	% Child	Total
	Less than 15 Minutes	34	16.8%	9	21.4%	43
	Less than 30 Minutes	79	39.1%	17	40.5%	96
	About 45 Minutes	43	21.3%	6	14.3%	49
	About 1 Hour	23	11.4%	6	14.3%	29
	More than 1 Hour	23	11.4%	4	9.5%	27
	Total	202	100.0%	42	100.0%	244
	Skipped/Missing	4		162		166

13	How satisfied are you with the amount of time your doctor spends with you or your child during the appointment?	Adult	% Adult	Child	% Child	Total
	Satisfied	99	61.9%	25	78.1%	124
	Neither Satisfied nor Dissatisfied	51	31.9%	6	18.8%	57
	Dissatisfied	10	6.3%	1	3.1%	11
	Total	160	100.0%	32	100.0%	192
	Skipped/Missing	46		172		218

14	Please rate your satisfaction with your or your child's CommunityCARE doctor:	Adult	% Adult	Child	% Child	Total
	Very Satisfied	79	56.4%	97	67.4%	176
	Neither Satisfied nor Dissatisfied	51	36.4%	41	28.5%	92
	Very Dissatisfied	10	7.1%	6	4.2%	16
	Total	140	100.0%	144	100.0%	284
	Skipped/Missing	66		60		126

15	In the last 6 months, have you or your child missed any appointments with your CommunityCARE doctor or specialist?	Adult	% Adult	Child	% Child	Total
	Yes	37	18.6%	33	16.2%	70
	No	162	81.4%	171	83.8%	333
	Total	199	100.0%	204	100.0%	403
	Skipped/Missing	7		0		7

16	When you knew you or your child was unable to keep the scheduled appointment with the doctor, did you call the doctor to cancel or reschedule the appointment?	Adult	% Adult	Child	% Child	Total
	Yes	31	86.1%	27	90.0%	58
	No	5	13.9%	3	10.0%	8
	Total	36	100.0%	30	100.0%	66
	Skipped/Missing	170		174		344

17	Was there a reason why the appointment(s) were missed?	Adult	% Adult	Child	% Child	Total
	Forgot	13	46.4%	8	33.3%	21
	Had to work during regular office hours	0	0.0%	11	45.8%	11
	Transportation Problem	16	57.1%	9	37.5%	25
	Other-See Appendix 1	12	42.9%	4	16.7%	16
	Total	28	100.0%	24	100.0%	52
	Skipped/Missing	165		172		337

18	What would you suggest as a way to help you remember you or your child's doctor's appointments?	Adult	% Adult	Child	% Child	Total
	Reminder card in the mail	67	43.5%	79	64.8%	146
	Telephone Call	100	64.9%	89	73.0%	11
	No Suggestion	27	17.5%	24	19.7%	51
	Other-See Appendix 1	27	17.5%	9	7.4%	36
	Total	154	100.0%	122	100.0%	276
	Skipped/Missing	12		3		15

19	If you or your child's CommunityCARE doctor had appointments available in the morning (before 8:00 AM), late afternoon (after 5:00 PM) or on Saturday, which one would be best for you?	Adult	% Adult	Child	% Child	Total
	Before 8:00 AM	65	55.6%	43	32.6%	108
	After 5:00 PM	19	16.2%	28	21.2%	47
	Saturday	41	35.0%	41	31.1%	82
	Any of the Above	40	34.2%	67	50.8%	107
	None of the Above	36	30.8%	24	18.2%	60
	Total	117	100.0%	132	100.0%	249
	Skipped/Missing	5		1		6

20	In the last 6 months, how many times did you or your child need medical care after regular office hours?	Adult	% Adult	Child	% Child	Total
	None	115	56.9%	134	67.3%	249
	1	22	10.9%	29	14.6%	51
	2 to 4	46	22.8%	31	15.6%	77
	5 to 9	13	6.4%	4	2.0%	17
	10 or More	6	3.0%	1	0.5%	7
	Total	202	100.0%	199	100.0%	401
	Skipped/Missing	4		5		9

21	Did you call your CommunityCARE doctor or your child's CommunityCARE doctor for after hours medical care?	Adult	% Adult	Child	% Child	Total
	Yes	29	52.7%	29	59.2%	58
	No - If no, why not?- See Appendix 1	26	47.3%	20	40.8%	46
	Total	55	100.0%	49	100.0%	104
	Skipped/Missing	151		154		305

22	Where do you or your child get after hours medical care? (May chose more than one)	Adult	% Adult	Child	% Child	Total
	After Hours Clinic	8	9.2%	43	19.5%	51
	Emergency Room	71	81.6%	139	63.2%	210
	Called the 24-Hour Nurse Helpline	2	2.3%	21	9.5%	23
	Other - Please describe	6	6.9%	17	7.7%	23
	Total	87	100.0%	220	100.0%	307
	Skipped/Missing	125		20		145
23	In the last 6 months, how many times did you or your child go to the Emergency Room?	Adult	% Adult	Child	% Child	Total
	None - Go to Question 25	20	23.5%	136	68.0%	156
	1	17	20.0%	30	15.0%	47
	2 - 4	38	44.7%	33	16.5%	71
	5 - 9	6	7.1%	0	0.0%	6
	10 or more	4	4.7%	1	0.5%	5
	Total	85	100.0%	200	100.0%	285
	Skipped/Missing	121		4		125
24	Were you or your child admitted to the hospital, as an in-patient, directly from the Emergency room?	Adult	% Adult	Child	% Child	Total
	Yes	31	47.0%	12	18.2%	43
	No	35	53.0%	54	81.8%	89
	Total	66	100.0%	66	100.0%	132
	Skipped/Missing	140		138		278
25	How often was it easy for you or your child to get after hours medical care?	Adult	% Adult	Child	% Child	Total
	Never	49	28.3%	13	20.3%	62
	Sometimes	42	24.3%	23	35.9%	65
	Always easy - Go to Question 27	82	47.4%	28	43.8%	110
	Total	173	100.0%	64	100.0%	237
	Skipped/Missing	33		140		173

26	Why was it not easy for you or your child to get the after hours medical care you thought you needed?	Adult	% Adult	Child	% Child	Total
	Didn't know what to do for after hours care	27	35.1%	13	43.3%	40
	Didn't know the doctor's phone number	12	15.6%	6	20.0%	18
	Left a message at my or my child's CommunityCARE doctor's office but no one called me back	12	15.6%	1	3.3%	13
	CommunityCARE doctor's answering machine did not have a message of what to do after hours	3	3.9%	1	3.3%	4
	Some other reason, please describe	23	29.9%	9	30.0%	32
	Total	77	100.0%	30	100.0%	107
	Skipped/Missing	129		174		303

27	How do you get health information at your or your child's CommunityCARE doctor's office or clinic?	Adult	% Adult	Child	% Child	Total
	Videos	3	1.7%	9	4.6%	12
	Posters	20	11.0%	28	14.4%	48
	TV in doctor's office	19	10.5%	16	8.2%	35
	Brochures	63	34.8%	68	35.1%	131
	Office nurse	36	19.9%	39	20.1%	75
	None available	40	22.1%	34	17.5%	74
	Total	181	100.0%	194	100.0%	375
	Skipped/Missing	116		92		208

28	Does your CommunityCARE doctor or your child's CommunityCARE doctor or clinic staff talk in your language?	Adult	% Adult	Child	% Child	Total
	Yes - Go to Question 31	188	95.9%	193	96.0%	381
	No	8	4.1%	8	4.0%	16
	Total	196	100.0%	201	100.0%	397
	Skipped/Missing	10		3		13

29	Do you need an interpreter to help you talk to your doctor or your child's doctor or clinic staff?	Adult	% Adult	Child	% Child	Total
	Yes	1	10.0%	2	20.0%	2
	No - Go to Question 31	9	90.0%	8	80.0%	5
	Total	10	100.0%	10	100.0%	7
	Skipped/Missing	196		3		197

30	When you need an interpreter to help you talk with your doctor or your child's doctor or clinic staff, how often did you get one?	Adult	% Adult	Child	% Child	Total
	Never	0	0.0%	1	100.0%	1
	Sometimes	0	0.0%	0	0.0%	0
	Always	1	100.0%	1	100.0%	2
	Total	1	100.0%	1	100.0%	3
	Skipped/Missing	205		202		407

31	Specialists are doctors like surgeons, heart doctors, OB/GYN, allergy doctors, skin doctors and other doctors, who specialize in one area of healthcare. How many times did you or child see a specialist?	Adult	% Adult	Child	% Child	Total
	None - Go to Question 38	77	39.7%	116	58.9%	193
	1	28	14.4%	29	14.7%	57
	2 - 4	56	28.9%	40	20.3%	96
	5 - 9	19	9.8%	10	5.1%	29
	10 or more	14	7.2%	2	1.0%	16
	Total	194	100.0%	197	100.0%	391
	Skipped/Missing	12		7		19

32	In the last 6 months, was it easy to get referrals to a specialist for you or your child?	Adult	% Adult	Child	% Child	Total
	Never	14	14.1%	15	17.6%	29
	Sometimes	27	29.0%	18	21.2%	45
	Always - Go to question 34	72	58.5%	52	61.2%	124
	Total	99	100.0%	85	100.0%	184
	Skipped/Missing	93		119		212

33	Why was it not easy to get a referral for you or your child?	Adult	% Adult	Child	% Child	Total
	Did not know how to get a referral	14	12.4%	7	29.2%	21
	Doctor did not think I/my child needed a referral	27	23.9%	11	45.8%	38
	Other - Please describe-See Appendix 1	72	63.7%	6	25.0%	78
	Total	113	100.0%	24	100.0%	137
	Skipped/Missing	174		180		354

34	Who made the appointment with the specialist?	Adult	% Adult	Child	% Child	Total
	I did	27	25.5%	38	51.4%	65
	The doctor's office staff	79	74.5%	36	48.6%	115
	Total	106	100.0%	74	100.0%	180
	Skipped/Missing	100		130		230

35	Was it easy to get the appointment to see the specialist for you or your child?	Adult	% Adult	Child	% Child	Total
	Yes - Go to Question 37	102	87.9%	68	94.4%	170
	No	14	12.1%	4	5.6%	18
	Total	116	100.0%	72	100.0%	188
	Skipped/Missing	90		132		222

36	Why was it not easy for you or your child to get an appointment with a specialist?	Adult	% Adult	Child	% Child	Total
	Did not know where to find a list of specialists	4	28.6%	1	20.0%	5
	The specialists I had to choose from were too far away	0	0.0%	1	20.0%	1
	Did not have enough specialist to chose from	2	14.3%	2	40.0%	4
	The specialists I wanted did not take Medicaid	5	35.7%	1	20.0%	6
	Could not get an appointment at a time that was convenient	0	0.0%	0	0.0%	0
	Some other reason, please describe-See Appendix 1	3	21.4%	0	0.0%	3
	Total	14	100.0%	5	100.0%	19
	Skipped/Missing	192		199		391

37	What type of specialists have you or your child seen? (May chose more than one)	Adult	% Adult	Child	% Child	Total
	Surgeon	38	19.2%	10	11.0%	48
	Asthma	9	4.5%	13	14.3%	22
	Heart	37	18.7%	13	14.3%	50
	Allergy	9	4.5%	7	7.7%	16
	Skin	12	6.1%	3	3.3%	15
	OB/GYN	27	13.6%	7	7.7%	34
	Bone	14	7.1%	5	5.5%	19
	Mental Health	14	7.1%	8	8.8%	22
	Other - What kind?-See Appendix 1	38	19.2%	25	27.5%	63
	Total	198	100.0%	91	100.0%	289
	Skipped/Missing	92		135		227

38	Did you call the CommunityCARE Member Hotline for assistance?	Adult	% Adult	Child	% Child	Total
	Yes	21	11.1%	7	9.7%	28
	No - Go to Question 41	168	88.9%	65	90.3%	233
	Total	189	100.0%	72	100.0%	261
	Skipped/Missing	17		132		149
39	Why did you call the CommunityCARE Member Hotline? (May choose more than one)	Adult	% Adult	Child	% Child	Total
	Did not know I or my child belonged to the CommunityCARE program	1	3.6%	0	0.0%	1
	Asked about a letter I/my child received	4	14.3%	3	33.3%	7
	To get a CommunityCARE doctor for myself/my child	11	39.3%	1	11.1%	12
	To change my CommunityCARE doctor or my child's doctor	5	17.9%	1	11.1%	6
	To get a referral for myself/my child	2	7.1%	1	11.1%	3
	For a list of CommunityCARE doctors for myself/my child	2	7.1%	3	33.3%	5
	Other - Please describe	3	10.7%	0	0.0%	3
	Total	28	100.0%	9	100.0%	37
	Skipped/Missing	185		196		381

40	Please rate your overall satisfaction with the CommunityCARE Member Hotline	Adult	% Adult	Child	% Child	Total
	Very satisfied, Why?-See Appendix 1	11	84.6%	2	66.7%	13
	Neither satisfied nor dissatisfied	2	15.4%	1	33.3%	3
	Very dissatisfied - What do you suggest to improve your satisfaction?	0	0.0%	0	0.0%	0
	Total	13	100.0%	3	100.0%	16
	Skipped/Missing	193		201		394

41	Do you have access to the internet?	Adult	% Adult	Child	% Child	Total
	Yes	44	24.0%	41	48.8%	85
	No - Go to Question 45	139	76.0%	43	51.2%	182
	Total	183	100.0%	84	100.0%	267
	Skipped/Missing	23		120		143

42	Do you know the website address for CommunityCARE?	Adult	% Adult	Child	% Child	Total
	Yes	18	31.6%	11	28.2%	29
	No - The website is www.la-communitycare.com - Go to Question 45	39	68.4%	28	71.8%	67
	Total	57	100.0%	39	100.0%	96
	Skipped/Missing	149	%	165		314

43	Have you ever used the CommunityCARE website?	Adult	% Adult	Child	% Child	Total
	Yes	7	36.8%	4	33.3%	11
	No - Go to Question 45	12	63.2%	8	66.7%	20
	Total	19	100.0%	12	100.0%	31
	Skipped/Missing	187		192		379

44	Please rate your overall satisfaction with the CommunityCARE website	Adult	% Adult	Child	% Child	Total
	Very satisfied	4	80.0%	18	22.0%	22
	Neither satisfied nor dissatisfied	1	20.0%	63	76.8%	64
	Very dissatisfied	0	0.0%	1	1.2%	1
	Total	5	100.0%	82	100.0%	87
	Skipped/Missing	201		122		323

45	Do you know the toll free number to the 24-Hour Nurse Helpline?	Adult	% Adult	Child	% Child	Total
	Yes	47	25.1%	70	36.1%	117
	No - The number is 1-866-529-1681 - Go to Question 49	140	74.9%	124	63.9%	264
	Total	187	100.0%	194	100.0%	381
	Skipped/Missing	19	%	10		29

46	Have you ever called the 24-Hour Nurse Helpline with a problem or question?	Adult	% Adult	Child	% Child	Total
	Yes	13	26.5%	29	42.6%	42
	No - Go to Question 49	36	73.5%	39	57.4%	75
	Total	49	100.0%	68	100.0%	117
	Skipped/Missing	157	%	136		293

47	Why did you call the 24-Hour Nurse Helpline? (May choose more than one)	Adult	% Adult	Child	% Child	Total
	I have called them before	4	20.0%	8	25.8%	12
	Left a message with my CommunityCARE doctor, but no one returned my call	2	10.0%	1	3.2%	3
	Could not leave a message at my doctor's office or my child's doctor's office	0	0.0%	2	6.5%	2
	General health questions	8	40.0%	16	51.6%	24
	Didn't know what to do	3	15.0%	2	6.5%	5
	Other reason, Please describe-See Appendix 1	3	15.0%	2	6.5%	5
	Total	20	100.0%	31	100.0%	51
	Skipped/Missing	194		178		372

48	Please rate your overall satisfaction with the 24-Hour Nurse Helpline	Adult	% Adult	Child	% Child	Total
	Very satisfied - Why?	6	50.0%	11	57.9%	17
	Neither satisfied nor dissatisfied	5	41.7%	8	42.1%	13
	Very dissatisfied - What do you suggest to improve your satisfaction?	1	8.3%	0	0.0%	1
	Total	12	100.0%	19	100.0%	31
	Skipped/Missing	194		185		379

49	Has your general health or your child's general health improved since being assigned to the CommunityCARE program?	Adult	% Adult	Child	% Child	Total
	Yes - How?	54	37.5%	57	39.9%	111
	No - Why?	22	15.3%	19	13.3%	41
	I don't know	68	47.2%	67	46.9%	135
	Total	144	100.0%	143	100.0%	287
	Skipped/Missing	62		61		123

50	Please rate your satisfaction with all of your health care or your child's health care in the last 6 months	Adult	% Adult	Child	% Child	Total
	Very satisfied - Why?	53	44.5%	67	56.8%	120
	Neither satisfied nor dissatisfied	61	51.3%	48	40.7%	109
	Very dissatisfied - What do you suggest to improve your satisfaction?	5	4.2%	3	2.5%	8
	Total	119	100.0%	118	100.0%	237
	Skipped/Missing	87		86		173

51	Have you or your child used Non-Emergency Medicaid Transportation?	Adult	% Adult	Child	% Child	Total
	Yes	103	54.8%	54	28.3%	157
	No - Go to Question 53	85	45.2%	137	71.7%	222
	Total	188	100.0%	191	100.0%	379
	Skipped/Missing	18		13		31

52	Please rate your satisfaction with Non-Emergency Medicaid Transportation	Adult	% Adult	Child	% Child	Total
	Satisfied - Go to Question 54	68	70.1%	29	52.7%	97
	Neither satisfied nor dissatisfied - Go to Question 54	19	19.6%	22	40.0%	41
	Very dissatisfied - Go to Question 54	10	10.3%	4	7.3%	14
	Total	97	100.0%	55	100.0%	152
	Skipped/Missing	109		149		258

53	Why have you or your child not used Non-Emergency Medicaid Transportation?	Adult	Child
	Please give reason-See Appendix 1	73	124
	Skipped/Missing	133	80

54	Did anyone help you answer these questions?	Adult	% Adult	Child	% Child	Total
	Yes	40	21.1%	15	7.6%	55
	No	150	78.9%	182	92.4%	332
	Total	190	100.0%	197	100.0%	387
	Skipped/Missing	16		7		23

Child Related Answers Only

C 8	Are you aware of the KIDMED Well Child Check-Ups?	Answer	% Total
	Yes	170	84.2%
	No	32	15.8%
	Total	202	100.0%
	Skipped/Missing	2	

C 9	Does your child's Doctor encourage you to have your child receive KIDMED screens?	Answer	% Total
	Yes	144	90.0%
	No	16	10.0%
	Total	160	100.0%
	Skipped/Missing	44	

C 10	Has your child received a KIDMED screening in the last 6 months? If your child is more than 6 years old, has your child had a screening in the las 2 years?	Answer	% Total
	Yes	114	71.7%
	No	45	28.3%
	Total	159	100.0%
	Skipped/Missing	44	

C 16	Have you talked with your child's doctor about any concerns you have with your child's development, learning or behavior?	Answer	% Total
	Yes	21	50.0%
	No	21	50.0%
	Total	42	100.0%
	Skipped/Missing	162	

C 17	Did you receive any specific information about your concerns?	Answer	% Total
	Yes	17	77.3%
	No	5	22.7%
	Total	22	100.0%
	Skipped/Missing	182	

C 25	Is your child up-to-date with their shots?	Answer	% Total
	Yes	187	92.1%
	No	6	3.0%
	I don't know	10	4.9%
	Total	203	100.0%
	Skipped/Missing	1	

C 26	This question is for children 3 years of age or older. In the last 6 months, how many times did your child go to a dentist's office for care?	Answer	% Total
	Under 3 years of age	32	16.9%
	None	71	37.6%
	1 - 3	75	39.7%
	4 or more	11	5.8%
	Total	189	100.0%
	Skipped/Missing	15	

C 27	What was the type of dental visit?	Answer	% Total
	Routine	86	96.6%
	Emergency	3	3.4%
	Total	89	100.0%
	Skipped/Missing	115	

C 28	Please rate your overall satisfaction with your child's dental care	Answer	% Total
	Satisfied - Why?	53	77.9%
	Neither satisfied nor dissatisfied	11	16.2%
	Very dissatisfied - What do you suggest to improve your satisfaction?	4	5.9%
	Total	68	100.0%
	Skipped/Missing	136	

C 58	What is your relationship to your child?	Answer	% Total
	Mother	179	89.5%
	Father	2	1.0%
	Grandparent	11	5.5%
	Legal Guardian	8	4.0%
	Total	200	100.0%
	Skipped/Missing	4	

C 59	How old is your child?	Answer	% Total
	6 months or less	11	5.5%
	7 - 11 months	15	7.5%
	1 year	14	7.0%
	2 years	23	11.5%
	3 years	9	4.5%
	4 - 5 years	19	9.5%
	6 - 10 years	50	25.0%
	11- 18 years	55	27.5%
	19 - 21 years	4	2.0%
	Total	200	100.0%
	Skipped/Missing	4	

APPENDIX 1

Q-1 What language do you mainly speak at home?

SPANISH
SPANISH
SPANISH
SPANISH
SPANISH
SPANISH
VIET NAMESE
VIETNAM

Q-6 Why did you change doctors?

BAD ATTITUDE
CALLED AND ASKED NURSE A QUESTION AND HER RESPONSE
HAVE NEVER BEEN TO A COMMUNITY CARE DOCTOR
HEARD ABT DR FROM A FRIEND
I WAS 21 & COULDN'T GO TO MY CHILD DR
MY DR LEFT,I FELL SICK AND I WAS HOSPITALIZED
THEY SENT ME TO THAT DR AND I LIKE THEM
TRYING NOT TO GO TO A CLINIC
WAS REFERRED BY A FAMILY MEMBER

Q-17 Was there a reason why the appointment(s) were missed ?

BEC I SUFFER WITH PAIN IN MY HIP;DIFFICULT TO WALK
DIDNT KNOW I HAD ONE
DONT LIKE TO GO HAVE NOTHING
DR HAD EMERGENCY
DR.ANAND WANTED TO SEE HIM 4 DAYS EARLIER
FALLING
FAMILY PROBLEMS
FORGOT TO CHECK VOICEMAIL FOR REMINDER
HAD A COURT DATE
HE WAS IN HOSPITAL
I HAD TO WORK THAT DAY
I WAS SICK/CONTAGIOUS
NEED CARD
SEE #16
TOO SICK TO GO
WAS SICK AND NO ONE ELSE COULD TAKE HIM

Q-18 What would you suggest as a way to help you remember your doctor's or your child's doctor appointment?

HE GIVES ME AN APPT CARD AFTER EACH VISIT
I DONT KNOW IF SHE WORK FOR THE CUM CARE
I WRITE ON CALENDAR
LIKE KNOWING WHEN APPTS WAS DUE & MAKE APPT FOR US
MOM HELPS ME
PLEASE SEND ME A CARD
RELIABLE MEDICAID TRANSPORTATION PEOPLE
WALK IN

GIVE YOU A REMINDER CARD WHEN YOU ARE THERE
HAVE ALTERNATIVE TRANSP IF I'M SICK
I'VE NEVER MISSED AN APPOINTMENT
MARK DATES ON CALENDAR OR SET APPTS ON CELL PHONE
PUT ON CALENDAR OR REFRIDGERATOR DOOR
REMINDER CARD AT OFFICE
SET A REMINDER ON MY PHONE/CALENDAR
WE ALWAYS GO TO HIS APPT
WRITE ON THE COMPUTER

Q-21 Did you call your CommunityCARE doctor or child's doctor for after hours care?

BEC THERE'S AN ER DR ALREADY AVAILABLE
BECAUSE I GO TO THE EMERGENCY ROOM
BECAUSE I HAD NO MEANS OF TRANSPORTATION
BECAUSE THEY CAN NOT BE REACHED AFTER HOURS
BECAUSE THEY WERE CLOSED
COULDN'T
DECIDED TO GO TO LAKE AFTER HOUR
DIDNT HAVE NO REASON
DIDNT KNOW I COULD
DIDNT KNOW I COULD.WAITED OR WENT TO ER
DIDNT KNOW I HAD TO CALL
DIDNT NEED HIM
DIDNT NEED IT
DIDN'T NEED TO
DONT HAVE ANYONE ON CALL EXCEPT FOR UNION GEN HOSP
DONT KNOW HOW TO GET INTOUCH WITH THE DR
ER
HE WILL NOT SHOW UP
I COULD NOT BREATH AND NEEDED CARE RIGHT AWAY
I DID HAVE TOO!
I DON'T KNOW IF THAT IS AVAILABLE
I HAVE NO REASON TO
IT WAS AFTER HOURS
IT WAS AN EMERGENCY
IT WASN'T AN EMERGENCY
KNEW THEY WERE NOT OPEN
N/A
NEED CARD
NO AFTER HOUR NUMBER
NO ONE ON CALL
NOT OPEN AFTER HOURS
SCHEDULED VISIT AFTER ER VISIT 2 DAYS LATER
SUSPECTED BROKEN RIB-NEEDED XRAY FOR CONFIRMATION
THE CLOSE
THE OFFICE IS CLOSED
THERE IS NO AFTER HOURS EXCEPT FOR EMERGENCY ROOM
THERE IS NONE THAT I AM AWARE OF
THERE WOULD BE NO NEED
THEY TELL YOU TO COME IN ANOTHER DAY
TOO SICK TO THINK
WAITED TO GET AN APPOINTMENT THE NEXT DAY
WAS AFRAID HE WOULD NOT DO ANYTHING OR YELL AT ME
WAS NOT NEEDED
WAS NOT OPEN
WENT STRAIT TO ER FASTER
WENT TO THE ER

Q-22 Where do you or your child get after hours medical care?

911 EMERGENCY
CALL DR. KUPLESKY'S HOUSE
CALL PEDIATRICIAN
DAVID RAINES
DID NOT HAVE TO
DID NOT NEED
DOCTOR SAW CHILD AFTER HOURS
DR. STAYS OPEN LATE ONE DAY A WEEK FOR LATE HOURS
DRUG STORE-CALL DOCTOR
HAVE NOT HAD THE NEED FOR ONE
HAVEN'T HAD THIS PROBLEM YET
HAVEN'T HAD TO SO FAR
HAVNT NEEDED ANY
I CALL THE DOCTORS ANSWERING SERV & HE CALLS BACK
I DIDN'T
I WAIT TIL MY APPOINTMENT
I WAITED UNTIL THE NEXT DAY
MY MOTHER
ON CALL DOCTOR
QUICK CARE
TREATMENT AND OBSERVATION OF SYMPTOMS AT HOME
WAIT UNTIL
WE WAIT UNTIL THE NEXT MORNING TO GO TO THE DR.

Q-26 Why was it not easy for you or your child to get the after hours medical care you thought you or your child need?

AFTER HOUR HELPLINE CAN'T SEE MEDICAL HISTORY
CALL 911 OR GO TO HOSPITAL
CLOSE AT DIFF HOURS
DID NOT NEED AFTER HOUR CARE
DIDNT CALL
DIDN'T NEED IT
ER WAITS ARE LONG AND ANNOYING
HAVE NOT NEEDED, WLD GO TO ER
HAVEN'T NEEDED SO FAR
HAVNT NEEDED ANY
HOSPITAL TAKES TOO LONG
I DID NOT HAVE THE DOCTOR THEN
I DIDNT HAVE A PHONE MOST OF THE TIME
I DIDN'T NEED TO
IF AFTER HOURS HAVE TO GO TO ER
IF BAD HOSPITAL NO PROBLEM THANK YOU
IF NOT AN EMERG I HAVE TO WAIT TIL NXT DAY FOR APP
IF NOT EMERGENCY I WOULD BE CHARGED
NEVER HAD TO GO TO HOSPITAL
NEVER KNEW HAD A 24 HR LINE
NEVER NEEDED
NEVER NEEDED AFTER HOUR CARE
NO MEDICAL INSURANCE WENT TO EMERGENCY ROOM
NO TRANSP AND DOES NOT GIVE MEDS AFTER HRS
NO TRANSPORTATION
NONE
NONE OF THE ABOVE
NURSE LINE SUGGEST ER AND THAT IS NOT AFFORDABLE
SUSPECTED BROKEN RIB REQUIRING XRAY FOR CONFIRMATI
TAKIN TO ER
TRANSPORTATION NOT AVAILABLE

YOU SEE A DOCTOR FOR EMERGENCY WHEN YOU ARE SICK

Q-33 Why was it not easy to get a referral for you or your child?

ADHD
BEC I NEED MORE THAN 3 REFERRALS FOR SPECIALIST
CALLED SPECIALIST ON MY OWN
CAN'T AFFORD A SPECIALIST
DR.'S AND NURSES ARE GOOD
HAD TO SEE COMM CARE DR JUST TO GET A REFERRAL
HADTO FIND ONE THAT TAKE MEDICAID LONG WAITING LIS
I DIDNT CALL IN A TIMLEY MANNER
NEVER GOT BACK IN TOUCH ALWAYS A RUN AROUND
NO SPECIALIST IN CLOSE AREA
NOT NEEDED
NOT TOO MANY SPECIALIST SEE PATIENTS WITH MED CARD
OFFICE STAFF
OTHER PROBLEMS
RUDE
THEY ALWAYS WANTED ME TO SEE SOMEONE ELSE
THEY TELL YOU TO COME IN AND DO ALL KIND OF TEST
WAS TOLD SPECIALIST DIDN'T ACCEPT MEDICAID APPT.S

Q-36 Why was it not easy for you or your child to get an appointment with a specialists?

ALL OF THE ABOVE
DR.OFFICE SD THEY WOULD CALL WITH APPT BUT DIDNT
NEEDED REFERRAL

Q-37 What type of specialist(s) have you or your child seen?(May choose more than one)

CARDIOLOGIST
COLON
C-SECTION
EAR,NOSE & THROAT
EYE SPECIALIST
EYES = FOOT = KIDNEYS
GASTRO AND TRANSPLANT
GASTRO INTERNAL AND BONE
GASTRO INTEROLOGIST
GASTROENTEROLOGIST,NEUROLOGIST
HEAD SPECIALIST
HEART SURGEON/ARTHRITIS SURGEON
IM NOT SURE
INTERNAL MEDICINE
KIDNEY SPECIALIST
KIDNEY SPECIALIST, TUMOR SPECIALIST
KIDNEY-EYE
LIVER
LIVER
NEPHROLOGIST
NEPHROLOGY KIDNEY
OPTOMITRIST
PARKINSONS
PODIATRIST
PODIATRIST
PODIATRIST
PODIATRIST,OPHTHAMOLOGIST
PULMONOLOGIST
RHEUMATOLOGIST

URI IN SHREVEPORT DR VAN SAVAGE UROLOGY AT LSUMC
ARTH BLOOD WORKJUST TO SEE IF EVERYTHING WAS OK BOWEL DR CARDIOLOGY DENTAL DENTIS-PODIATRIST-HEMOTOLOGIST DENTIST DR.MARK POSNER UROLOGY/BLADDER E.N.T. SURGEON EAR DR ENT,PVO EYE DOCTOR FOR HIS LIVER AND SEIZURE HEADACHE HEART HEART DOCTOR HEART DOCTOR INDOCRINOLOGIST NA NEUROLOGIST (PEADTRICIAN) NOSE SPECIALIST OPHTHOLOGIST ORTHOPEDIC PED CARDICIST PEDIATRIC PULMONOLOGIST SPEACH AND HEARING SPECIALIST UROLOGIST UROLOGIST YEAR AGO- CARDIOLOGIST AND NEUROLOGIST

Q-40 Please rate your overall satisfaction with the CommunityCARE Member Hotline

COURTEOUS,HELP AND INFORMATIVE REPRESENTATIVES COURTEOUS,NICE AND PATIENT GOOD SERVICE HELPFUL N/A RECEIVED NEEDED ANSWERS SHE WAS VERY PLEASANT AND EXPLAINED WELL SO FAR IM OK THEY HELP ME SOMETIMES THEY HELPED ME FIND A DR.IN THE AREA THEY HELPED ME OUT ALOT THEY WERE FRIENDLY AND NICE THEY WERE HELPFUL
--

Q-47 Why did you call the 24-Hour Nurse Helpline? (Other reason selected)

CHANGED COMMUNITY CARE DR. I CALLED THEM TO ASK QUESTIONS I WAS HAVING TROUBLE BREATHING AND WANTED TO KNOW NEEDED ASSISTANT FOR ES WASNT SURE ABOUT TAKING CHILD TO ER OR WAIT FOR DR
--

Q-49a

Has you're your general health or your child's general health improved since being assigned to the CommunityCARE program (Yes was selected)

ABLE TO GET THE HEALTH CARE NEEDED TO STAY HEALTHY
ABLE TO SEE DOCTOR WHEN NEEDED
ALL ARE HEALTH AND SMART
ALL IS FINE
ALLERGIES ARE UNDER CONTROL
ASTHAM BETTER;HEART& BLOOK PRESSURE
ASTHMA UNDER CONTROL
BECAUSE SHE CAN GET TEH CARE THAT IS NEEDED
BEING WELL
CONSISTENT CARE GOOD RECOMMENDATIONS
DR IS WATCHFUL AND ATTENTIVE
EASY
FREQUEST VISTIS
GIVEN THE PROPER TREATMENT WHEN NEEDED
HAS STOMACH PROBLEMS. DR FINDS TREATMENT
HAVENT BEEN SICK
HE GET GOOD CARE AND HES DOING BETTER
HE IMPROVES WITH THE HELP HE GETS AND GROWS
HE WAS SERVED WITH EXPERIENCE STAFF
HEALTHY BECAUSE OF ROUTINE CARE. THANK YOU!
HEALTHY CHILD
HER ASTHMA IS BETTER AND NOT ON AS MUCH MEDICINE
HER DR TALKS TO HER ABOUT HER ILLNESS
HER HEALTH HAS STAYED THE SAME WHICH IS GOOD
HIS BLOOD PRESSURE IS UNDER CONTROL
HIS SKIN ALLERGY HAS GOTTEN BETTER
I KNOW WHATS WRONG WITH HER RIGHT AWAY
I'M ABLE TO TAKE HIM TO THE DR. WHEN NEEDED
IM SATISFIED WITH THE ASSISTANCE I RECEIVE
I'M SO THANKFUL FOR ALL THE PROGRAMS
LESS ALLERGIES AND EAR INFECTIONS
LESS ILLNESSES
MY CHILD DOES NOT HAVE TO WAIT
MY SON HAD MENIGITIS AT 1 MONTH OLD,NOW HEALTHY
NEEDED CARE
NO PROBLEMS
NOT AS SICK
RECEIVED TREATMENT WHEN NEEDED
REGULAR VISITS
SEEN A SPECIALIST W/NO PROBLEM
SHE CAN GET THE HELP THAT SHE NEEDS
SHE HAS ASTHMA BUT DOESN'T HAVE AS MANY ISSUES NOW
SHE SEES HIM REGULARLY
SINCE SEEING THE ENT THAT I FOUND MYSELF
SKIN HAS IMPROVED. NOT SICK AS MUCH
STAYS WELL, CATCHES LITTLE THINGS QUICKLY
THE DR IS FRIENDLY
THE NEW DOCTOR HAS LISTENED TO MY CONCERNS
THEY GIVE ME ALL THE INFORMATION I NEEDED
THEY HAVE DOCTOR
THEY HAVE THERE UPS AND DOWN DAYS
THEY KNOW SO MUCJ=H ABOUT HER ALLERGYS
THEY SPEAK BOTH LANGUAGE AND INTERACT WITH CHILD
VERY HEALTHY BEFORE AND PRESENT. BLESSED
VISITS HAVE BEEN CUT DOWN, GOES EVERY OTHER MNTH
WHATEVER THE DOCTOR PRESCRIBES WORKS

YES BEC SHE WAS PROVIDED WITH THE MEDS NEEDED

Q-49b Has you're your general health or your child's general health improved since being assigned to the CommunityCARE program (No was selected)

ALLERGIES AND ASTHMA
CANT FIND OUT SHE IS STILL HAVE SEIZURES
CHILD DOESNT HAVE BAD HEALTH PROBLEMS
HE HAS BEEN HEALTHY
HE HAS BEEN PRETTY HEALTHY
HE IS A HEALTHY CHILD
HE IS GENERALL HEALTHLY WAITING ON SPECIALIST
HE'S ALWAYS BEEN A HEALTHY CHILD
HE'S ALWAYS BEEN HEALTHY
IT'S CONSTANT NO CHANGE
MY CHILD IS HEALTHY & IS RARELY SICK
NEVER REALLY GET SICK
NO MAJOR HEALTH PROBLEMS
NO SICKLY TO BEGIN WITH
RECIEVED MAJORITY OF THIS CARE AT HOME
RONDELL HASN'T NEEDED TO VISIT THE DR.
SAME NO CHARGE
WAS NEVER A SICKLY CHILD ONLY SUFFER FROM OCCASION
WAS NORMAL AND IS NORMAL

Q-50a Please rate your satisfaction with all of your health care or your child's health care in the last 6 months? (Very satisfied Selected)

AWESOME
B/C WE HAVE BEEN REFERRED TO A HEART DOCTOR
BEC THEY DO WHAT THEY CAN TO TREAT ME
DR LISTENED TO MY CONCERNS
DR SEES ME WHEN I NEED
ECH SPECIALIST TOOK TIME TO EXPLAIN THINGS
FEEL BETTER
GOOD FOLKS
HAVE NOT BEEN ILL
HELP TO KEEP ME STRONG IN MY HEALTH
HELP WHEN NEEDED
I AM SATISFIED BECAUSE THEY LISTEN
I DIDN'T KNOW WHAT TO DO SO I CALL TO ASK FOR HELP
I DONT HAVE A PROBLEM GETTING WAITED ON
I GOT THE PROPER CARE NEEDED
I HAVE HELP NOW
I SAW THE DR I NEEDED TO SEE
I WENT TO THE ER & THEY TOOK GOOD CARE OF ME
ILLINIESS IMPORVED = CELLITIS
JUST STARTED THE PROGRAM SO FAR SO GOOD
MY CHILD GETS THE CARE SHE NEEDS WHEN SHE NEEDS IT
N/A
N/A
NOT USED
NOW I HAVE CONTROL SO FAR
SOMEWHAT
THE DOCTORS ARE VERY KNOWLEDGABLE
THEY ARE GOOD DRS
THEY ARE VERY HELPFUL
THEY TREAT ME GOOD

TOOK GOOD CARE OF ME
WE LOVE DR CHAUDRY

ALL APPTS MADE FOR ME;VERY PLEASANT ATMOSPHERE
ALL THEIR NEEDS HAVE BEEN MEET
ALWAYS CONCERNED
ALWAYS FAST AND DIAGONSED RIGHT
BECAUSE HE WAS TREATED
BECAUSE OF I KEEP UP WITH MY DOCTOR
BECAUSE THE DOCTOR AND STAFF ARE GREAT
BECAUSE THEY HELP ME WHEN IT'S NEEDED
DENTIST
DR TAKES TIME TO LOOK AT OVERALL PICTURE
DR. KRISHEN IS THE BEST
DR.& STAFF INFORMATIVE AND VERY NICE
EVERYTHING GOING GOOD
EXCELLENT
EXCELLENT! THEY ARE THERE WHEN NEEDED!
FEEL SO MUCH BETTER
GETTING GOOD CARE
GOOD CARE
GOOD DOCTOR
GOOD JOB RENDERED
GOOD SERVICE
GREAT HEALTHCARE
GROWING HEALTHY WITH A GREAT DOCTOR OR OVERSEE
HELPFUL
HIS MEDICATIONS IS GOOD
I AM IN GOOD HEALTH AND GOING GOOD
I AM RECEIVING MEDICAL CARE REGULAR
I AM STILL ALIVE AND BREATHING
I CAN MOVE AROUND WITHOUT BREATHING DIFFICULTY
I GOT THE RIGHT TREATMENT
I LIKE MY PRIMARY CARE PHYSICIAN
LISTEN TO ME
MY DR IS CARING AND WORKS HARD TO HELP
N/A
N/A
NEEDS WERE ADDRESSED
NO ANSWER
NO ANSWER
NO ANSWER
NO COMPLAINTS
NO PROBLEMS WITHIN THE LAST 6 MONTHS
NONE
OUTSTANDING CARE
PRETTY GOOD
QUALITY CONTINUOUS CARE
SHE'S DOING FINE
SWTICED DOCTORS
TAKES CARE OF MY HEALTH AND FRIENDLY
THE DOCTOR AND NURSES ARE VERY FRIENDLY
THEY ALWAYS HELP WHEN NEEDED
THEY ARE VERY HELPFUL AND NICE
THEY DO A GOOD JOB
THEY GIVE GOOD SERVICE
THEY TAKE GOOD CARE OF MY CHILD
THEY TAKE GOOD CARE OF MY CHILDREN
VERY

	<p>VERY HAPPY WITH DR</p> <p>VERY KNOWLEDGABLE AND KIND</p>
	<p>ALL THE SERVICES I NEED</p> <p>ALWAYS CONCERNED</p> <p>AWESOME</p> <p>BEC MY CHILD WAS PROVIDED WITH THE CARE NEEDED</p> <p>BECAUSE HE HASN'T BEEN</p> <p>DR.TAKES GREAT CARE OF BOTH MY CHILDREN</p> <p>GOOD</p> <p>GOOD</p> <p>GREAT</p> <p>GREAT DOCTORS; GREAT CARE</p> <p>HAVE A GOOD DOCTOR AT A GOOD CLINIC</p> <p>HE WAS ABLE TO GET THE HEALTHCARE NEEDED</p> <p>HE'S A HEALTHY CHILD</p> <p>I DON'T HAVE TO GO VERY OFTEN</p> <p>SATISFIED WITH THE DOCTOR'S CARE</p> <p>SHE IS A WELL CHILD</p> <p>THE DOCTOR TAKES TIME TO EXPLAIN EVERYTHING TO ME</p> <p>THE SERVICE WAS FAST SERVING THE PATIENT</p> <p>THEY ARE VERY GOOD DOCTORS</p> <p>THEY WERE VERY HELPFUL</p>

Q-50b Please rate your satisfaction with all of your health care or your child's health care in the last 6 months? (Very dissatisfied Selected)

	<p>GET A BETTER DOCTOR</p> <p>HAS DR DOESNT PAY ATTENTION WHEN I HAVE CONCERNS</p> <p>LOST MEDICAID B/C OF INCOME..LOST MY DR IN RESULT</p> <p>NEEDS TO BE URGENT CARE AVAILABLE FOR AFTER HOURS</p> <p>NOT ENOUGH PRIMARY PHYSICIANS</p> <p>REFERRALS NOT TO BE SO SPECIFIC</p> <p>STILL HAVENT GOTTEN BETTER;SAME CONDITION</p> <p>THEY TAKE CHILDREN'S SITUATIONS TOO LIGHTLY</p>
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Q-53 Why have you or your child not used Medicaid Non-Emergency Transportation?

	<p>BECAUSE I DID NOT KNOW YOU CAN CALL THEM</p> <p>DAUGHTER TAKES CARE OF THAT</p> <p>DID NOT KNOW MEDICAID HAD TRANSPORTATION</p> <p>DIDN'T KNOW ABOUT TIL TODAY</p> <p>DIDN'T KNOW STEPS OR PROCEDURES TO TAKE</p> <p>DIDN'T NEED IT</p> <p>DIDNT NEED IT SO FAR</p> <p>DISABITED</p> <p>HAVE A PCA</p> <p>HAVE NO CAR</p> <p>I AM STILL ABLE TO DRIVE</p> <p>I DID NOT NEED IT</p> <p>I DIDN'T KNOW ABOUT IT</p> <p>I DON'T KNOW WHY</p> <p>I HAVE MY OWN TRANSPORTATION</p> <p>I HAVE TRANSPORTATION</p> <p>I HAVE TRANSPORTATION</p> <p>IDK</p> <p>MY DAUGHTER AND SISTER HELP ME OUT</p> <p>MY MOTHER TAKES ME TO THE DR WHEN I NEED</p> <p>MY PARENTS HAVE A TRUCK</p>
--	---

MY WIFE DRIVES ME
TO SICK TO USE OTHER TRANSPORTATION
CANT DRIVE A CARE NURVES ARE VERY BAD
CANT GET THE SERVICE
DID NOT NEED TRANSPORTATION
DIDN'T KNOW
DIDNT KNOW HOW TO USE IT
DIDNT KNOW IT WAS AVAILABLE
DIDNT KNOW IT WAS AVAILABLE
DIDNT NEED IT
DIDN'T NEED IT
DO NOT KNOW WHAT THIS IS
DON'T KNOW ABOUT IT
DONT KNOW HOW TO CONTACT
DONT KNOW HOW TO USE
HAS TRANSPOR
HAVE MY OWN TRANSPORTATION
HAVE OWN TRANSPORTATION
HAVE OWN TRANSPORTATION
HAVE TRANSPORTATIOIN
I CAN GET A RIDE
I CAN GET A RIDE
I CAN GET A RIDE
I CAN GET A RIDE
I CAN GET A RIDE
I CAN GET A RIDE
I CAN GET A RIDE
I DONT KNOW
I DONT KNOW
I HAVE A CAR
I HAVE A CAR
I HAVE A RIDE
I HAVE A RIDE
I HAVE A RIDE
I HAVE A RIDE
I HAVE A RIDE
I HAVE A RIDE
I HAVE A RIDE
I HAVE MY OWN TRANSPORTATION
I HAVE MY OWN TRANSPORTATION
I HAVE SOMEONE DESIGNATED TO DRIVE ME
I HAVE TRANSPORTATION
I NEVER NEED TO
NEED A CARD
NEITHER
NO
NO NEED
NO NEED FOR IT
NO NEEDED
NOT NEEDED
NOT NEEDED
OWN MY CAR
REQUESTED IT AND NEVER RECEIVED ANYTHING
STOPPED IN FEBRUARY 09
TAKES TOO LONG
THEY DID NOT PROVIDE
TO GO TO DOCTOR
UNABLE TO GET SERVICE IN MY AREA
UNAWARE

UNAWARE OF PROGRAM
VERY SELDOM GET A RIDE

A FAMILY MEMBER HAS BEEN ABLE TO BRING ME
ALWAYS FOUND MY OWN TRANSPORTATION
BECAUSE I HAVE A VEHICLE
BECAUSE I HAVE MY OWN TRANSPORTATION
BECAUSE I HAVE TRANSPORTATION
DID NOT KNOW ABOUT IT
DID NOT KNOW IT EXISTED IN HER TOWN
DID NOT NEED
DID NOT NEED IT OR KNOW OF IT
DIDN'T KNOW ABOUT IT
DIDN'T KNOW ABOUT IT
DIDNT KNOW ABOUT IT. USED AMBULANCE
DO NOT NEED IT
DO NOT NEED IT
DON'T NEED IT
DONT WANT TO BE LATE FOR APPTS. HAVE OWN TRANS.
HAS A VEHICLE
HAVE A VEHICLE
HAVE FAMILY TRANSPORTATION
HAVE MY OWN CAR
HAVE MY OWN TRANSPORTATION
HAVE MY OWN TRANSPORTATION
HAVE MY OWN VEHICLE
HAVE MY OWN VEHICLE
HAVE TRANSPORTATION
HAVE TRANSPORTATION
HAVENT HAD TO
I DON'T HAVE MY OWN TRANSPORTATION
I DONT NEED IT
I DONT THINK THEY WOULD COME OUT TO MY HOME
I HAVE A CAR
I HAVE A CAR
I HAVE A CAR
I HAVE A CAR
I HAVE A CAR
I HAVE A CAR
I HAVE A TRUCK
I HAVE A VEHICLE
I HAVE A WAY TO APPOINTMENTS
I HAVE MY OWN CAR
I HAVE MY OWN CAR
I HAVE MY OWN TRANSPORTATION
I HAVE MY OWN TRANSPORTATION AT THIS TIME
I HAVE MY OWN VEHICLE
I HAVE MY OWN VEHICLE
I HAVE TRANSPORTATION
I WAS CONCERNED ABOUT STAYING TOO LONG AT THE OFFI
MY MOTHER PROVIDES ME WITH A CAR WHEN NEEDED
NEVER NEED SERVICES
NEVER WAS NECESSARY
NO
NOT AWARE
NOT NEEDED
NOT NEEDED
ONCE OR TWICE, WHEN MY CAR WAS BROKE
THE LONG WAIT TIME TO PICK YOU UP

WASNT NEEDED
WE HAVE OUR OWN VEHICLE
BECAUSE I HAVE A VEHICLE
BECAUSE I HAVE TRANSPORTATION
BECAUSE I NEVER HAD NON EMERGENCY MEDICAL REASONS
BECAUSE WE HAVE A AUTOMOBILE
DIDNT KNOW IT WAS AVAILABLE
DIDN'T KNOW IT WAS AVAILABLE
DIDN'T NEED IT
DIDN'T NEED TO
DIDN'T NEED TO
DO NOT KNOW
DROVE CHILDREN MYSELF
FAMILY PROVIDES TRANSPORTATION
GOT MY OWN CAR
HAVE MY OWN VEHICLE
HAVE OWN
HAVE OWN TRANSPORTATION
HAVE OWN TRANSPORTATION
HAVE OWN TRANSPORTATION
HAVE OWN TRANSPORTATION
HAVE TRANSPORTATION
HAVE TRANSPORTATION
HAVE TRANSPORTATION TO GET THERE
HAVE'NT HAD THE NEED FOR IT
HAVEN'T HAD THE NEED YET
HAVENT NEEDED IT
HAVEN'T NEEDED IT HAVE PERSONAL TRANSPORTATION
HE HAS NOT NEEDED IT
I CAN DRIVE
I DIDN'T KNOW ABOUT IT
I DIDNT NEED AT TIME
I HAVE A CAR
I HAVE A CAR
I HAVE A CAR
I HAVE A CARE
I HAVE MY OWN TRANSPORTATION
I HAVE MY OWN TRANSPORTATION
I HAVE MY OWN TRANSPORTATION
I HAVE MY OWN VEHICLE
I HAVE TRANSPORTATION
I WASN'T AWARE I COULD USE IT
NEVER HEARD OF IT
NO NEED
NO NEED
NO NEED
NO NEED
NO NEED
NOT AWARE AND HAS OWN TRANSPORTATION
NOT NEEDED AT MOMENT
OWN VEHICLE
THANK GOODNESS I HAVE NOT YET NEEDED
UNAWARE
WAS NOT AWARE OF NEMT
WE CAN GET A RIDE
WE HAVE A CAR
WE HAVE A RIDE
WE HAVE A RIDE

WE HAVE A RIDE
WE HAVE TRANSPORTATION

Child Related Survey Answers

Q-C28a Please rate your overall satisfaction with your child's dental care (Satisfied selected)

AWESOME
BEC THE DENTIST PROVIDED MY CHILD W/SRVCS NEEDED
BEC THEY WERE VERY CURIOUSTY
BECAUSE SHE WAS VERY KNOWLEDGABLE
BECAUSE THEY TOLD ME EVERYTHING
BECAUSE THEY TOOK TIME WITH MY CHILD
CARING AND EXPLAINS WELL
CAUSE WHEN ONE DENTISR COULDNT HANDLE THE JOB THEY
COVERED ALL CONCERNS
DENTISIT IS FRIENDLY TO CHILD AND RELAXES HER
DENTIST OFFICE MADE APPOINTMENT RIGHT AWAY
DENTIST WAS VERY NICE & MADE MY CHILD FEEL RELAXED
DIRECT RE TEATMENT TREATS CHILD SPECIAL
DOCTOR WORKS WITH KIDS VERY WELL
DR. KIMBERLY RAYFORD
FRIENDLY
GENTLE, PATIENT
GOOD
GOOD SERVICE
GOOD TREATMENT
GOOD WITH KIDS
GREAT
HAD GOOD SERVICE
HAS GOOD SERVICE
HE IS VERY FRIENDLY AND MAKES HER FEEL COMFORTABLE
INFORMS ME OF ANY PROBLEMS THEY SEE AT THE TIME
MAKE VISIT AS PLEASED
MD & STAFF VERY GOOD WITH KIDS
MRS.BOLES KEEPS HER INFORMED ABOUT CHILD
NO LONG WAITS, DOCTOR IS FRIENDLY
NOT A LONG WAIT AND DENTIST DID A GOOD JOB
PERSONALIZED CARE
PROBLEM RESOLVED
REGULAR DENTIST/HE GAVE IMMEDIATE REFERRAL
SOMEWHAT SATISFIED. WAIT LONG TIME FOR AN APPT.
SPECIALIZE IN PEDIATRIC DENTISTRY
TELL YOU THE CONDITION OF TEETH
THEY ARE GREAT WITH CHILDREN
THEY ARE VERY HELPFUL
THEY FIXED HIS TEETH
THEY SEE YOU FAST
THEY'RE GREAT WITH KIDS AND MY DAUGHTERS NOT SCARE
THOURALLY CHECKED EACH TIME
TO GET AND APPT WAS A LONG WAIT BUT WAS ROUTINE
UNDERSTANDING
VERY CARING, GREAT SERVICE
VERY CHILD ORIENTED, COMFORTABLE
VERY CONCERNED AND CARING
VERY FRIENDLY AND KID-ORIENTED
VERY GOOD
VERY GOOD DENTIST
VERY GOOD WITH HER

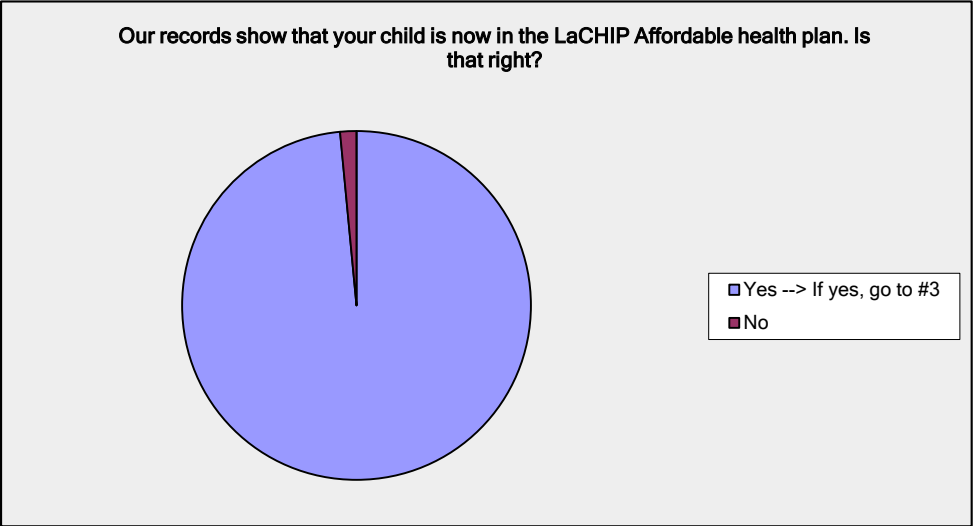
VERY WELL PLEASE

Q-C28b Please rate your overall satisfaction with your child's dental care (Dissatisfied selected)

DOESNT KNOW A GOOD DENTIST THAT ACCEPTS KIDMED
LIMITED AND INCONVENIENT LOCATIONS
NEED BETTER DENTIST/ LAST 2 DDS CHIPPED HIS TEETH
THE WAIT IS TOO LONG TO SEE THE DENTIST

LaCHIP Affordable Survey

Our records show that your child is now in the LaCHIP Affordable health plan. Is that right?		
Answer Options	Response Percent	Response Count
Yes --> If yes, go to #3	98.5%	329
No	1.5%	5
<i>answered question</i>		334
<i>skipped question</i>		3



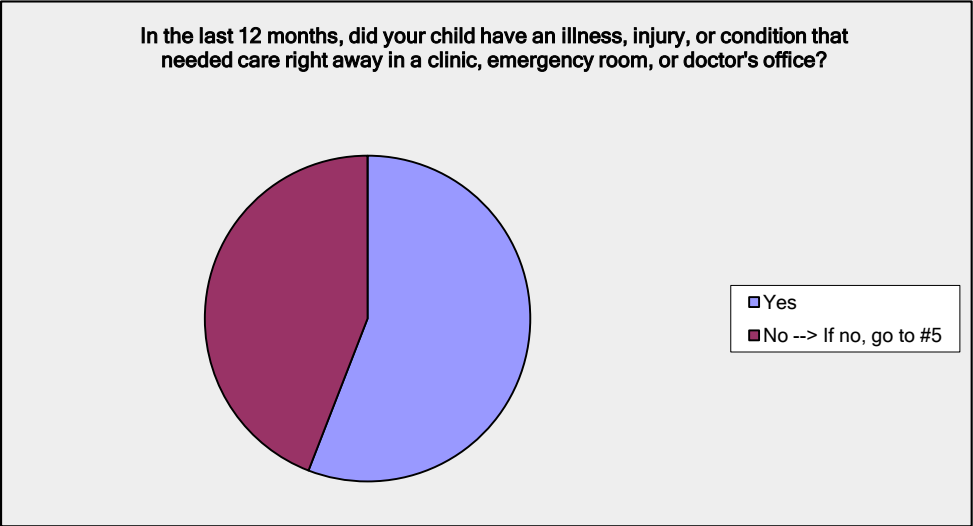
LaCHIP Affordable Survey

What is the name of your child's health plan?	
Answer Options	Response Count
	8
<i>answered question</i>	8
<i>skipped question</i>	329

Number	Response Date	Response Text
1	Mar 23, 2010 9:42 PM	Medicaid
2	Mar 23, 2010 9:51 PM	LaChip no cost plan as of 3/1/10
3	Mar 24, 2010 1:29 PM	LaChip not cost plan as of 3-1-10
4	Mar 24, 2010 1:34 PM	office of group benefits
5	Mar 24, 2010 2:46 PM	PPO-LaChip
6	Mar 24, 2010 4:09 PM	catalyst
7	Mar 25, 2010 2:27 PM	blue cross blue shield
8	Mar 25, 2010 2:28 PM	Blue Cross Blue Shield

LaCHIP Affordable Survey

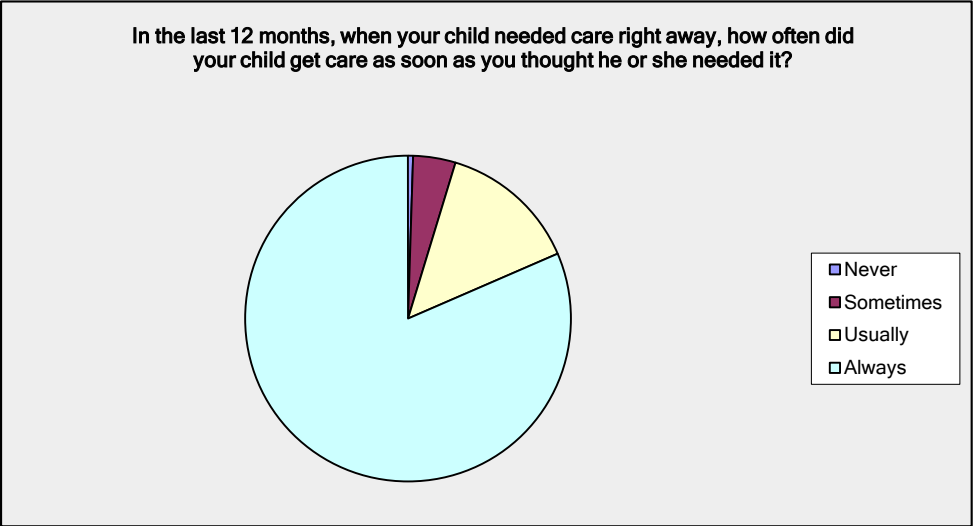
In the last 12 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?		
Answer Options	Response Percent	Response Count
Yes	55.9%	186
No --> If no, go to #5	44.1%	147
answered question		333
skipped question		4



LaCHIP Affordable Survey

In the last 12 months, when your child needed care right away, how often did your child get care as soon as you thought he or she needed it?

Answer Options	Response Percent	Response Count
Never	0.5%	1
Sometimes	4.2%	8
Usually	13.8%	26
Always	81.5%	154
answered question		189
skipped question		148



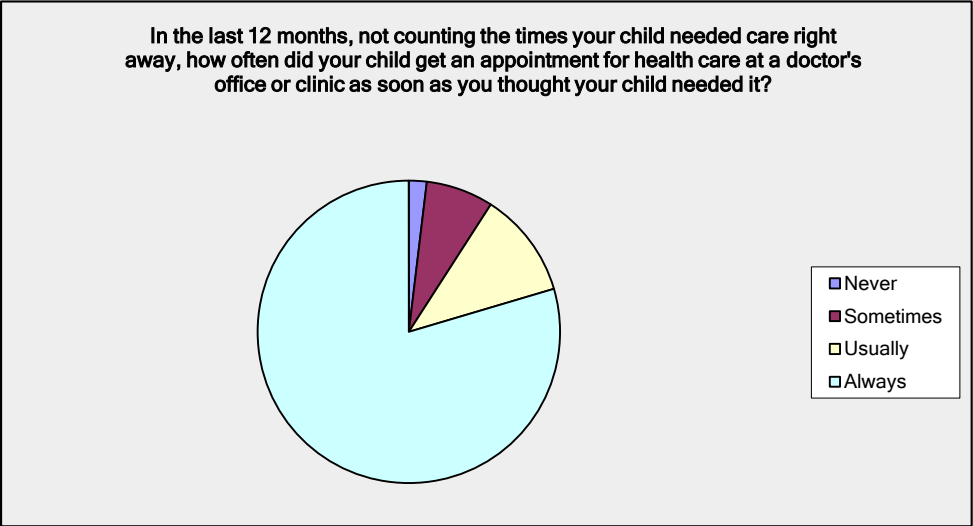
LaCHIP Affordable Survey

In the last 12 months, not counting the times your child needed care right away, did you make any appointments for your child's health care at a doctor's office or clinic?		
Answer Options	Response Percent	Response Count
Yes	79.5%	264
No --> If no, go to #7	20.5%	68
answered question		332
skipped question		5



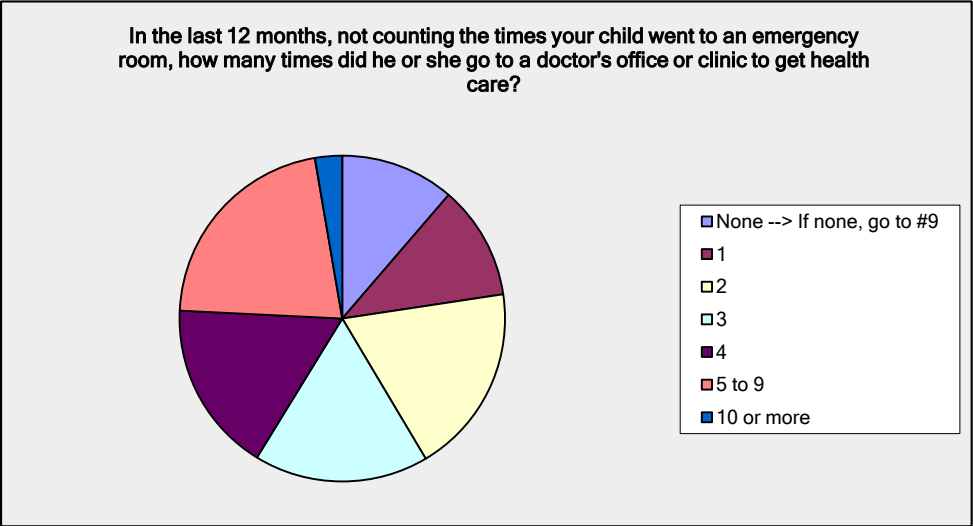
LaCHIP Affordable Survey

In the last 12 months, not counting the times your child needed care right away, how often did your child get an appointment for health care at a doctor's office or clinic as		
Answer Options	Response Percent	Response Count
Never	1.9%	5
Sometimes	7.2%	19
Usually	11.3%	30
Always	79.6%	211
answered question		265
skipped question		72



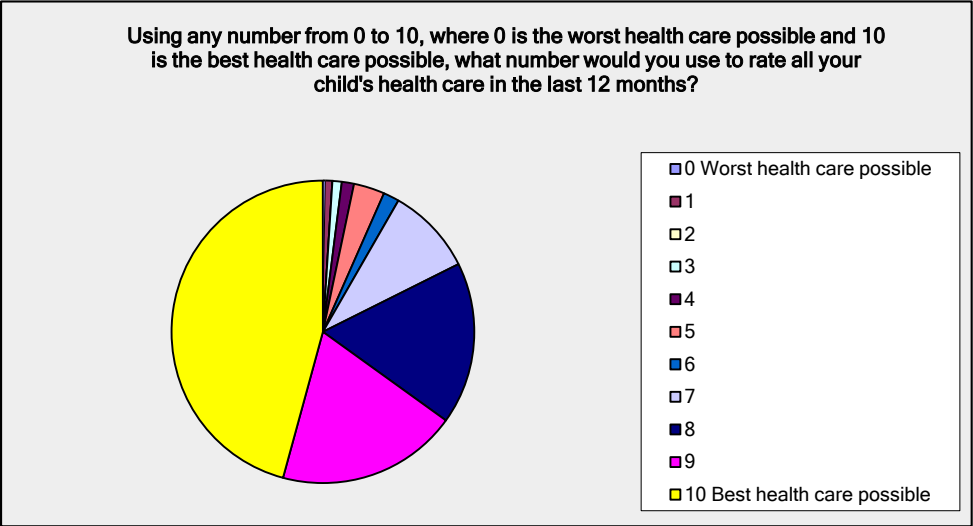
LaCHIP Affordable Survey

In the last 12 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?		
Answer Options	Response Percent	Response Count
None --> If none, go to #9	11.3%	38
1	11.3%	38
2	18.8%	63
3	17.3%	58
4	17.0%	57
5 to 9	21.5%	72
10 or more	2.7%	9
answered question		335
skipped question		2



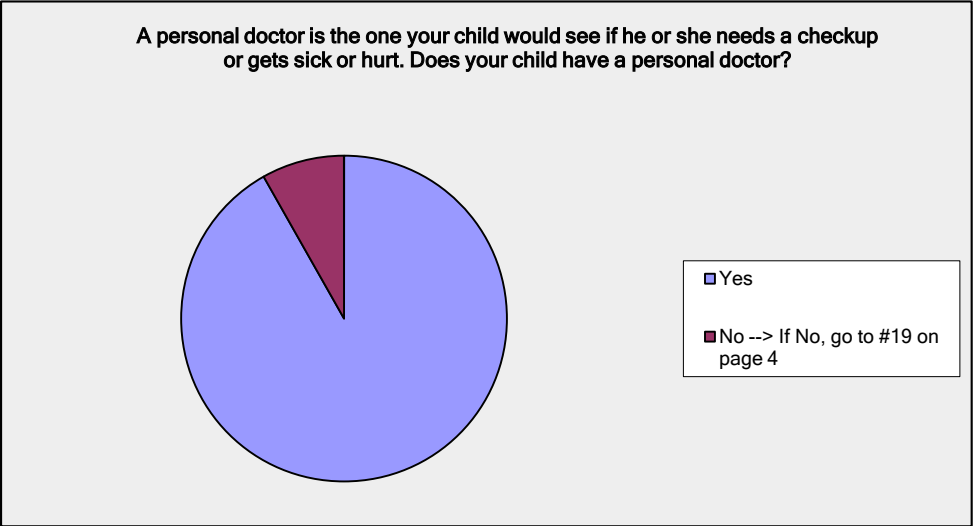
LaCHIP Affordable Survey

Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care		
Answer Options	Response Percent	Response Count
0 Worst health care possible	0.3%	1
1	0.7%	2
2	0.0%	0
3	1.0%	3
4	1.3%	4
5	3.3%	10
6	1.7%	5
7	9.3%	28
8	17.3%	52
9	19.3%	58
10 Best health care possible	45.7%	137
answered question		300
skipped question		37



LaCHIP Affordable Survey

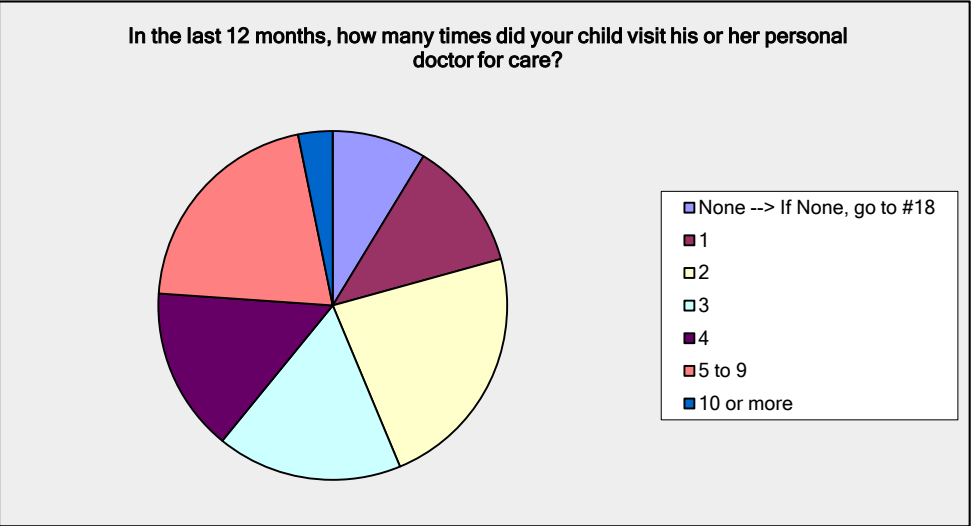
A personal doctor is the one your child would see if he or she needs a checkup or gets sick or hurt. Does your child have a personal doctor?		
Answer Options	Response Percent	Response Count
Yes	91.8%	301
No --> If No, go to #19 on page 4	8.2%	27
answered question		328
skipped question		9



LaCHIP Affordable Survey

In the last 12 months, how many times did your child visit his or her personal doctor for care?

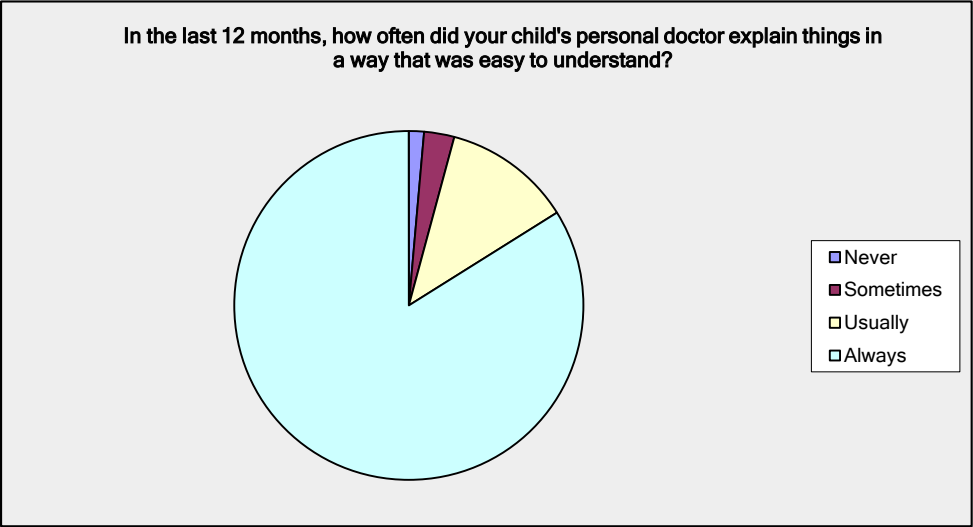
Answer Options	Response Percent	Response Count
None --> If None, go to #18	8.7%	27
1	12.0%	37
2	23.0%	71
3	17.2%	53
4	15.2%	47
5 to 9	20.7%	64
10 or more	3.2%	10
answered question		309
skipped question		28



LaCHIP Affordable Survey

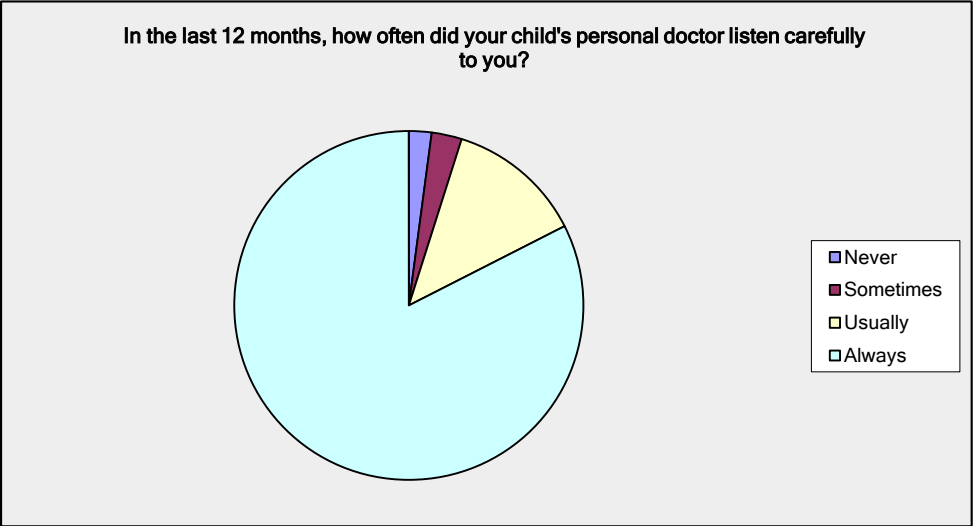
In the last 12 months, how often did your child's personal doctor explain things in a way that was easy to understand?

Answer Options	Response Percent	Response Count
Never	1.4%	4
Sometimes	2.8%	8
Usually	11.9%	34
Always	83.9%	240
<i>answered question</i>		286
<i>skipped question</i>		51



LaCHIP Affordable Survey

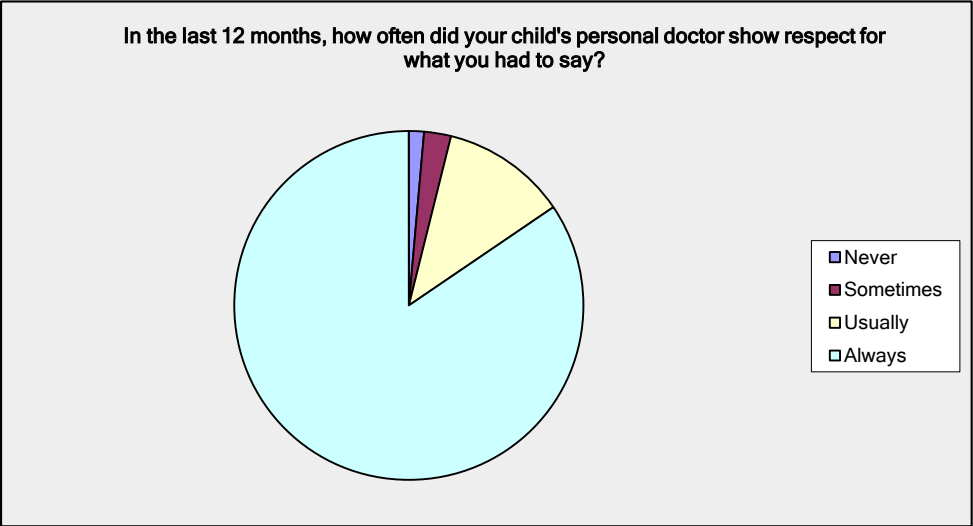
In the last 12 months, how often did your child's personal doctor listen carefully to you?		
Answer Options	Response Percent	Response Count
Never	2.1%	6
Sometimes	2.8%	8
Usually	12.6%	36
Always	82.5%	235
answered question		285
skipped question		52



LaCHIP Affordable Survey

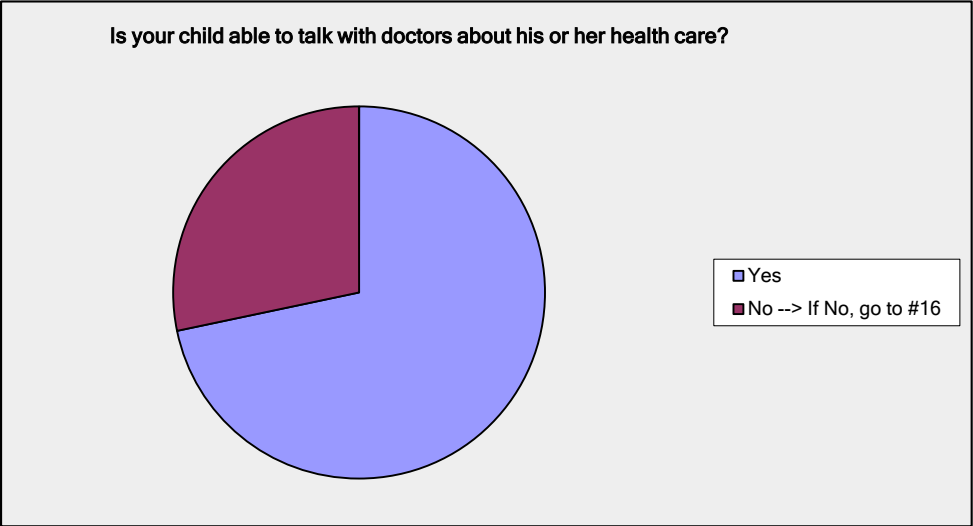
In the last 12 months, how often did your child's personal doctor show respect for what you had to say?

Answer Options	Response Percent	Response Count
Never	1.4%	4
Sometimes	2.5%	7
Usually	11.6%	33
Always	84.6%	241
<i>answered question</i>		285
<i>skipped question</i>		52



LaCHIP Affordable Survey

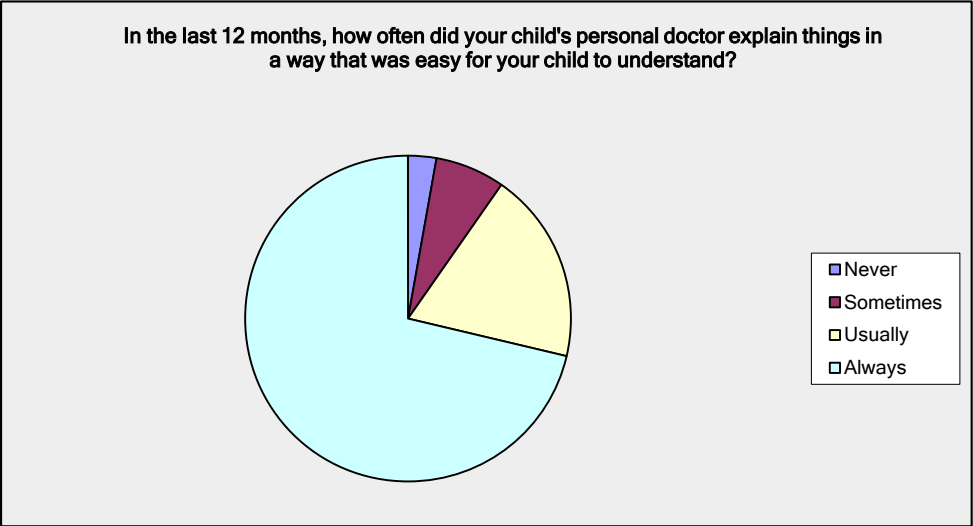
Is your child able to talk with doctors about his or her health care?		
Answer Options	Response Percent	Response Count
Yes	71.7%	203
No --> If No, go to #16	28.3%	80
<i>answered question</i>		283
<i>skipped question</i>		54



LaCHIP Affordable Survey

In the last 12 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

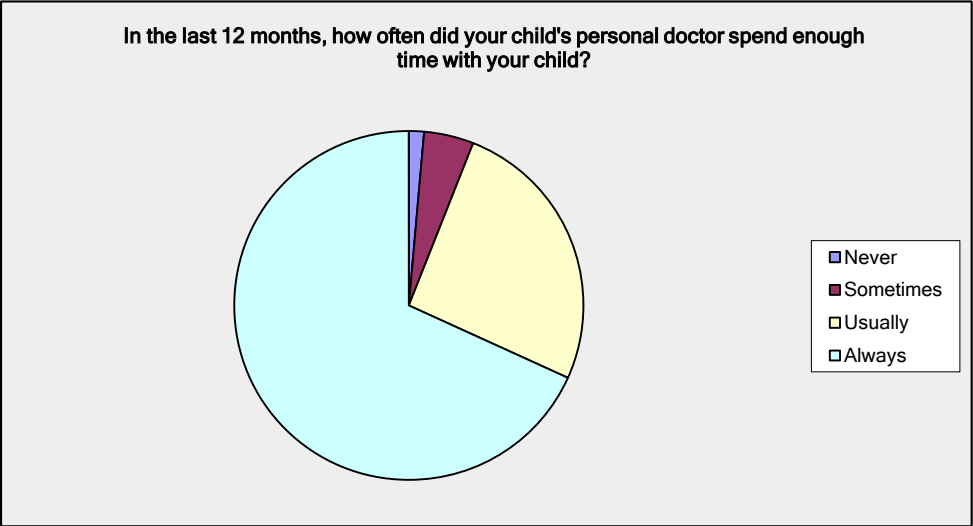
Answer Options	Response Percent	Response Count
Never	2.8%	6
Sometimes	6.9%	15
Usually	19.0%	41
Always	71.3%	154
<i>answered question</i>		216
<i>skipped question</i>		121



LaCHIP Affordable Survey

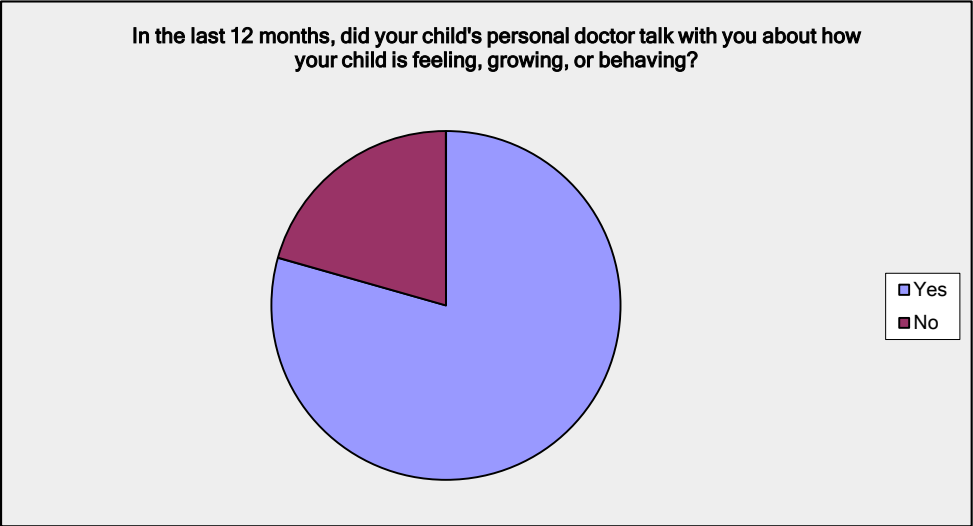
In the last 12 months, how often did your child's personal doctor spend enough time with your child?

Answer Options	Response Percent	Response Count
Never	1.4%	4
Sometimes	4.6%	13
Usually	25.8%	73
Always	68.2%	193
<i>answered question</i>		283
<i>skipped question</i>		54



LaCHIP Affordable Survey

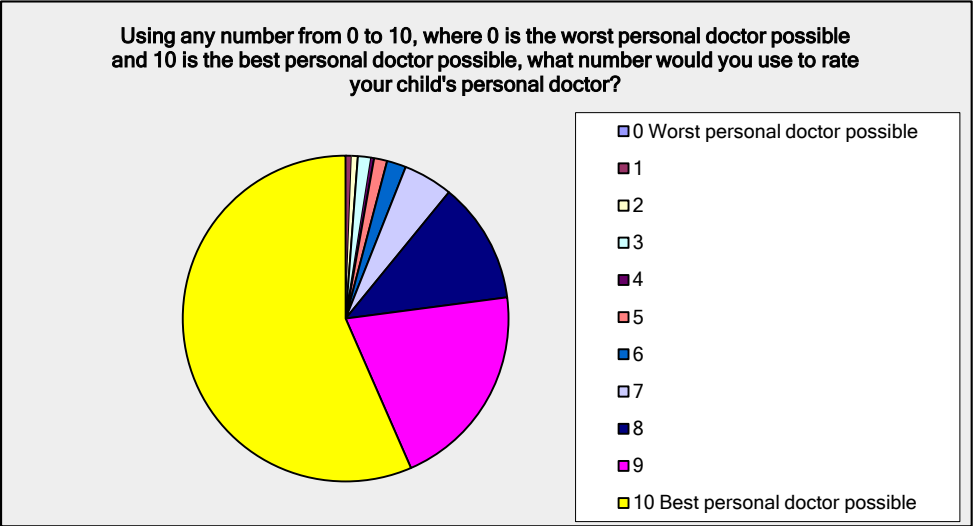
In the last 12 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?		
Answer Options	Response Percent	Response Count
Yes	79.4%	227
No	20.6%	59
answered question		286
skipped question		51



LaCHIP Affordable Survey

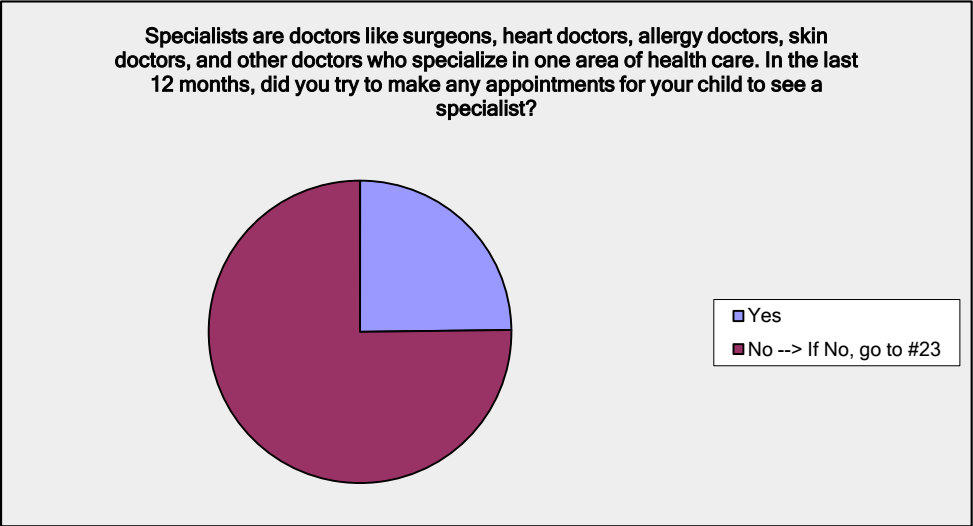
Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's

Answer Options	Response Percent	Response Count
0 Worst personal doctor possible	0.0%	0
1	0.6%	2
2	0.6%	2
3	1.3%	4
4	0.3%	1
5	1.3%	4
6	1.9%	6
7	4.9%	15
8	12.0%	37
9	20.5%	63
10 Best personal doctor possible	56.5%	174
<i>answered question</i>		308
<i>skipped question</i>		29



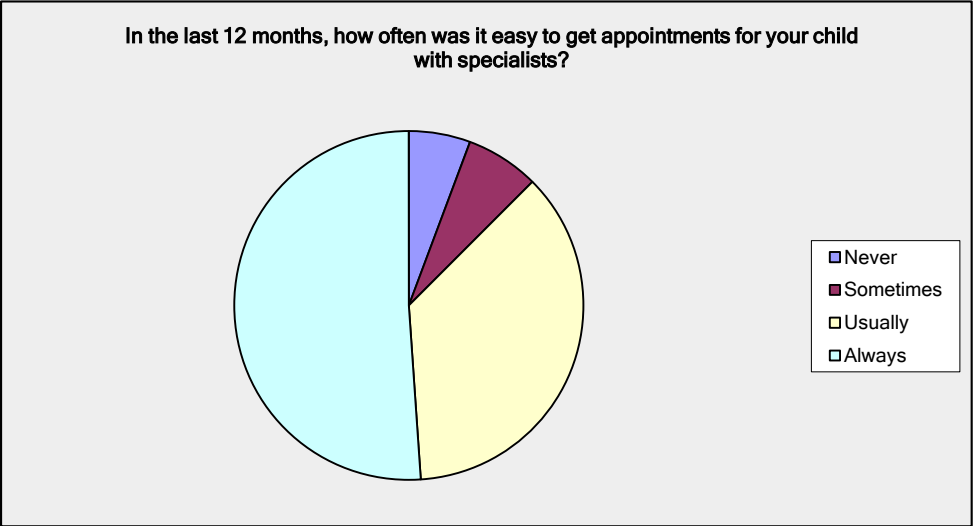
LaCHIP Affordable Survey

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you		
Answer Options	Response Percent	Response Count
Yes	24.8%	83
No --> If No, go to #23	75.2%	252
<i>answered question</i>		335
<i>skipped question</i>		2



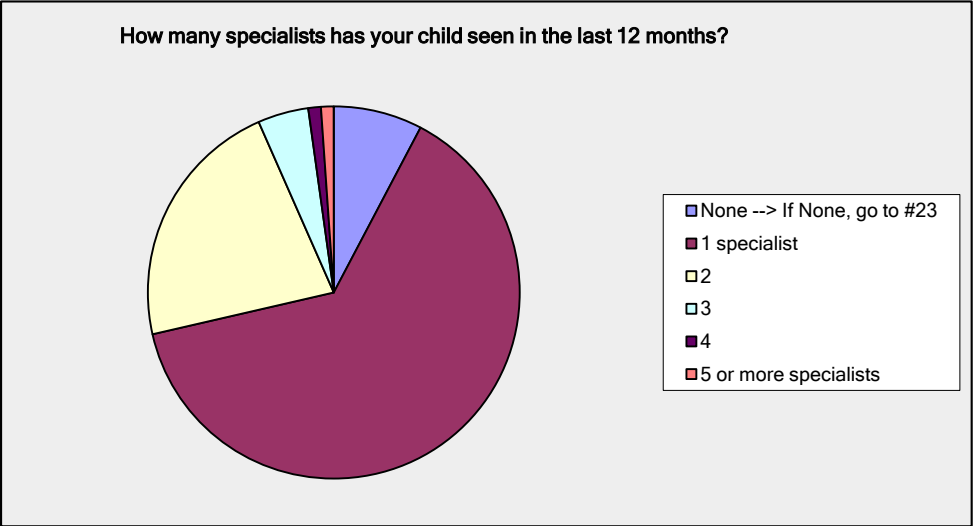
LaCHIP Affordable Survey

In the last 12 months, how often was it easy to get appointments for your child with specialists?		
Answer Options	Response Percent	Response Count
Never	5.7%	5
Sometimes	6.8%	6
Usually	36.4%	32
Always	51.1%	45
answered question		88
skipped question		249



LaCHIP Affordable Survey

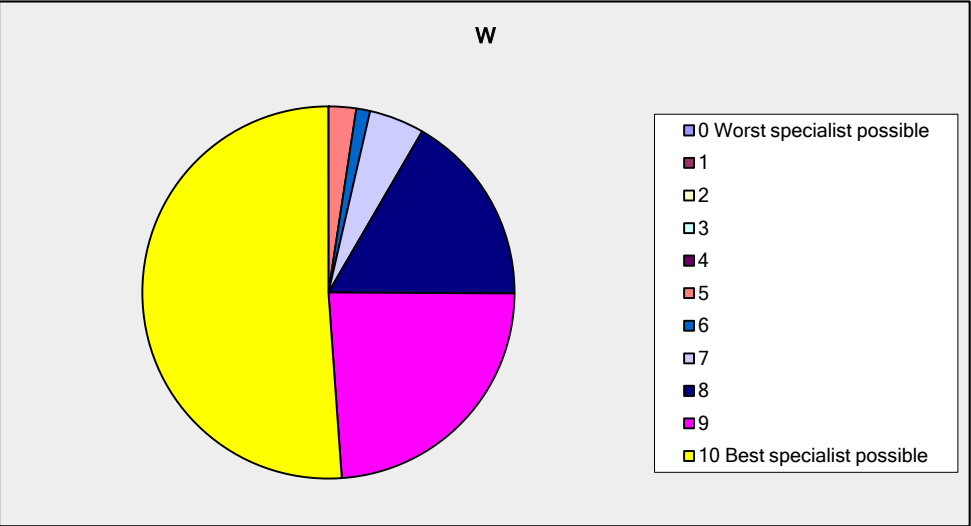
How many specialists has your child seen in the last 12 months?		
Answer Options	Response Percent	Response Count
None --> If None, go to #23	7.7%	7
1 specialist	63.7%	58
2	22.0%	20
3	4.4%	4
4	1.1%	1
5 or more specialists	1.1%	1
answered question		91
skipped question		246



LaCHIP Affordable Survey

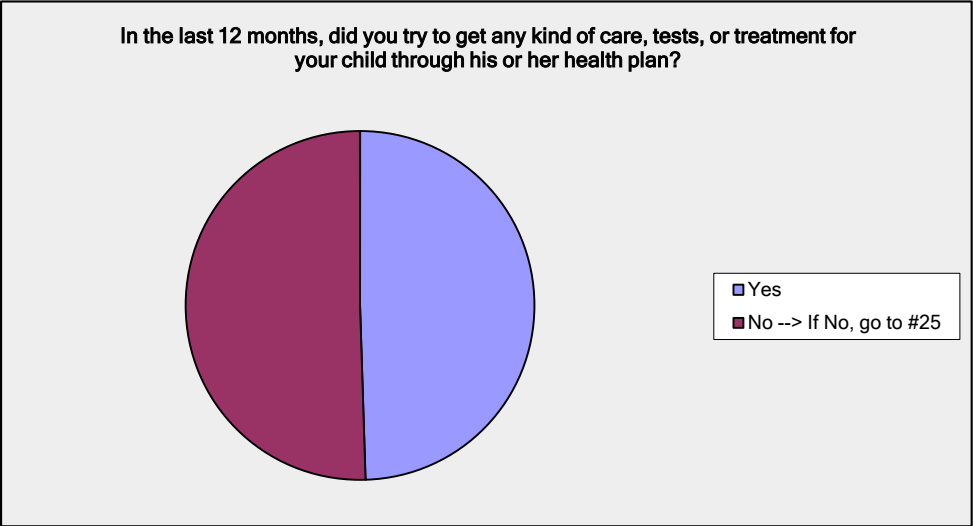
We want to know your rating of the specialist your child saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10

Answer Options	Response Percent	Response Count
0 Worst specialist possible	0.0%	0
1	0.0%	0
2	0.0%	0
3	0.0%	0
4	0.0%	0
5	2.4%	2
6	1.2%	1
7	4.8%	4
8	16.7%	14
9	23.8%	20
10 Best specialist possible	51.2%	43
answered question		84
skipped question		253



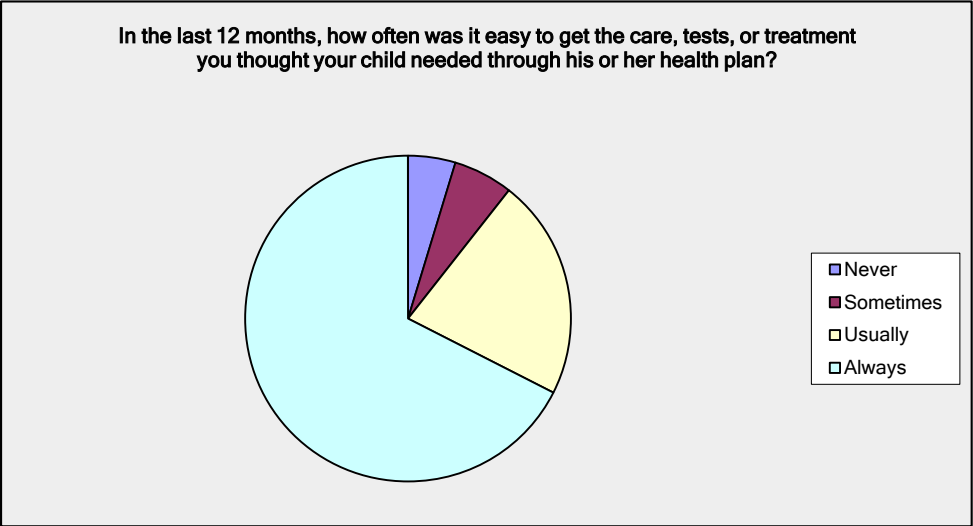
LaCHIP Affordable Survey

In the last 12 months, did you try to get any kind of care, tests, or treatment for your child through his or her health plan?		
Answer Options	Response Percent	Response Count
Yes	49.5%	164
No --> If No, go to #25	50.5%	167
answered question		331
skipped question		6



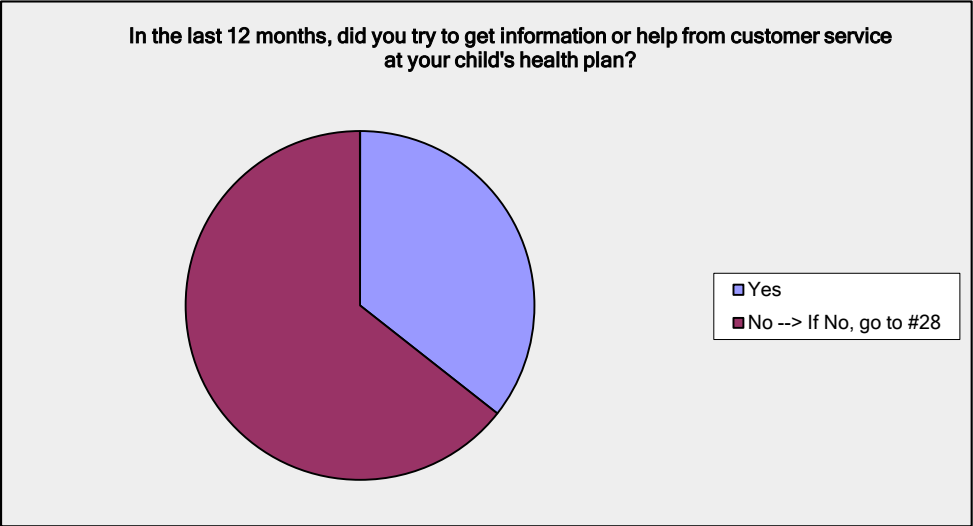
LaCHIP Affordable Survey

In the last 12 months, how often was it easy to get the care, tests, or treatment you thought your child needed through his or her health plan?		
Answer Options	Response Percent	Response Count
Never	4.7%	8
Sometimes	5.9%	10
Usually	21.9%	37
Always	67.5%	114
answered question		169
skipped question		168



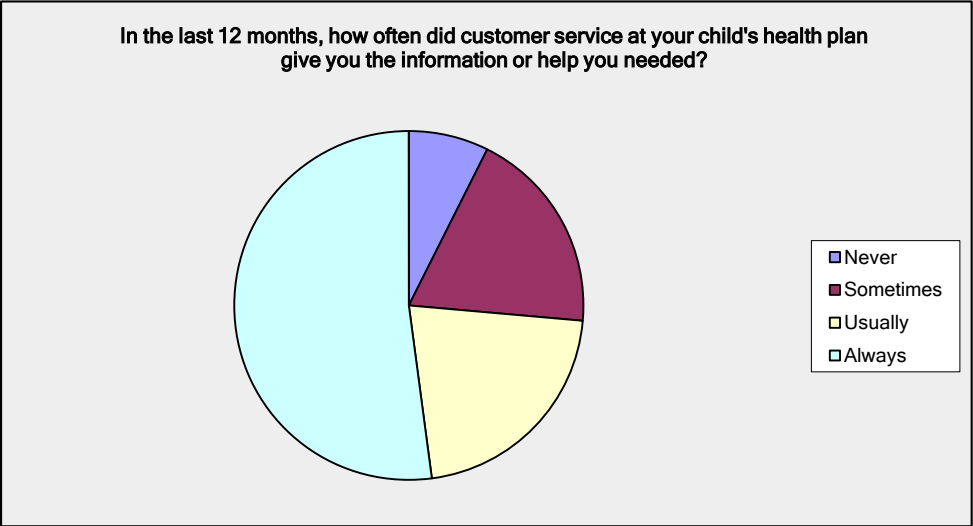
LaCHIP Affordable Survey

In the last 12 months, did you try to get information or help from customer service at your child's health plan?		
Answer Options	Response Percent	Response Count
Yes	35.6%	116
No --> If No, go to #28	64.4%	210
answered question		326
skipped question		11



LaCHIP Affordable Survey

In the last 12 months, how often did customer service at your child's health plan give you the information or help you needed?		
Answer Options	Response Percent	Response Count
Never	7.4%	9
Sometimes	19.0%	23
Usually	21.5%	26
Always	52.1%	63
answered question		121
skipped question		216



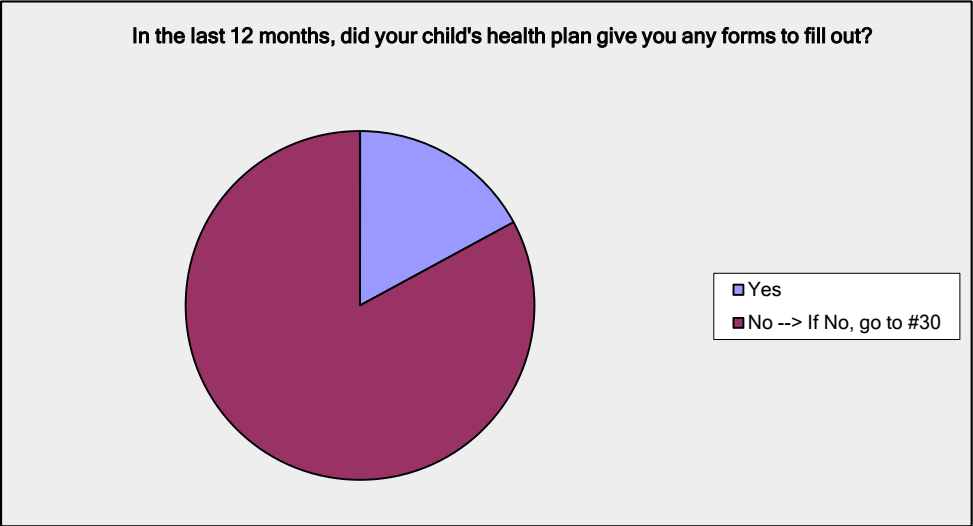
LaCHIP Affordable Survey

In the last 12 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?		
Answer Options	Response Percent	Response Count
Never	3.3%	4
Sometimes	9.0%	11
Usually	25.4%	31
Always	62.3%	76
answered question		122
skipped question		215



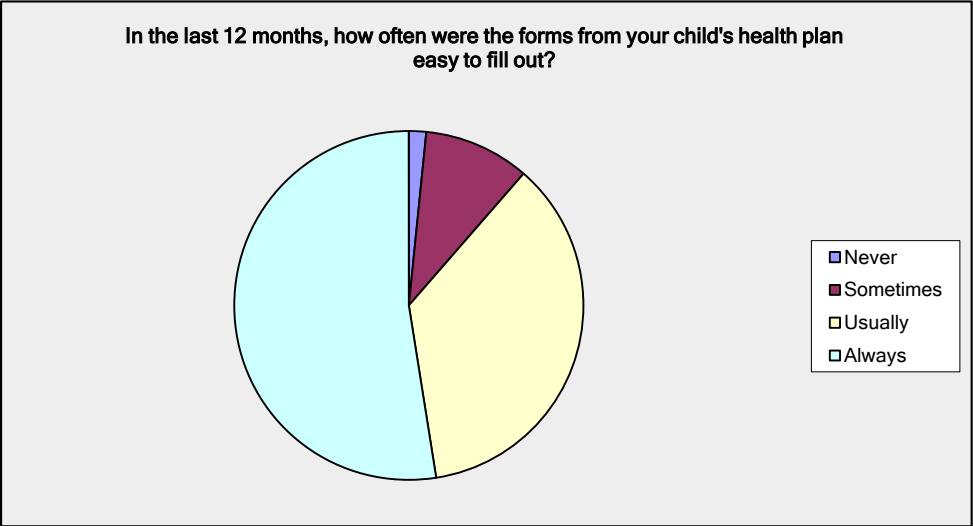
LaCHIP Affordable Survey

In the last 12 months, did your child's health plan give you any forms to fill out?		
Answer Options	Response Percent	Response Count
Yes	17.1%	56
No --> If No, go to #30	82.9%	272
answered question		328
skipped question		9



LaCHIP Affordable Survey

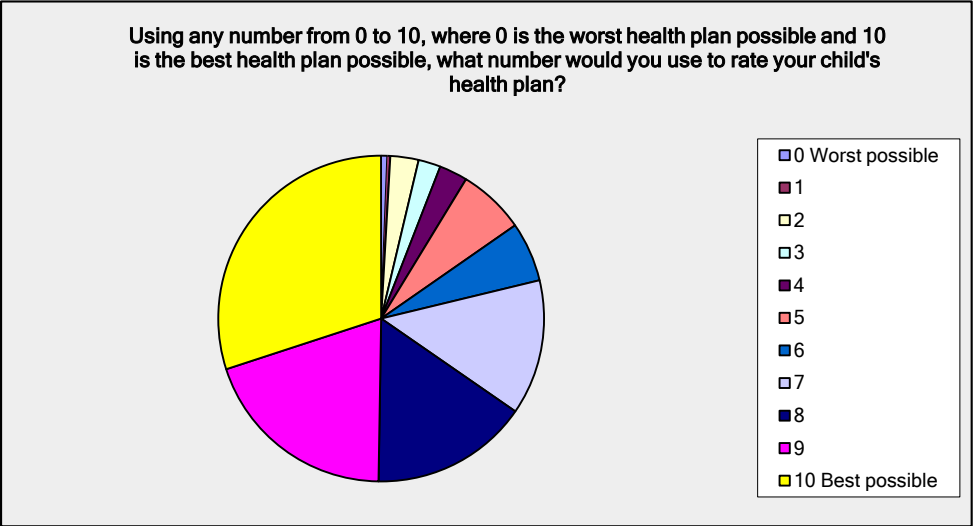
In the last 12 months, how often were the forms from your child's health plan easy to fill out?		
Answer Options	Response Percent	Response Count
Never	1.6%	1
Sometimes	9.8%	6
Usually	36.1%	22
Always	52.5%	32
answered question		61
skipped question		276



LaCHIP Affordable Survey

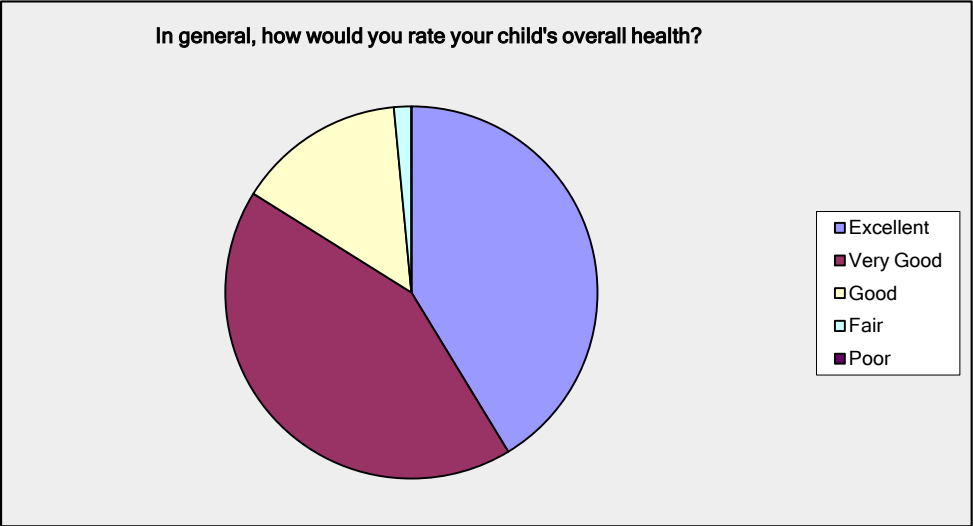
Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

Answer Options	Response Percent	Response Count
0 Worst possible	0.6%	2
1	0.3%	1
2	2.8%	9
3	2.2%	7
4	2.8%	9
5	6.6%	21
6	5.9%	19
7	13.4%	43
8	15.6%	50
9	19.7%	63
10 Best possible	30.0%	96
answered question		320
skipped question		17



LaCHIP Affordable Survey

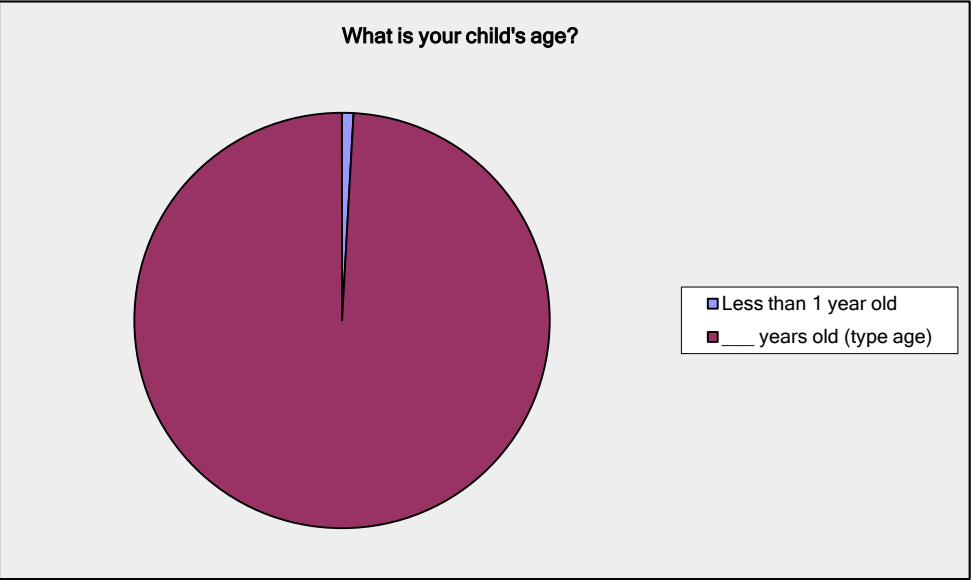
In general, how would you rate your child's overall health?		
Answer Options	Response Percent	Response Count
Excellent	41.3%	136
Very Good	42.6%	140
Good	14.6%	48
Fair	1.5%	5
Poor	0.0%	0
answered question		329
skipped question		8



LaCHIP Affordable Survey

What is your child's age?		
Answer Options	Response Percent	Response Count
Less than 1 year old	0.9%	3
___ years old (type age)	99.1%	331
answered question		334
skipped question		3

Number	Response Date	___ years old (type age)
1	Feb 26, 2010 7:11 PM	15
2	Mar 12, 2010 4:43 PM	8
3	Mar 12, 2010 4:51 PM	1
4	Mar 12, 2010 4:54 PM	4
5	Mar 12, 2010 4:58 PM	14
6	Mar 12, 2010 5:01 PM	17
7	Mar 12, 2010 5:21 PM	13
8	Mar 12, 2010 5:24 PM	9
9	Mar 12, 2010 5:27 PM	2
10	Mar 12, 2010 5:30 PM	15
11	Mar 12, 2010 5:34 PM	15
12	Mar 12, 2010 5:38 PM	12
13	Mar 12, 2010 5:43 PM	6
14	Mar 12, 2010 5:47 PM	3
15	Mar 12, 2010 5:50 PM	11
16	Mar 12, 2010 6:30 PM	16
17	Mar 12, 2010 7:20 PM	5
18	Mar 12, 2010 7:28 PM	13
19	Mar 12, 2010 7:32 PM	12
20	Mar 12, 2010 8:27 PM	16
21	Mar 12, 2010 8:36 PM	9
22	Mar 12, 2010 8:52 PM	2.5
23	Mar 12, 2010 8:56 PM	19
24	Mar 12, 2010 8:59 PM	6
25	Mar 12, 2010 9:02 PM	12
26	Mar 12, 2010 9:10 PM	12
27	Mar 12, 2010 9:15 PM	7
28	Mar 12, 2010 9:18 PM	4
29	Mar 12, 2010 9:21 PM	4
30	Mar 12, 2010 9:38 PM	8
31	Mar 16, 2010 3:13 PM	5
32	Mar 16, 2010 3:37 PM	15



33	Mar 16, 2010 3:42 PM	1
34	Mar 16, 2010 3:46 PM	15
35	Mar 16, 2010 3:49 PM	16
36	Mar 16, 2010 3:55 PM	10
37	Mar 16, 2010 3:59 PM	12
38	Mar 16, 2010 4:04 PM	17
39	Mar 16, 2010 4:08 PM	17
40	Mar 16, 2010 4:12 PM	8
41	Mar 16, 2010 4:15 PM	1
42	Mar 16, 2010 4:18 PM	4
43	Mar 16, 2010 4:20 PM	2
44	Mar 16, 2010 4:40 PM	4
45	Mar 16, 2010 4:41 PM	3
46	Mar 16, 2010 4:45 PM	2
47	Mar 16, 2010 5:18 PM	5
48	Mar 16, 2010 5:22 PM	12
49	Mar 16, 2010 6:16 PM	8
50	Mar 16, 2010 6:18 PM	16
51	Mar 16, 2010 6:23 PM	17
52	Mar 16, 2010 6:26 PM	13
53	Mar 16, 2010 6:32 PM	11
54	Mar 16, 2010 6:33 PM	6
55	Mar 16, 2010 6:39 PM	3
56	Mar 16, 2010 6:40 PM	12
57	Mar 16, 2010 6:42 PM	9
58	Mar 16, 2010 6:42 PM	5
59	Mar 16, 2010 6:44 PM	14
60	Mar 16, 2010 6:48 PM	3
61	Mar 16, 2010 6:50 PM	2
62	Mar 16, 2010 6:52 PM	8
63	Mar 16, 2010 6:55 PM	13
64	Mar 16, 2010 6:57 PM	4
65	Mar 16, 2010 6:59 PM	8
66	Mar 16, 2010 7:01 PM	8
67	Mar 16, 2010 7:03 PM	3.5
68	Mar 16, 2010 7:05 PM	11
69	Mar 16, 2010 7:08 PM	7
70	Mar 16, 2010 7:09 PM	12
71	Mar 16, 2010 7:10 PM	10
72	Mar 16, 2010 7:12 PM	6
73	Mar 16, 2010 7:14 PM	15
74	Mar 16, 2010 7:16 PM	6
75	Mar 16, 2010 7:18 PM	11
76	Mar 16, 2010 7:19 PM	17
77	Mar 16, 2010 7:20 PM	16
78	Mar 16, 2010 7:22 PM	3
79	Mar 16, 2010 7:25 PM	1

80	Mar 16, 2010 7:26 PM	1
81	Mar 16, 2010 7:35 PM	10
82	Mar 16, 2010 7:35 PM	9
83	Mar 16, 2010 7:49 PM	1
84	Mar 16, 2010 7:51 PM	2
85	Mar 16, 2010 7:52 PM	10
86	Mar 16, 2010 7:55 PM 4 & 3	
87	Mar 16, 2010 8:07 PM	8
88	Mar 16, 2010 8:12 PM	11
89	Mar 16, 2010 8:17 PM	16
90	Mar 16, 2010 8:17 PM	2.5
91	Mar 16, 2010 8:21 PM	10
92	Mar 16, 2010 8:25 PM	13
93	Mar 16, 2010 8:30 PM	8
94	Mar 16, 2010 8:39 PM	6
95	Mar 16, 2010 8:44 PM	17
96	Mar 16, 2010 8:49 PM	11
97	Mar 17, 2010 1:52 PM	15
98	Mar 17, 2010 2:08 PM	4
99	Mar 17, 2010 2:12 PM	4
100	Mar 17, 2010 2:21 PM	18
101	Mar 17, 2010 2:24 PM	16
102	Mar 17, 2010 2:27 PM	12
103	Mar 17, 2010 2:38 PM	3
104	Mar 17, 2010 2:41 PM	4
105	Mar 17, 2010 2:44 PM	10
106	Mar 17, 2010 2:46 PM	14
107	Mar 17, 2010 2:47 PM	10
108	Mar 17, 2010 2:49 PM	5
109	Mar 17, 2010 2:52 PM	15
110	Mar 17, 2010 2:53 PM	9
111	Mar 17, 2010 2:55 PM	5
112	Mar 17, 2010 2:57 PM	10
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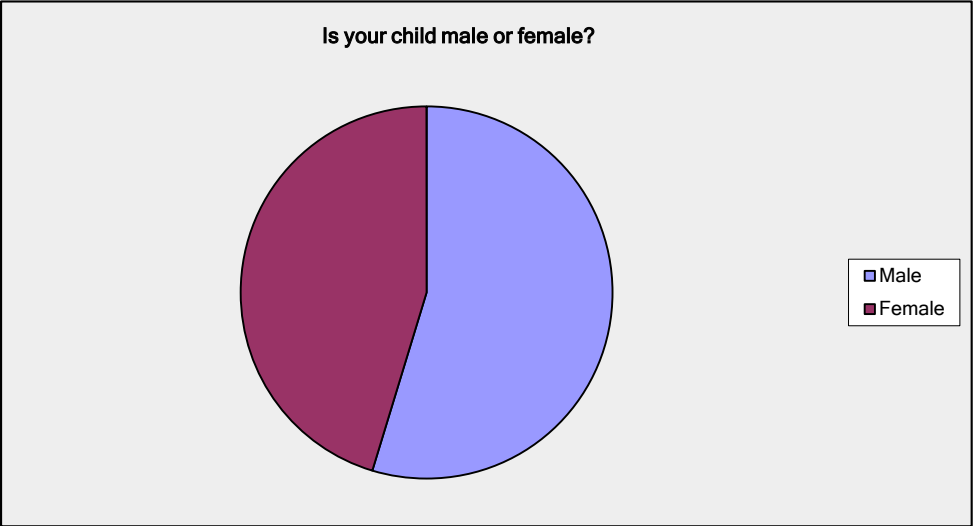
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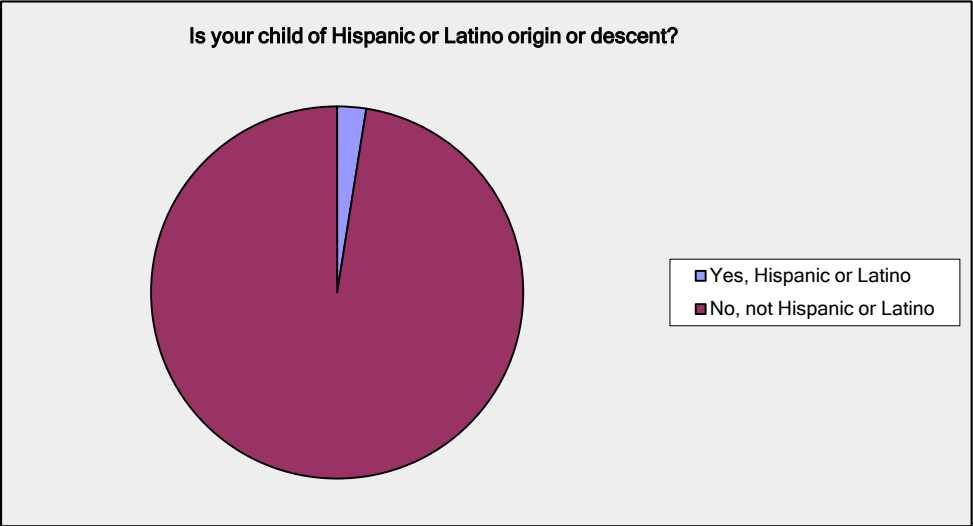
LaCHIP Affordable Survey

Is your child male or female?		
Answer Options	Response Percent	Response Count
Male	54.7%	182
Female	45.3%	151
answered question		333
skipped question		4



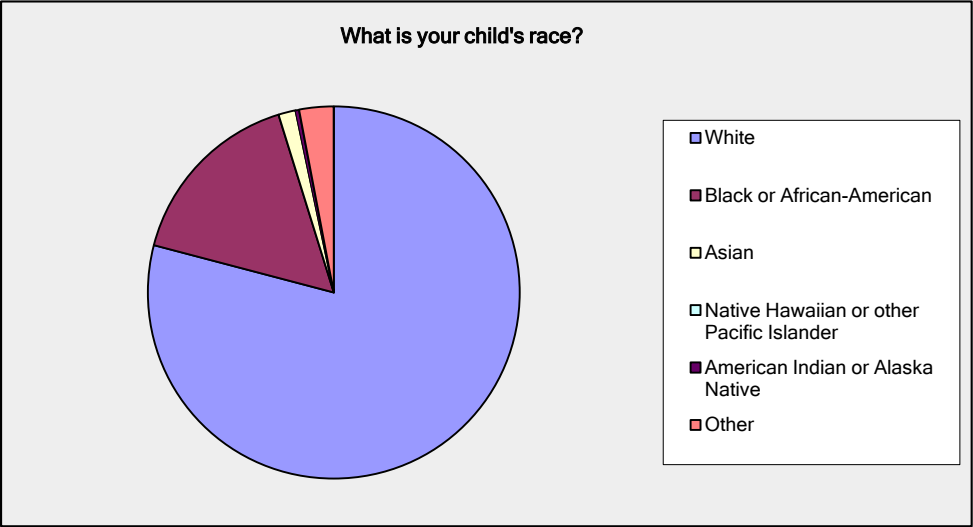
LaCHIP Affordable Survey

Is your child of Hispanic or Latino origin or descent?		
Answer Options	Response Percent	Response Count
Yes, Hispanic or Latino	2.5%	8
No, not Hispanic or Latino	97.5%	316
<i>answered question</i>		324
<i>skipped question</i>		13



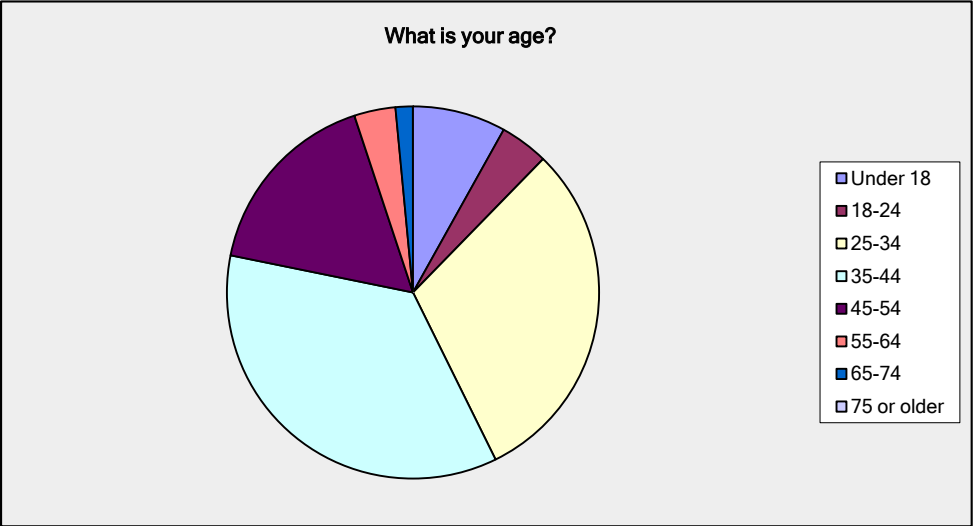
LaCHIP Affordable Survey

What is your child's race?		
Answer Options	Response Percent	Response Count
White	79.1%	261
Black or African-American	16.1%	53
Asian	1.5%	5
Native Hawaiian or other Pacific Islander	0.0%	0
American Indian or Alaska Native	0.3%	1
Other	3.0%	10
<i>answered question</i>		330
<i>skipped question</i>		7



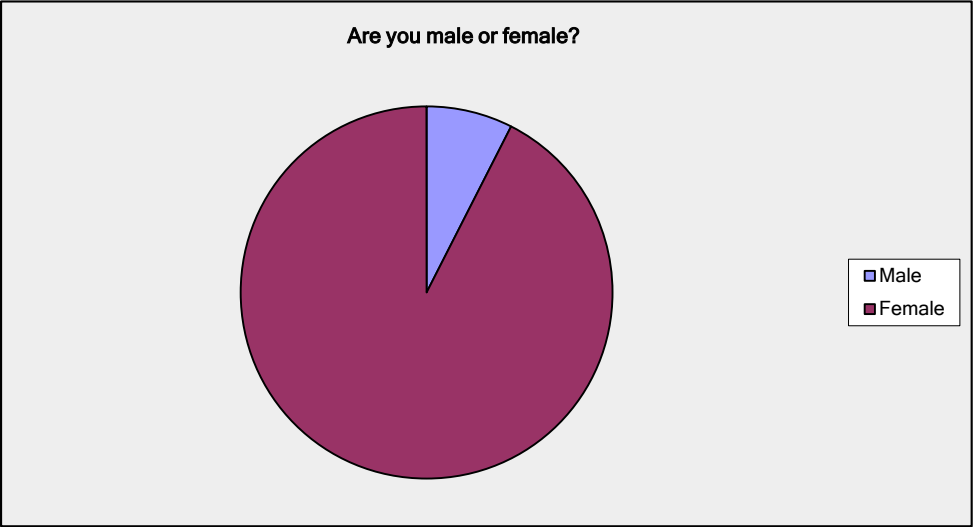
LaCHIP Affordable Survey

What is your age?		
Answer Options	Response Percent	Response Count
Under 18	8.1%	27
18-24	4.2%	14
25-34	30.4%	102
35-44	35.5%	119
45-54	16.7%	56
55-64	3.6%	12
65-74	1.5%	5
75 or older	0.0%	0
answered question		335
skipped question		2



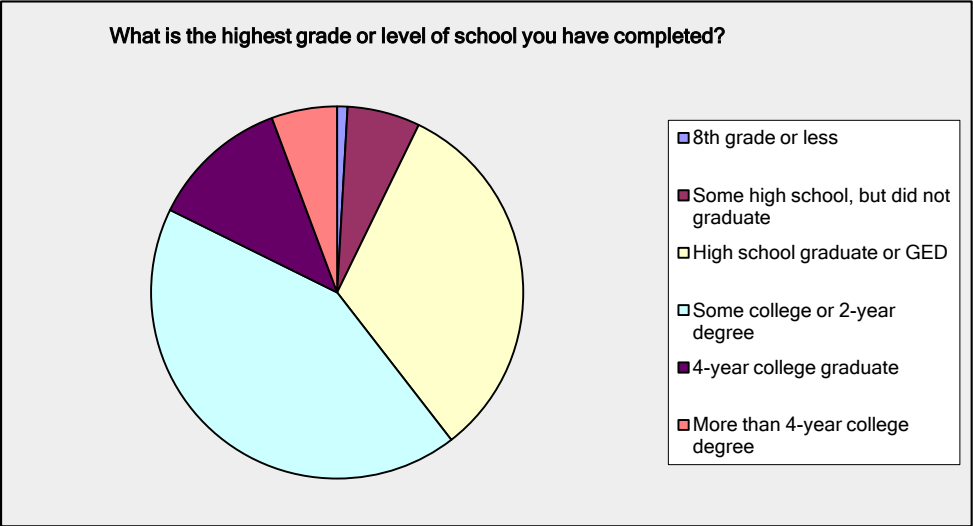
LaCHIP Affordable Survey

Are you male or female?		
Answer Options	Response Percent	Response Count
Male	7.5%	25
Female	92.5%	309
answered question		334
skipped question		3



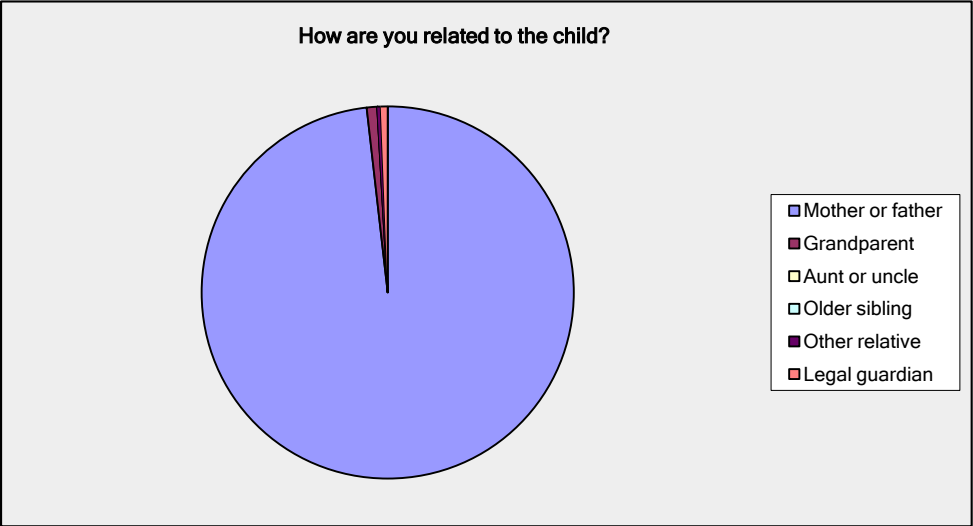
LaCHIP Affordable Survey

What is the highest grade or level of school you have completed?		
Answer Options	Response Percent	Response Count
8th grade or less	0.9%	3
Some high school, but did not graduate	6.3%	21
High school graduate or GED	32.3%	108
Some college or 2-year degree	42.8%	143
4-year college graduate	12.0%	40
More than 4-year college degree	5.7%	19
<i>answered question</i>		334
<i>skipped question</i>		3



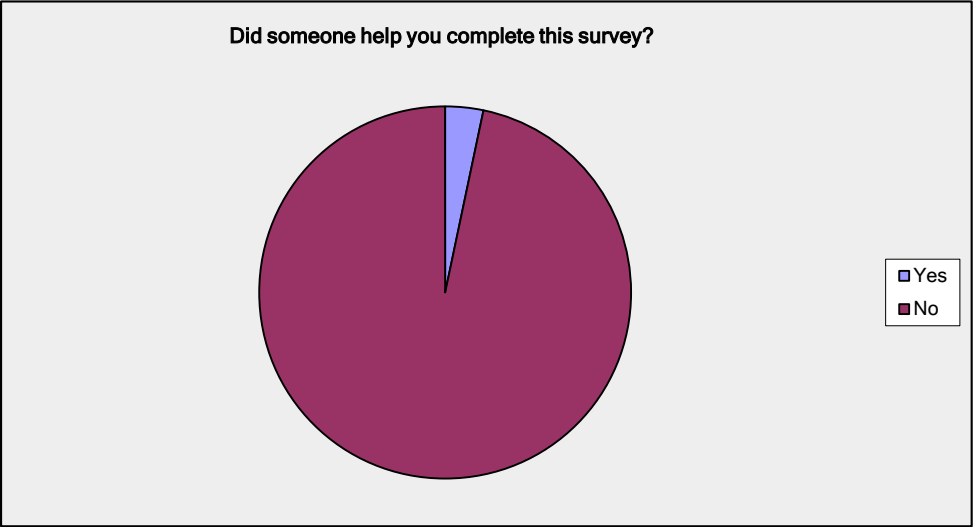
LaCHIP Affordable Survey

How are you related to the child?		
Answer Options	Response Percent	Response Count
Mother or father	98.2%	328
Grandparent	0.9%	3
Aunt or uncle	0.0%	0
Older sibling	0.0%	0
Other relative	0.3%	1
Legal guardian	0.6%	2
answered question		334
skipped question		3



LaCHIP Affordable Survey

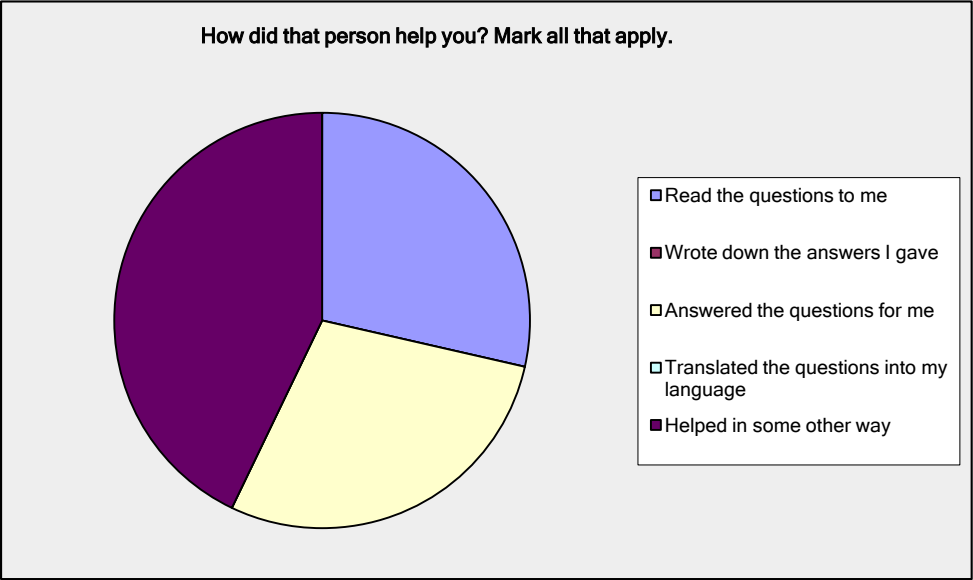
Did someone help you complete this survey?		
Answer Options	Response Percent	Response Count
Yes	3.3%	11
No	96.7%	322
answered question		333
skipped question		4



LaCHIP Affordable Survey

How did that person help you? Mark all that apply.		
Answer Options	Response Percent	Response Count
Read the questions to me	28.6%	2
Wrote down the answers I gave	0.0%	0
Answered the questions for me	28.6%	2
Translated the questions into my language	0.0%	0
Helped in some other way	42.9%	3
<i>answered question</i>		7
<i>skipped question</i>		330

Number	Response Date	Helped in some other way
1	Mar 16, 2010 6:18 PM	read questions, wrote answers, translated to my language
2	Mar 24, 2010 8:14 PM	Mother has had brain tumors and siezures (reoccurringly)
3	Mar 25, 2010 3:46 PM	Mother has had brain tumors and siezures



LaCHIP Affordable Survey

If you wish to be entered in the drawing to win the LaCHIP gift basket, write your name, the covered dependent's name and your address	
Answer Options	Response Count
	124
<i>answered question</i>	124
<i>skipped question</i>	213

Number	Response Date	Response Text
1	Feb 26, 2010 7:11 PM	Sandra SKanna4219 Lakeshore Dr. # 301Shreveport, LA 71109
2	Mar 12, 2010 4:51 PM	Jessica CourvilleHunter Franks540 River Rd.Alexandria, LA 71302
3	Mar 12, 2010 4:54 PM	Courtney DevillierAllie Devillier115 Merrick Rd.Opelousas, LA 70570
4	Mar 12, 2010 4:58 PM	Dell S. BrownDesiree R. BrownP O Box 301Esterwood, LA 70534
5	Mar 12, 2010 5:01 PM	Brett FreyouBrice Freyou2412 Freyou Rd.New Iberia, LA 70560
6	Mar 12, 2010 5:21 PM	Laura DronetCaleb Dronet382 Seven Arpents Rd.Arnaudville, LA 70512
7	Mar 12, 2010 5:24 PM	Sharla YoungEmma Young111 Great Plains DriveLafayette, LA 70506
8	Mar 12, 2010 5:27 PM	Tiffany Jourbert
9	Mar 12, 2010 5:30 PM	Ollie StewartApril StewartP O Box 817Franklin, LA 70538
10	Mar 12, 2010 5:34 PM	Stephanie BourgeoisChance Bourgeois6075 wilson Rd.Maurice, LA 70555
11	Mar 12, 2010 5:38 PM	Wendy CarrierBraylen Carrier1701 N. Ave I #21Crowley, LA 70526
12	Mar 12, 2010 5:43 PM	Lisa LeBlancP. O. Box 104Basile, LA 70515
13	Mar 12, 2010 5:47 PM	Summer Allee1923 Alvin StLake Charles, LA 70601
14	Mar 12, 2010 5:50 PM	Alisa LewisCason Lewis525 Mary Hill Rd.Pineville, LA 71360
15	Mar 12, 2010 7:20 PM	Sharla YoungLillie Young111 Great PlainsLafayette, LA 70506
16	Mar 12, 2010 7:28 PM	Sharla YoungPeyton Young111 Great Plains DriveLafayette, LA 70506
17	Mar 12, 2010 8:27 PM	Mary FrancisAndre' Francis200 Goodie Rd.Maurice, LA 70555
18	Mar 12, 2010 8:36 PM	Robin MelanSara Melan2413 NeyreyMetairie, LA 70001
19	Mar 12, 2010 8:52 PM	Brandy SmithAndrew Smith1207 Cemetery Rd.Pineville, LA 71360
20	Mar 12, 2010 8:56 PM	Gina WinklerReggy Winkler918 Live OakWestlake, LA 70669
21	Mar 12, 2010 8:59 PM	Karin MillerEthan Miller18452 Cormier Village Rd.Iowa, LA 70647
22	Mar 12, 2010 9:02 PM	Craig Parro
23	Mar 12, 2010 9:10 PM	Craig ParroTaylor Parro8604 Ridgemont Dr.Pineville, LA 71360
24	Mar 12, 2010 9:15 PM	Amy GregoryKyndall Gregory132 Lacrosse CircleWest Monroe, La 70191
25	Mar 12, 2010 9:21 PM	Lisa LeBlancCallie & Bailey LeBlancP O Box 104Baile, LA 70515
26	Mar 12, 2010 9:38 PM	Lisa ManningDalton Manning217 Roy Ave.Anacoco, LA 71403
27	Mar 16, 2010 3:13 PM	Sarah CokerAlison Coker6212 Time PlaceShreveport, LA 71106
28	Mar 16, 2010 3:37 PM	Matilda SavoyNicholas Senegal823 W Northern AveCrowley, LA 70526
29	Mar 16, 2010 3:42 PM	Tiffany OliverRaegan Elkins2130 W. Magnolia AveEunice, LA 70535
30	Mar 16, 2010 3:46 PM	Laura DronetJohn Dronet382 Seven Arpents RoadArnaudville, LA 70512
31	Mar 16, 2010 3:55 PM	Harold J Lauviere JrNicholas Louviere126 Twin Pine DrPO Box 543Loreauville, LA 70552
32	Mar 16, 2010 3:59 PM	Kristine CochranMichael CochranPO Box 164Charenton, LA 70523
33	Mar 16, 2010 4:04 PM	Nama JuneauWilliam Juneau991 Park RdLake Charles, LA 70611
34	Mar 16, 2010 4:08 PM	Bridget WemprenCarl R. Wempren Jr402 Sere StNew Iberia, LA 70560

35	Mar 16, 2010 4:15 PM	Elaine Leger Dawson Leger1289 E Lincoln RdLake Charles, LA 70607
36	Mar 16, 2010 4:40 PM	Raquel BoudreauxTy Boudreaux1473 Choctaw RdThibodaux, LA 70301
37	Mar 16, 2010 4:45 PM	Monica FialloBranson Osoria732 Heavens DrApt 1CMandeville, LA 70471
38	Mar 16, 2010 5:03 PM	Sarah MoskauLexie B Moskau1309 Bauerle RdHammond, LA 70403
39	Mar 16, 2010 5:18 PM	Sarah MoskauLondon Moskau1309 Bauerle RdHammond, La 70403
40	Mar 16, 2010 5:22 PM	Pam McClurePO Box 597Jonesville, LA 71343
41	Mar 16, 2010 6:16 PM	Tonya TheriotMarla Daigrepoint256 Main RdMarksville, LA 71351
42	Mar 16, 2010 6:23 PM	Barba K SmithInellia SmithPO Box 256Varnado, LA 70467
43	Mar 16, 2010 6:26 PM	Charlotte Hayes1564 Cole IslandEffie
44	Mar 16, 2010 6:32 PM	Barba K Smithjasmine D SmithPO Box 256Varnado, LA 70467
45	Mar 16, 2010 6:33 PM	Fatina SadouNadia Sadou315 Amesbury Dr #226Lafayette, LA 70507
46	Mar 16, 2010 6:40 PM	Michele ByarsDevin Byars4424 Olive DrMeraux, LA 70075
47	Mar 16, 2010 6:42 PM	Michele ByarsLogan Byars4424 Olive DrMeraux, LA 70075
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49	Mar 16, 2010 6:50 PM	Candice PerretColin Perret11358 Perret StHammond, LA 70401
50	Mar 16, 2010 6:52 PM	Donna TrahanAndie Marie TeutherPO Box 1043Carencro, LA 70520
51	Mar 16, 2010 6:55 PM	Tannie DeatonMiranda Deaton4333 Eaglewood AveShreveport, LA 71119
52	Mar 16, 2010 6:57 PM	Ana Christine RoweMegan Rowe6217 Kathy LaneShreveport, LA 71105
53	Mar 16, 2010 6:59 PM	Ana Christine RoweCaleb Hunter6217 Kathy LaneShreveport, LA 71105
54	Mar 16, 2010 7:03 PM	Brandy SmithAnothony Smith1207 Cemetery RdPineville, LA 71360
55	Mar 16, 2010 7:05 PM	Tommy NicholsTaylor L Nichols11427 Hwy 119Flatwoods, La 71427
56	Mar 16, 2010 7:08 PM	Peggy DevilleLaurel DevillePO Box 1202Cottonport, LA 71327
57	Mar 16, 2010 7:09 PM	Peggy DevilleRobert DevillePO Box 1202Cottonport, LA 71327
58	Mar 16, 2010 7:10 PM	Gena VincentCharles Vincent3023 Dutil RdAbbeville, LA 70510
59	Mar 16, 2010 7:12 PM	Maria TylerPamela Tyler803 Otis StW.Monroe, LA 71291
60	Mar 16, 2010 7:14 PM	Christine RichardsJacquelyn Cooper271 Baldwin Richards RdSinger, LA 70660
61	Mar 16, 2010 7:18 PM	Jodi ThompsonDayton Thompson115 Baywood DrWest Monroe, La 71291
62	Mar 16, 2010 7:22 PM	Jodi ThompsonTimothy Thompson115 Baywood DrWest Monroe, LA 71291
63	Mar 16, 2010 7:25 PM	Bethany VealJeon Veal1200 Robley Dr #6201Lafayette, LA 70503
64	Mar 16, 2010 7:26 PM	Jodi ThompsonAsher Thompson115 Baywood DrWest Monroe, LA 71291
65	Mar 16, 2010 7:35 PM	Jessica GunterAlexis Gunter3669 Heurtevant RdSulphur, LA 70663
66	Mar 16, 2010 7:49 PM	Dale LagarosseSlyler Lagrosse222 Yoakum AveDeAuincy, LA 70633
67	Mar 16, 2010 7:51 PM	Karin MillerPeyton Miller18452 Cormier Village RdIowa, LA 70647
68	Mar 16, 2010 7:52 PM	Audrelia B LangleyDestiny LangleyPO Box 961Jennings, LA 70546
69	Mar 16, 2010 7:55 PM	Kia S WhiteKadence White & Carson White2526 13th StLake Charles, LA 70601
70	Mar 16, 2010 8:12 PM	Ernest MyersMichael Myers382 Paul Green RdDeridder, LA 70634
71	Mar 16, 2010 8:17 PM	Ramona HustonDavid Huston2417 Northside DrBossier City, LA 71111
72	Mar 16, 2010 8:21 PM	Jennifer AdamsCarlie10913 Hwy 182Franklin, LA 70538
73	Mar 16, 2010 8:25 PM	Jennifer AdamsTrevor10903 Hwy 182Franklin, LA 70538
74	Mar 16, 2010 8:39 PM	Heather MendietaBriyanna Mendieta28 Park Place Dr #2202Covington, LA 70433
75	Mar 16, 2010 8:44 PM	Jessica PassarellaHannah Tilley6900 Buncombe Rd #45Shreveport, LA 71129
76	Mar 16, 2010 8:49 PM	Ana Christina RoweLauren Hunter6217 Kathy LaneShreveport, LA 71105
77	Mar 17, 2010 2:08 PM	Tabitha HebertLevi Hebert138 Jollene DrCarencro, LA 70520
78	Mar 17, 2010 2:21 PM	Donna A TrahanLogan Matthew WestbrookPO Box 1043Carencro, LA 70520
79	Mar 17, 2010 2:24 PM	Donna A TrahanDevin Michael TrahanPO Box 1043Carencro, LA 70520
80	Mar 17, 2010 2:27 PM	Donna A TrahanDylan Joseph TrahanPO Box 1043Carencro, LA 70520
81	Mar 17, 2010 2:38 PM	Shanese L LewisTori A Lewis103 Rich Angel DrCarencro, LA 70520

82	Mar 17, 2010 2:46 PM	Kizzy DixonMiesha Brooks206 Bella Plaine AveLafayette, LA 70506
83	Mar 17, 2010 2:49 PM	Donna RogersTaylor D Rogers123 Aristotle DriveLafayette, LA 70508
84	Mar 17, 2010 2:52 PM	Wendy CarrierDevante Carrier1701 N Ave I #21Crowley, LA 70526
85	Mar 17, 2010 2:57 PM	Janis PerkinsAndrew Perkins & Rustin Perkins295 Townsley RdDeRidder, LA 70634
86	Mar 17, 2010 2:59 PM	Candy HamerKyle Hamer505 Langley DriveLafayette, LA 70508
87	Mar 17, 2010 3:02 PM	Becky RamourSammie Ramour21081 Hwy 26Jennings, LA 70546
88	Mar 17, 2010 3:05 PM	Karen RobertsonEvan Fullington1508 Dean StSulphur, LA 70663
89	Mar 17, 2010 3:09 PM	Melissa DuboisGarrett Dubois301 S. 3rdEunice, LA 70535
90	Mar 17, 2010 3:11 PM	Melissa DuboisWyatt Dubois301 S. 3rdEunice, LA 705385
91	Mar 17, 2010 3:13 PM	Rebecca CandebatColin Candebat605 4th stNorco,LA 70079
92	Mar 17, 2010 3:20 PM	Vikki LandryZoe Landry104 Sun Village DrLafayette, LA 70506
93	Mar 17, 2010 3:22 PM	Vikki LandryJosh Landry104 Sun Village DrLafayette, LA 70506
94	Mar 17, 2010 3:24 PM	Tammy KibodeauxAdam Kibodeaux19601 Tee Joe RdAbbeville, LA 70510
95	Mar 17, 2010 3:29 PM	Angela Metoyer Kiara Murphy 440 Sanford Natchitoches, LA 71457
96	Mar 17, 2010 3:30 PM	Tammy KibodeauxMazie Kibodeaux19601 Tee Joe RdAbbeville, LA 70510
97	Mar 17, 2010 3:33 PM	Tammy KibodeauxPaige Vidrine19601 Tee Joe RdAbbeville, LA 70510
98	Mar 17, 2010 3:36 PM	Tammy KibodeauxMadison Richard19601 Tee Joe RdAbbeville, LA 70510
99	Mar 17, 2010 3:41 PM	Prenella ChachereRyan Chachere325 Saint Jude StChurch Point, LA 70525
100	Mar 17, 2010 3:43 PM	Tomika CampisiGabriel Campsis19122 W La Hwy 335Kaplan, LA 70548
101	Mar 18, 2010 8:57 PM	Angelia FontenotDaniel FontenotPO Box 309Reddell, LA 70580
102	Mar 18, 2010 9:08 PM	Judith McDanielAdam McDaniel1329 Mark Ave
103	Mar 18, 2010 9:13 PM	Kathy ReedKatelyn Reed20019 Hwy 383Iowa, LA 70647
104	Mar 18, 2010 9:18 PM	Angelia FontenotJamie FontenotPO Box 309Reddell, LA 70580
105	Mar 19, 2010 1:10 PM	Jackie McGrewDestiny McGrew10505 Hwy 151Dubach, LA 71235
106	Mar 19, 2010 1:54 PM	Lisa ManningKirsten Manning 217 Roy Ave Anacoco, LA 71403-3048
107	Mar 19, 2010 2:01 PM	Peggy Deville Rachel Deville Po Box 1202Cottonport, LA 71327
108	Mar 19, 2010 2:06 PM	Susan kirkland Landon Kirkland 1605 Brisbane Circle Bossier City, LA 71112
109	Mar 19, 2010 2:10 PM	Susan KirklandTanner kirkland 1605 Brisbane Circle Bossier City, LA 71112
110	Mar 19, 2010 2:15 PM	Catherine DavisJacolby Davis9411 Pitchpine DrShreveport, LA 71118
111	Mar 19, 2010 2:27 PM	Pamela KingKayleen King106 Windmere Dr.Haughton, LA 71037
112	Mar 19, 2010 2:33 PM	Jessica PassarellaPeyton Tilley 6900 Buncombe Rd #45Shreveport, LA 71129
113	Mar 22, 2010 6:55 PM	Shelley OrgeronShelbi Orgeron222 Dufrene StGheens, LA 70355
114	Mar 22, 2010 7:16 PM	Dawn BoudreauxNicholas Domangue202 Robyn St.Gray, La.70359
115	Mar 22, 2010 9:24 PM	calvin gilbertdwight gilbert113 eisenhower drminden, la 71055
116	Mar 22, 2010 9:48 PM	clifton turnertyler turner246 N magnoliagramercy, la 70052
117	Mar 23, 2010 8:24 PM	Tina DanverBrandon Danver7118 Jeannette LaneShreveport, La 71107
118	Mar 23, 2010 8:27 PM	Kelli McCorkelKenlie McCorkel320 prevost drHouma, La 70364
119	Mar 23, 2010 8:29 PM	Shelby Perret52112 Bushy Branch, LnLorangen La 70446
120	Mar 24, 2010 4:22 PM	lydia palnicholas pal4922 myrle staddis la 70710
121	Mar 24, 2010 6:34 PM	irma martin510 south blvdbaton rouge la
122	Mar 24, 2010 7:49 PM	Barbara MiguezSantana Duncan 36897 Reinniger Rd Denham Springs, LA 70706
123	Mar 24, 2010 8:10 PM	Stacie MelanconBrianna Melancon44334 Melancon St Sorrento, LA 70778
124	Mar 24, 2010 8:15 PM	Rachelle StewartTyler Stewart1642 Byrd Ave Bogalusa, LA 70427