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

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the 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.

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

The framework is designed to:

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

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

State/Territory: **IA**
(Name of State/Territory)

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

Signature:

Kevin W. Concannon

SCHIP Program Name(s): **All, hawk-i, IA Medicaid Expansion**

SCHIP Program Type:

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

Reporting Period: **2006** *Note: Federal Fiscal Year 2006 starts 10/1/05 and ends 9/30/06.*

Contact Person/Title: **Shellie Goldman, Management Analyst**

Address: **1305 E. Walnut**

Hoover State Office Bldg 5th Floor

City: **Des Moines** State**:** **IA** Zip**:** **50265**

Phone: **(515) 281-7315** Fax: **(515) 242-5456**

Email: **sgoldma@dhs.state.ia.us**

Submission Date: **12/29/2006**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

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

Is presumptive eligibility provided for children?	☒	No	☒	No
	☐	Yes, for whom and how long?	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☒	No
	☒	Yes, for whom and how long? All who are eligible back three months.	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable	☐	No
		☒	Yes
		☐	N/A

Does your program have a mail-in application?	☐	No	☐	No
	☒	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program over the phone?	☒	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	☐	No	☐	No
	☒	Yes	☒	Yes
	☐	N/A	☐	N/A

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

Does your program require a face-to-face interview during initial application	☒	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☒	No	☒	No
	☐	Yes	☐	Yes
	Specify number of months		Specify number of months	
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☒	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	

			Once eligibility is established, the child shall remain enrolled in the hawk-i program for a 12 month enrollment period unless one of the following occurs then the child will be disenrolled as of the first day of the month: (a) The child turns nineteen (b) Nonpayment of premiums. If the family reports a decrease in income during the 12-month enrollment period, premium cost sharing is reevaluated. If the family's income is reduced below 150 percent of FPL, the family will not have to pay a premium for the remaining months of the enrollment period. (c) Iowa residence is abandoned. (d) Medicaid eligible (e) Enrolled in other health insurance. (f) Admission to a non-medical public institution unless it can be established that the absence is temporary. (g) Employment with the State of Iowa. The child's parents become eligible to participate in a health plan available to State of Iowa employees.	
	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☒	No	☐	No
	☐	Yes	☒	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	10
	Yearly cap		Yearly cap	120
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
			$10.00 per child per month, with a maximum of $20.00 per family for families whose countable income is greater than 150% of FPL. Premiums are not imposed on Native American/Alaskan Native children regardless of family income. If a family reports a decrease in income anytime during the 12-month eligibility period and the new income is less than 150% of the FPL, the family does not pay a premium for the remainder of the eligibility period.	
	☐	N/A	☐	N/A

Does your program impose copayments or coinsurance?	☒	No	☐	No
	☐	Yes	☒	Yes

	☐	N/A	☐	N/A

Does your program impose deductibles?	☒	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require an assets test?	☒	No	☒	No
	☐	Yes	☐	Yes
	If Yes, please describe below		If Yes, please describe below	
	☐	N/A	☐	N/A

Does your program require income disregards?	☐	No	☐	No
	☒	Yes	☒	Yes
	If Yes, please describe below		If Yes, please describe below	
	1)Cost of producing unearned income. 2)20% deduction from earned income. 3)Adult or child care expenses. 4)Applicable diversions for people not in the home. 5)Diversions for ineligible or voluntarily excluded person's needs. 6)50% work incentive deduction for 1931 group.		An earned income disregard of 20% of gross earned income is subtracted prior to the determination of eligibility. No income disregards are applied to unearned income.	
	☐	N/A	☐	N/A

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

Enter any Narrative text below.

~~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 used for your Medicaid and separate child health program?	☒ Yes	☐ No	☐ N/A

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

	Medicaid Expansion SCHIP Program			**Separate Child Health Program**		
	Yes	No Change	N/A	Yes	No Change	N/A
~~a)~~ Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☒	☐	☐	☒	☐
~~b)~~ Application	☐	☒	☐	☐	☒	☐

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

~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☒	☐	☐	☐	☐
~~t)~~ Other – please specify					
~~a.~~ _____	☐	☐	☐	☐	☐	☐
~~b.~~ _____	☐	☐	☐	☐	☐	☐
~~c.~~ _____	☐	☐	☐	☐	☐	☐

8. 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	Medicaid requires proof of citizenship and identity.
~~d)~~ Benefit structure	
~~e)~~ Cost sharing (including amounts, populations, & collection process)	
~~f)~~ Crowd out policies	
~~g)~~ Delivery system	October 1, 2006 John Deere Health Plan changed their name to AmeriChoice from the UnitedHealthcare Plan of the River Valley. April 2006, AmeriChoice managed care plan expanded cov.into an addl. 20 counties. Delta Dental of Iowa provides dental cov. in these counties. Sept. 1 2006 Wellmark Health Plan of Iowa, Inc, a managed health care plan began offering health care coverage in a 65 counties. Blue Access Dental provides dental benefits.
~~h)~~ Eligibility determination process (including implementing a waiting lists or open enrollment periods)	Medicaid requires proof of citizenship and identity.
~~i)~~ Eligibility levels / target population	

~~j)~~ Assets test in Medicaid and/or SCHIP	
~~k)~~ Income disregards in Medicaid and/or SCHIP	
~~l)~~ Eligibility redetermination process	Medicaid requires proof of citizenship and identity.
~~m)~~ Enrollment process for health plan selection	
~~n)~~ Family coverage	
~~o)~~ Outreach	
~~p)~~ Premium assistance	
~~q)~~ Prenatal Eligibility Expansion	
~~r)~~ Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
~~t)~~ Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, report data from the previous two years' annual reports (FFY 2004 and FFY 2005). 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 2006). 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 2006.
- Final: Check this box if the data you are reporting are considered final for FFY 2006.

– 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® 2006). 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), hybrid data (claims and medical records), survey data, or other source. If another data source was used, please explain the source.

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

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

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

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

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

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

Explanation of Progress:
The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small

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

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☒ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: hawk-i sample size was less than 5.	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: N/A
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*

FFY 2004	FFY 2005	FFY 2006
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Sample size is less than 5.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: According to HEDIS specifications, to be included in this outcome, children must turn 15 months of age during FFY 2004 and have been continuously enrolled in the hawk-i program for the period of 31 days of age through 15 months of age with no more than a 1-month gap. The child's age is calculated by adding 31 days to the date of birth, and is also calculated using the date of their first birthday and adding 90 days. Seven rates are computed for this measure. These rates demonstrate the number of children who had 0 to 6 or more well visits during their first 15 months of life. Modification: This measure required major modifications in order to be used for children in the hawk-i program. Children under 1 year of age are typically not enrolled in the hawk-i program because they meet Medicaid guidelines. With this limitation, the Department was not able to count the number of visits that children had during this age range. Instead, the measure was modified to determine the % of children who had at least one well-child visit in the period around 15 months of age. The CDC schedule suggests a 15 month well-child visit for evaluation and vaccination. To ensure that claims were caputured for a 15 month visit, a period 60 days prior to, and 90 days after the date when the child turned 15 months of age was used for this measure. Any child with a well visit that occurred within this timeframe was counted if the child was eligible for the period 2 months prior to the month of, and 3 months after the date they turned 15 months of age.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: According to HEDIS specifications, to be included in this outcome, children must turn 15 months of age during FFY 2005 and have been continuously enrolled in the hawk-i program for the period of 31 days of age through 15 months of age with no more than a 1-month gap. The child's age is calculated by adding 31 days to the date of birth, and is also calculated using the date of their first birthday and adding 90 days. Seven rates are computed for this measure. These rates demonstrate the number of children who had 0 to 6 or more well visits during their first 15 months of life. Modification: This measure required major modifications in order to be used for children in the hawk-i program. Children under 1 year of age are typically not enrolled in the hawk-i program because they meet Medicaid guidelines. With this limitation, the Department was not able to count the number of visits that children had during this age range. Instead, the measure was modified to determine the % of children who had at least one well-child visit in the period around 15 months of age. The CDC schedule suggests a 15 month well-child visit for evaluation and vaccination. To ensure that claims were caputured for a 15 month visit, a period 60 days prior to, and 90 days after the date when the child turned 15 months of age was used for this measure. Any child with a well visit that occurred within this timeframe was counted if the child was eligible for the period 2 months prior to the month of, and 3 months after the date they turned 15 months of age.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: N/A	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Enrollment and encounter claims data from contracted health plans.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Enrollment and encounter claims data from contracted health plans.

FFY 2004	FFY 2005	FFY 2006
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: N/A	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Any child with a well child visit that occurred within this timeframe was counted if the child was eligible for the period 2 months prior to the month of, and 3 months after the date they turned 15 months of age.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Any child with a well child visit that occurred within this timeframe was counted if the child was eligible for the period 2 months prior to, the month of, and 3 months after the date they turned 15 months of age.
Year of Data: 2001	**Year of Data:** 2004	**Year of Data:** 2005

Well Child Visits in the First 15 Months of Life (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure: N/A	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: N/A	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 240 Denominator: 435 Rate: 55.2 Additional notes on measure: Of the 435 children who qualify for the denominator, 240 or 55.2 percent had a Well-Child visit within the five month timeframe surrounding the date they turned 15 months of age. The percentage exceeds the state target goal of 50 percent.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 313 Denominator: 588 Rate: 53.2 Additional notes on measure: Of the 588 children who qualified for the denominator, 313 or 53.2 percent had a well-child visit within the five-month timeframe surrounding the date they turned 15 months of age. The percentage exceeds the state target of 50 percent.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Comparing 2005 and 2006 data, the percentage rate of children receiving a well-child visit decreased by 2%. The annual performance objective for 2007 is to increase the percentage of children 15 months of age (if the child was eligible for the period from 2 month perior to the month of, and 3 months after the date they turned 15 months of age) by 2% 55.2 percent.

Annual Performance Objective for FFY 2008: The 2008 annual performance objective goal for 2008 is to increase the percentage of children 15 months of age (if the child was eligible for the period from 2 month prior to the month of, and 3 months after the date they turned 15 months of age) by 2% to 57.2 percent.

Annual Performance Objective for FFY 2009: The 2009 annual performance objective goal for 2009 is to increase the percentage of children 15 months of age (if the child was eligible for the period from 2 month perior to the month of, and 3 months after the date they turned 15 months of age)an additional 2% to 59.2 percent.

Explain how these objectives were set: The Department reviewed the two years of history (2005 and 2006)of well-child visits in the first 15 months (modified) and determined that a 2% annual increase is reasonable.

Other Comments on Measure:

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2003	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Enrollment and encounter claims data.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Enrollment and encounter claims data.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Enrollment and encounter claims data.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: All hawk-i children who were 3, 4, 5 and 6 years of age as of June 30, 2001 and were eligible for at least 11 months during the fiscal year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: All children who turned 3-6 years of age by September 30, 2004, and were eligible for at least 11 months of FFY 2004 were considered in the denominator for this measure. Of these children, those with at least one well-child visit were counted in the numerator.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: All children who turned 3 - 6 years of age by September 30, 2005, and were eligible for at least 11 months of FFY 2005 were considered in the denominator for this measure. Of these children, those with at least one well-child visit were counted in the numerator.
Year of Data: 2001	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 357	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 1161	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 1284

FFY 2004	FFY 2005	FFY 2006
Denominator: 1031 Rate: 34.6 Additional notes on measure:	Denominator: 2484 Rate: 46.7 Additional notes on measure: 3 years of age = 47.3% 4 years of age = 58.7% 5 years of age = 62.2% 6 years of age = 22.5%	Denominator: 2782 Rate: 46.2 Additional notes on measure: 3 years of age = 46.6% 4 years of age = 59.3% 5 years of age = 61.2% 6 years of age = 19.8%

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

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: The Department initially set a cumulative objective that 60 percent of children 3 - 6 years of age enrolled in hawk-i for 11 months would receive at least one well-child visit. Children ages 4 and 5 years of age reached the 60 percent goal. The Department is adjusting the cumulative percentage objective (children 3 - 6) to 50% in FFY 2007.

Annual Performance Objective for FFY 2008: The Department is adjusting is cumulative percentage objective (children 3 - 6) to 52% in FFY 2008.

Annual Performance Objective for FFY 2009: The Department is adjusting is cumulative percentage objective (children 3 - 6) to 54% in FFY 2009.

Explain how these objectives were set: Based on past years performance rate for well-child vists for children 3 - 6 years of age, the Department believes that a cumulative performance rate of 50% in 2007, and a 2% increase every year thereafter is a reasonable objective.

Other Comments on Measure:

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: The Department did not have protocols developed and programming in place to derive this measure from the claims, encounter and eligibility data.	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004 The "Use of Appropriate Medications for Children with Asthma" HEDIS measurement had to be modified in the following manner for these analyses: The hawk-i program encounter data only lists the first diagnosis per encounter; as a result, we could not count all outpatient/physician visits with asthma in the second, third, or fourth diagnosis positions on the encounter. This greatly reduced the number of children who qualify as having persistent asthma. To address this issue we calculated the rate using two different demonimators: a) children with four outpatient/physician visits in addition to the other criteria, and b) children with two outpatient/physician visits in addition to the other criteria. Additionally, the third age range (18 - 56 year of age) includes only those members 18 years of age by September 30, 2004.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 The "Use of Appropriate Medications for Children with Asthma" HEDIS measurement had to be modified in the following manner for these analyses: The hawk-i program encounter data only lists the first diagnosis per encounter; as a result, we could not count all outpatient/physician visits with asthma in the second, third, or fourth diagnosis positions on the encounter. This greatly reduced the number of children who qualify as having persistent asthma. To address this issue we calculated the rate using two different demonimators: a) children with four outpatient/physician visits in addition to the other criteria, and b) children with two outpatient/physician visits in addition to the other criteria. Additionally, the third age range (18 - 56 year of age) includes only those members 18 years of age by September 30, 2005.

FFY 2004	FFY 2005	FFY 2006
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Enrollment and administrative encounter claims data.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Enrollment and administrative encounter claims data.
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The proportion of children with persistent asthma who filled at least one prescription for a long-term control medication by age, gender, and visit criteria. Children are counted in the numerator if they have had at least one prescription for a long-term control medication.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The proportion of children with persistent asthma who filled at least one prescription for a long-term control medication by age, gender, and visit criteria. Children are counted in the numerator if they have had at least one prescription for a long-term control medication.
Year of Data:	**Year of Data:** 2004	**Year of Data:** 2005

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 38 Denominator: 58 Rate: 65.5 10-17 years Numerator: 53 Denominator: 95 Rate: 55.8 Combined rate (5-17 years) Numerator: 91 Denominator: 153 Rate: 59.5 Additional notes on measure: The State target rate is 50%. Rates for appropriate use of long-term control medications exceeded the goal for children defined as having persistent asthma in the younger age groups.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 84 Denominator: 112 Rate: 75 10-17 years Numerator: 100 Denominator: 159 Rate: 62.9 Combined rate (5-17 years) Numerator: 184 Denominator: 271 Rate: 67.9 Additional notes on measure: Children enrolled in the hawk-i program 5 - 9 years of age experienced an increase in appropriate asthma medications 9.5% (comparing 2005 to 2004). Children enrolled in the hawk-i program 10 - 17 years of age experienced an increase in appropriate asthma medications 7.1% (comparing 2005 to 2004).
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress: **Annual Performance Objective for FFY 2007:** The Department's performance objective for children with asthma who received appropriate asthma medications exceeded the goal of 50%. The Department has established a new combined rate performance objective of 76%. This performance objective is consistent with commericial populations. **Annual Performance Objective for FFY 2008:** The Department has established a new combined rate performance objective of 78%. **Annual Performance Objective for FFY 2009:** The Department has established a new combined rate performance objective of 80%. *Explain how these objectives were set:* Incremental increases in the combined rate performance objective were set based on historical experience.
Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: At the time the 2004 Annual Report was submitted to CMS, hawk-i was unable to align encounter data with provider panels. Therefore, the data was not available for this report.	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Not Applicable
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004 The Department was unable to determine from the encounter claims data whether the provider whose name appeared on the claim was a primary care provider in the plan that the child is enrolled (or rather a specialist or other care provider). For this measure, any visit that contained defined procedure and diagnosis codes was counted. No other modifications to the measure were needed.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 The Department was unable to determine from the encounter claims data received from the health plans if the provider, whose name appears on the claim, was a primary care provider in the plan that the child was enrolled (or rather, a specialist or other care provider). For this measure, any visit that contained defined procedure and diagnosis codes was counted. No other modifications to the measure were needed.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Enrollment and encounter claims data.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Enrollment and encounter claims data.

FFY 2004	FFY 2005	FFY 2006
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator of the rate for age groups 12-24 mos. & 25 mos. to 6 yrs of age is composed of children who have had a primary care visit with a PCP during FFY 2004. The numerator for age groups 7-11 and 12-18 is comprised of children and adolescents who had a primary care visit with a PCP within the plan during either FFY 2003 or 2004. Encounters for the children in this study were taken from well-child visits and other opportunities for care (i.e., any type of encounter).	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator of the rate for age groups 12-24 mos. & 25 mos.to 6 yrs of age is composed of children who have had a primary care visit with a PCP within a health plan during FFY 2005. The numerator for age groups 7-11 and 12-18 is comprised of children and adolescents who had a primary care visit with a PCP within the plan during either FFY 2004 or 2005. Encounters for the children in this study were taken from well-child visits and other opportunities for care (i.e., any type of encounter).
Year of Data:	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: Denominator: Rate: 7-11 years Numerator: Denominator: Rate: 25 months-6 years Numerator: Denominator: Rate: 12-19 years Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 78 Denominator: 82 Rate: 95.1 7-11 years Numerator: 1173 Denominator: 1270 Rate: 92.4 25 months-6 years Numerator: 2528 Denominator: 2910 Rate: 86.9 12-19 years Numerator: 1646 Denominator: 1746 Rate: 94.3 Additional notes on measure: Overall, 90.3 percent of children enrolled in the hawk-i program had an encounter at some point during the measurement period. This outcome meets the state target of 90 percent.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 106 Denominator: 118 Rate: 89.8 7-11 years Numerator: 1788 Denominator: 1936 Rate: 92.4 25 months-6 years Numerator: 2983 Denominator: 3388 Rate: 88 12-19 years Numerator: 2504 Denominator: 2655 Rate: 94.3 Additional notes on measure: Overall, 91.2 percent of the included children had an encounter at some point during the measurement period. This outcome exceeds the state target of 90 percent.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: The Department's cumulative annual performance objective for 2007 is 92%.

Annual Performance Objective for FFY 2008: The Department's cumulative annual performance objective for 2008 is 93%

Annual Performance Objective for FFY 2009: The Department's cumulative annual performance objective for 2008 is 94%

Explain how these objectives were set: Based on historical annual performance outcomes the Department has established performance objectives of incremental increases of 1% in 2007, 2008, and 2009.

Other Comments on Measure:

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2005	FFY 2006	Percent change FFY 2005-2006
SCHIP Medicaid Expansion Program	16453	17756	7.92
Separate Child Health Program	30109	31819	5.68

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

Iowa's enrollment increases or decreases did not exceed 10 percent.

~~2.~~ The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2003-2005. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2006 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	51	12.4	6.2	1.5
1998 - 2000	36	10.2	4.6	1.3
2000 - 2002	30	6.4	3.9	.8
2002 - 2004	37	7.4	5.0	1.0
2003 - 2005	33	7.9	4.6	1.1
Percent change 1996-1998 vs. 2003-2005	-35.3%	NA	-25.8%	NA

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

Currently, the largest percentage of growth is in the Iowa Medicaid program.

~~B.~~

~~C.~~ Total growth in Medicaid enrollment from SFY 99 to present equals 71,276 (duplicated) children.

~~D.~~

~~E.~~ Total growth in SCHIP (hawk-i and Medicaid Expansion) from SFY 99 to present equals 36,729 (duplicated)children.

~~F.~~

~~G.~~ Total growth in Medicaid and SCHIP from SFY 99 to present equals 108,005 (duplicated)children.

~~H.~~

~~I.~~ Statewide outreach through media and grassroots outreach to schools, providers and other targeted agencies has had a positive impact in the growth that Iowa has experienced.

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

The CPS survey is based on a small sample size. The increase in uninsured children resulting from changes in current economic indicators (increase in private pay insurance premiums, unemployment, loss of insurance coverate, etc.) may not be reflected in the current population survey.

~~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)	Iowa regularly purchases special Census tabulations from the Annual Social and Economic Supplement of the Current Population Survey. Each tabulation provides data on the total number of kids, the number of insured and uninsured kids under age 19 and below 200% of the FPL.
Reporting period (2 or more points in time)	Estimated averages for the time period 2002 to 2004 and 2003 to 2005
Methodology	Iowa estimated the number of uninsured children under age 19 below 200% of the FPL using the special tabulations as the data source. Each of the Census reports was based on a three-year average. For the time period 2000-2002 the Cencus report indicated that there

	were 27,000 uninsured chldren for 2002. For the time period 2001 - 2003, the Census report showed there were 33,000 uninsured children for 2003. For the time period 2002 - 2004, the Census reported 38,000 uninsured for 2004 and for the time period 2003 - 2005, there were 33,000 uninsured reported for 2005. Regression analysis was used to estimate the number of uninsured children for 2006 and 2007. There were 41,000 uninsured children reported for this time period.
Population (Please include ages and income levels)	The pool of children under age 19 and under 200% of FPL>
Sample sizes	According to the documentation from the Census, each survey was based on a sample size of 78,000.
Number and/or rate for two or more points in time	2002 estimate = 27,000, 2003 estimate = 33,000, 2004 estimate = 38,000, 2005 estimate 33,000, 2006 estimate = 39,000, 2007 estimate = 41,000.
Statistical significance of results	Uninsured numbers continue to fluctuate due to economic and federal policy changes (i.e. proof of citizenship).

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

These special tabulations better comport with Iowa's administrative data.

~~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.)

The source of the estimates are the same (U.S. Census Bureau), therefore we expect the estimate is at least as reliable as the data presented in Table above.

~~K.~~ What are the limitations of the data or estimation methodology?

Census data is from the Current Population Survey Annual Social and Economic Supplement, an annual survey of 78,000 households nationwide. Iowa respondents would be only a small portion of this survey, therefore care must be used in making projections. Population projections based on Woods and Poole data are subject to error of the Woods and Poole forecast.

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

Between October 1, 2005 and September 30, 2006 the total number of new and renewal hawk-i applications referred to Medicaid was 7,098 (33%) or of 21,665 new and renewal applications received by the hawk-i program.

Approximately, 5,405 (76%)of the 7,098 new and renewal applications were approved for enrollment in Medicaid or Medicaid Expansion programs.

Note: A portion of new and renewal applications referred to Medicaid or Medicaid Expansion were still pending at the time this report was generated.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. The format of this section has been revised for FFY 2006 to provide your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, please enter the data you reported for each objective in the previous two years' annual reports (FFY 2004 and FFY 2005). In the third column, please report the most recent data available at the time you are submitting the annual report.

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.

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 2006.

- Final: Check this box if the data you are reporting are considered final for FFY 2006.

- 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® 2006). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

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

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

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

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

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

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for

each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

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

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Reduce the number of uninsured children in Iowa 0 - 19 years of age below 200% of the Federal Poverty Level.	**Goal #1 (Describe)** Reduce the number of uninsured children in Iowa 0 - 19 years of age below 200% of the Federal Poverty Level.	**Goal #1 (Describe)** Reduce the number of uninsured children in Iowa 0 - 19 years of age below 200% of the Federal Poverty Level.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The Department's Bureau of Results Based Accountability recalculated the the objective related to uninsured children updating the Current Population Survey data using the three year average 2002 - 2004.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Reduce the number of children potentially eligible for Medicaid, Medicaid Expansion and hawk-i programs.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Reduce the number of uninsured children potentially eligible for Medicaid, Medicaid Expansion and hawk-i programs.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☒ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: Census Bureau three year average 2002 - 2004, health insurance by income and poverty level.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: Census Bureau, current population survey, 2003 - 2005, health insurance by income and poverty level.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: The Department's Bureau of Results Based Accountability calculated the the objective related to uninsured children updating the Current Population Survey data using the three year average 2000 - 2005, regression and Woods and Poole forecast, 2006.
Definition of Population Included in the Measure: Definition of denominator: Number of children in Iowa, under age 19, below 200% of FPL per Census Bureau current population survey. Definition of numerator: Number of uninsured children under age 19, below 200% of FPL -- Census Bureau, current population survey, 2002 - 2004 potentially eligible for Medicaid, Medicaid Expansion and hawk-i)	**Definition of Population Included in the Measure:** Definition of denominator: Census Bureau --Number of Iowa children under 19 years of age, below 200% of FPL. Definition of numerator: Census Bureau --Number of Iowa uninsured children under age 19, below 200% FPL potentially eligible for Medicaid, Medicaid Expansion and hawk-i programs.	**Definition of Population Included in the Measure:** Definition of denominator: Number of Iowa children under age 19, below 200% of the federal poverty level. Definition of numerator: Number of Iowa uninsured children under age 19, below 200% of the federal poverty level potentially eligible for Medicaid, Medicaid Expansion and hawk-i.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The number and percentage of uninsured children under age 19 and with family income less than 200% of FPL (Medicaid, Medicaid Expansion and hawk-i eligible).	**Performance Measurement Data:** Described what is being measured: The number and percent of children under 19 years of age, below 200% of FPL that are potentially eligible for Medicaid, Medicaid Expansion and hawk-i programs.	**Performance Measurement Data:** Described what is being measured: The number and percentage of uninsured children in Iowa under age 19, below 200% of the federal poverty level. Numerator: 39000

FFY 2004	FFY 2005	FFY 2006
Numerator: 38000 Denominator: 245000 Rate: 15.5 Additional notes on measure:	Numerator: 33000 Denominator: 235000 Rate: 14 Additional notes on measure: None	Denominator: 241000 Rate: 16.2 Additional notes on measure: The total number of uninsured children in Iowa potentially eligible for Medicaid, Medicaid Expansion and hawk-i increased by 6,000 children in 2006. The Department believes that this is due to the number of children in the state that are no longer covered by other third party coverage due to plant closing, layoffs and the cost of private coverage. Additionally, the child population under 19 years of age, below 200% of the federal poverty level decreased in 2006.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Decrease the number and percent of uninsured children in Iowa under age 19, below 200%, by 2 percentage points to 14.2 percent.

Annual Performance Objective for FFY 2008: Decrease the number and percent of uninsured children under age 19 years of age, below 200% of FPL by 2 percentage points to 12.2 percent.

Annual Performance Objective for FFY 2009: Decrease the number and percent of uninsured children under age 19 years of age, below 200% of FPL by 2 percentage points to 10.2 percent.

Explain how these objectives were set: Comparing FFY 2005 rate (14%) to FFY 2006 rate (16%) we believe that a 2% decrease in uninsured children under age 19, below 200% of the FPL is realistic. This assumes that economic conditions (health insurace and income levels) and child population defined above stay level.

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 2004	FFY 2005	FFY 2006
Goal #2 (Describe) None	**Goal #2 (Describe)** None	**Goal #2 (Describe)** None
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
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 2004	FFY 2005	FFY 2006
Goal #3 (Describe) None	**Goal #3 (Describe)** None	**Goal #3 (Describe)** None
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase SCHIP (hawk-i and Medicaid Expansion) enrollment.	**Goal #1 (Describe)** Increase SCHIP (hawk-i and Medicaid Expansion) enrollment.	**Goal #1 (Describe)** Increase SCHIP (hawk-i and Medicaid Expansion) enrollment.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☒ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Monthly enrollment reports.	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Monthly hawk-i and Medicaid Expansion enrollment reports.	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Monthly enrollment reports for hawk-i and Medicaid Expansion programs.
Definition of Population Included in the Measure: Definition of denominator: Number of children under 19 years of age, below 200% of FPL enrolled in hawk-i and Medicaid Expansion programs. Definition of numerator: Number of children under age 19, below 200% of FPL enrolled in hawk-i and Medicaid Expansion (September 2004 less September 2003).	**Definition of Population Included in the Measure:** Definition of denominator: Number of children under 19 years of age, below 200% of FPL enrolled in hawk-i and Medicaid Expansion programs as of September 2004. Definition of numerator: Number of children under 19 years of age, below 200% of the FPL enrolled in hawk-i and Medicaid Expansion programs (September 2004 - September 2005)	**Definition of Population Included in the Measure:** Definition of denominator: Number of children under 19 years of age, below 200% of FPL enrolled in hawk-i and Medicaid Expansion programs as of September 28, 2005. Definition of numerator: Number of children under age 19, below 200% of enrolled in hawk-i and Medicaid Expansion (September 2006 less September 2005).
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Percent change in hawk-i and Medicaid Expansion programs enrollment. Numerator: 2903 Denominator: 30155 Rate: 9.6 Additional notes on measure: None	**Performance Measurement Data:** Described what is being measured: Percent change in the number of children enrolled in the hawk-i and Medicaid Expansion programs. Numerator: 2976 Denominator: 33058 Rate: 9 Additional notes on measure: None	**Performance Measurement Data:** Described what is being measured: Percentage change in hawk-i and Medicaid Expansion enrollment. Numerator: 530 Denominator: 36034 Rate: 1.5 Additional notes on measure: None

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** Increase the number of children enrolled in hawk-i and Medicaid Expansion. **Annual Performance Objective for FFY 2008:** Increase the number of children enrolled in hawk-i and Medicaid Expansion. **Annual Performance Objective for FFY 2009:** Increase the number of children enrolled in hawk-i and Medicaid Expansion. *Explain how these objectives were set:* The goal of the Department is to cover all uninsured children eligible for hawk-i and Medicaid Expansion programs.		
Other Comments on Measure: None		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) None	**Goal #2 (Describe)** None	**Goal #2 (Describe)** None
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) None	**Goal #3 (Describe)** None	**Goal #3 (Describe)** None
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Not Applicable	**Goal #1 (Describe)** Not Applicable	**Goal #1 (Describe)** Not Applicalbe
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: The Department reports objectives related to the separate childrens health program in Iowa, the hawk-i program.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: The Department reports objectives related to the separate childrens health program in Iowa,the hawk-i program.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Not Applicable	**Goal #2 (Describe)** Not Applicable	**Goal #2 (Describe)** Not Applicable
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: The Department reports objectives related to the separate childrens health program in Iowa, the hawk-i program.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: The Department reports objectives related to the separate childrens health program in Iowa, the hawk-i program.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
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:

Annual Performance Objective for FFY 2007:

Annual Performance Objective for FFY 2008:

Annual Performance Objective for FFY 2009:

Explain how these objectives were set:

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) Not Applicable	**Goal #3 (Describe)** Not Applicable	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: The Department reports objectives related to the separate childrens health program in Iowa, the hawk-i program.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: The Department reports objectives related to the separate childrens health program in Iowa, the hawk-i program.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
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: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Please refer to IIA: Reporting of Core Performance Measures Children's Access to Primary Care Physicians	**Goal #1 (Describe)** Please refer to IIA: Reporting of Core Performance Measures Children's Access to Primary Care Physicians	**Goal #1 (Describe)** Please refer to IIA: Reporting of Core Performance Measures Children's Access to Primary Care Physicians
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
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HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) None	**Goal #2 (Describe)** None	**Goal #2 (Describe)** None
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
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Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
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FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) None	**Goal #3 (Describe)** None	**Goal #3 (Describe)** None
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
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FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Please refer to IIA: Reporting of Core Performance Measures Well Child Visits 15 months	**Goal #1 (Describe)** Please refer to IIA: Reporting of Core Performance Measures Well Child Visits 15 months	**Goal #1 (Describe)** Please refer to IIA: Reporting of Core Performance Measures Well Child Visits 15 months
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
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Year of Data:	**Year of Data:**	**Year of Data:**
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FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Please refer to IIA: Well Child Visits in Children the 3rd, 4th, 5th, and 6th, Years of Life	**Goal #2 (Describe)** Please refer to IIA: Well Child Visits in Children the 3rd, 4th, 5th, and 6th, Years of Life	**Goal #2 (Describe)** Please refer to IIA: Reporting of Core Performance Measures Well Child Visits 15 months and Well Child Visits 3, 4, 5, 6 Years of Life
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
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FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) None	**Goal #3 (Describe)** None	**Goal #3 (Describe)** None
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
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FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
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 SCHIP population? What have you found?

Objective: Increase the health status of children in Iowa

hawk-i program: Send each family a health assessment questionnaire to complete for one child in the household.

The Department, researchers and the hawk-i Clinical Advisory Committee developed two survey instruments to evaluate the effect of the hawk-i participating health plan on access to care, health status and family environment of enrolled children. The survey questions were developed after review of existing documents such as the National Health Survey (NHIS), the Consumer Assessment of Health Plan Study (CAHPS), the SCHIP Program Evaluation Guidelines established by the American Academy of Pediatrics, and enrollee surveys used to evaluate the Iowa Medicaid program. Questions were also added about children with special health care needs that were developed by the Children with Special Needs Subcommittee that was established as an advisory Committee to the hawk-i Board.

In the first survey evaluation, parents respond to a survey given at the time they joined the program (the baseline survey). These responses are compared with their responses to a survey given after their child has been enrolled for about a year (the follow-up survey) to determine if there are differences in the perceived ability to receive health services or their child's health status. Also, included in the follow-up survey and presented in the report are questions specific to hawk-i, such as the impact of having health insurance on their children and family.

What have you found?

The seventh evaluation report ("Impact on Access and Health Status in the hawk-i Program") continues to assess children's access to services prior to being enrolled in the hawk-i program and one year after enrollment was released in December 2006. The inclusion criteria utilized for this report included: 1) children who were initially enrolled in the program between July 1, 2005 and August 31, 2006; 2) households from the initally enrolled children who completed an initial survey, and 3) those same households who also completed and submitted a follow-up survey received between July 1, 2004 and June 30, 2005.

Attached is a summary of the "Impact on Access and Health Status in the hawk-i Program", "Analysis of Function Health Assessment Survey (Baseline and Follow-up)", December 2006

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

The Department will continue evaluating access and health status utilizing the following evaluation tools:

1) Impact on Access and Health Status in the hawk-i Program (Annually) -- Analysis of Functional Health Assessment Surveys (Baseline and Follow-up)

2) hawk-i Provider Network Analysis (Quarterly). The Provider Network Analysis report is generated quarterly which analyzes the hawk-i provider network in the State of Iowa. Provider netowrks of each health and dental plan participating in the hawk-i program by specific provider types, including primary care providers, dental providers, behavioral health providers, and hospitals.

3) Outcomes of Care for Children in the hawk-i program (Annually)

* Use of Appropriate Medications for Children with Asthma

* Well-Child Visits in the First 15 months of Life

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

* Children's Access to Primary Care Physicians

* Annual Dental Visits

4) Medical chart review based on the Clinical Advisory Committee's selection of a clinical area of focus (Annually).

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

No

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

Please refer "Impact on Access and Health Status in the hawk-i Program" summary report (attached file).

Enter any Narrative text below.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

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

Outreach efforts continued to put emphasis on four main areas: schools, faith-based communities, medical providers and underserved populations. Additionally, outreach efforts moved beyond the four focus areas. At the local level, coordinators focused on local government agencies such as: county treasures offices, court houses, police and sheriff offices. Outreach efforts also focused on placing hawk-i brochures at Payday Loan businesses and McDonalds agreed to advertise the hawk-i program on tray liners.

At a statewide level, hawk-i materials were made available at the Food Bank of Iowa. The Food Bank provides food supplies to numerous non-profit agencies around the state including: food pantries, shelters, community kitchens, outreach centers, domestic violence centers, troubled youth homes and a wide variety of other non-profits. hawk-i program materials were given to agencies when they come to pick up their food supplies.

A collaborative effort between the State outreach staff and staff from Iowa Dept. of Public Health's Oral Health Bureau has produced an educational dental poster that was sent out to all dentists in Iowa to educate dental providers about the hawk-i program and the advantages of accepting clients that participate in the program. A map listing local outreach coordinators and their phone numbers were also sent with the poster so that dental offices can contact their local outreach coordinators for any assistance they may need.

~~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?

In August 2006, emphasis was placed on back–to-school activities. The Department of Human Services(DHS)distributed a total of 500,000 hawk-i brochures to schools across Iowa and asked that a brochure be sent home with every child. Additionally, DHS and the Department of Education teamed up to include hawk-i and Medicaid information during free-and-reduced lunch sign-up.

The State outreach Coordinator worked with the Covering Kids and Families (CKF) project and Polk County's coordinators to put on a highly successfully multi-faceted back-to-school campaign. In August 2006, the national CKF office placed commercials on TV channels at targeted times encouraging families to make health coverage a priority and apply for hawk-i. Local outreach coordinators also placed hawk-i information on radio stations. Media outreach resulted in a 37% increase in call to the hawk-i third party administrator's call center.

A successful press conference kicking off the back-to-school activities took place at the House of Mercy in Des Moines. The press conference was very well attended by local press and various community leaders. Following the press conference, a health fair was held at a local elementary school with the largest Hispanic child population in central Iowa. Parents and children attended and received hawk-i and Medicaid information, school physicals, immunizations, school supplies and information on various community programs. Many local medical professionals and other community volunteers helped to make this event very successful. Many press outlets also covered this back-to-school event.

In Iowa, the State Fair is very popular and well attended by residents from across the state. hawk-i program brochures were handed out. Additionally, local outreach coordinators distributed hawk-i information at local county fairs.

Section 7 ("How Did You Hear About hawk-i") of the hawk-i program's application form asked applicants to indicate how they heard about the hawk-i program. This section has 13 options that the applicant can check. The hawk-i program's Third Party Administrator produces a "How Applicants Heard About hawk-i" report monthly. In calendar year 2006 there were 36,083 responses:

* Media - 644

* Newspaper & Billboard - 329

* Friend or Relative - 3,601

* School - 3,233

* Doctor or Pharmacist - 1,537

* Department of Human Services Referrals - 16,930

* Religious Organization - 106

* Employer - 483

* Health or Social Agency - 1,518

* Daycare - 172

* Insurance Agency - 34

* Other - 3,573

* Unknown - 3,923

Three referral sources; DHS, friends and relatives (word of mouth) and schools made the largest number of referrals to the hawk-i program (see attached chart).

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

A large emphasis continues to be placed on reaching out to minority and immigrant populations in Iowa. Clinic health providers, offering direct services to the targeted minority populations, were provided educational materials on the hawk-i and Medicaid programs.

* Outreach was conducted through local and state ethnic health fairs and conferences, such as Central Iowa's Asian & Latino Heritage Festivals, Central Iowa's Healthy Pow Wow and Sioux City's Cinco de Mayo Celebration. Outreach was also conducted through local ethnic radio stations, churches with diverse populations, YMCAs, ethnic publications, and english as a second language classes.

*Outreach was also conducted at Iowa's 8th, "I'll Make Me a World Celebration Day". This celebration is an annual all-state celebration of African-American arts and culture.

*The Back-to-School Fairs at McKinley Elementary and The Shalom Zone in Des Moines targeted Latino and African American families.

*Coordinators continued to also work with businesses that either employ or provide retail goods or services to minority populations.

*Coordinators were offered access to informative Webinars on working with diverse populations. Outreach coordinators were required to attend a session called "Outreach is More than Handing Out a Brochure." State staff attended an Annual American Indian Symposium to learn new ways to engage the Native American population.

Iowa's Hispanic population is growing at a very fast rate. Many of these families are uninsured and seek medical services from Iowa's established medical clinics. hakw-i and Medicaid brochures are distributed to parents that seek services for their children at the clinics. New Community Health Centers (CHCs) are being established every year in many of Iowa's communities. CHCs were created to be the safety net for many of the country's uninsured population. The relationship between hawk-i outreach and the Childrens Health Clinics are continuing to strengthen and new avenues are being explored.

The Department does not measure the effectiveness of targeting specific populations.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program above 200 through 250% of FPL must complete question 1. All other states with trigger mechanisms should also answer this question.

~~1.~~ Does your state cover children between 200 and 250 percent of the FPL or does it identify a trigger mechanism or point at which a substitution prevention policy is instituted?

- ☐ Yes
- ☒ No
- ☐ N/A

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

States with separate child health programs over 250% of FPL must complete question 2. All other states with substitution prevention provisions should also answer this question.

~~2.~~ Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- ☐ Yes
- ☐ No
- ☒ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.).

All States must complete the following 3 questions

~~3.~~ Describe how substitution of coverage is monitored and measured and the effectiveness of your policies.

The state continues to monitor responses on hawk-i applications regarding other group health plan coverage. In the event that a family does not disclose to the hawk-i program that the child is covered by other insurance, the hawk-i program's contracted health plans and their providers notify hawk-i if other coverage is identified.

When a child is identified as having other third party health coverage, the Department disenrolls the child as of the first of the month following the month other coverage is identified. The hawk-i program's Third Pparty Administrator calculates the overpayment amount and refers the case to the Department of Inspections and Appeals for overpayment collection.

In 2005, the Iowa Legislature passed House File 825 that requires health plans doing business in the State of Iowa to provide a list of their enrollees to the State. The list is matched to the hawk-i and Medicaid eligibility files to identify anyone with a third party resource. The matching provision identifies if a child is covered by other insurance. Under this provision if the hawk-i program identifies that a child is covered by other insurance the child is disenrolled as of the first of the month following the month other coverage is identified and overpayment recovery procedures are initiated.

~~4.~~ At the time of application, what percent of applicants are found to have insurance?

During the reporting period, of the 59,541 hawk-i applicants, 22% (13,075)applicants were not enrolled in the hawk-i program due to other health insurance or Medicaid coverage.

~~5.~~ Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP?

The Department does not keep data on the number of applicants that drop group health coverage to enroll in SCHIP.

COORDINATION BETWEEN SCHIP AND MEDICAID

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

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

No, the redetermination procedures for Medicaid and hawk-i are different.

Please Explain:

Medicaid: Thirty days prior to the renewal date Medicaid mails a renewal application form to the head of household. If the head of household does not return the completed renewal application form the Department issues a notice of cancellation two to three weeks before the renewal period ends.

hawk-i: On July 1, 2005, the hawk-i program implemented an option for families to renew eligibility online. The process includes:

1) One week prior to the date the renewal is scheduled to be mailed, the third party administrator mails a postcard to the family reminding them to watch the mail for their renewal application.

2) Sixty days prior to the end of the twelve month enrollment period, an automated renewal notification and an application form, preprinted with information contained in the third party administrator's data system about the household, is sent to the family. The renewal notice contains instructions for the member wishing to renew online. The notice includes the approriate member identifier and personal identification number (PIN) to be used to securely access data online. If the family does not want to renew coverage via the on-line option, they mail in the paper renewal form.

Both on-line renewal and paper renewals require families to send in current income verification and the signature page.

3) If the renewal applicatin form has not been received within fifteen days from the date the renewal notification was sent, a reminder notice is sent to the family.

4) If the renewal application has not been received within thirty days from the end of the twelve-month enrollment period, at least two attempts are made by the third party administrator to contact the family to remind them of the renewal.

5) If no renewal application has been received by the last day of the month of coverage, the child is cancelled from the program and a notice of cancellation is sent to the family.

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

Medicaid Match:

The hawk-i program's third party administrator receives a daily file that lists all Medicaid eligible children. This file is then compared with the hawk-i enrollment and application file. If a match occurs, meaning the child has attained Medicaid eligibility; eligibility for hawk-i is denied or cancelled.

Medicaid to hawk-i Electronic Referral Process:

A process for referring children who have become ineligible for Medicaid to the hawk-i program has been implemented. Although a paper referral process was already in place, it was somewhat labor intensive and cumbersome for Medicaid field staff. The following improvements were implemented:

1) DHS Medicaid eligibility workers refer children automatically through the DHS system electronically, rather than having to manually complete the forms and copy all the paperwork.

2) The Medicaid notice of decision was modified so that if a family with children is denied or cancelled from Medicaid due to excess income, the notice includes a statement that the children are being referred to hawk-i automatically. The notice also includes the hawk-i 1-800 customer service number.

3) A monthly management report of all families that were denied or cancelled from Medicaid due to excess income is created so that follow-up can be made and to ensure referrals are being made appropriately.

4) Upon the generation of a cancellation or denial notice, as described above, the Medicaid eligibility worker receives an e-mail reminder to complete the referral process.

Referrals to Medicaid from hawk-i: The hawk-i program's third party administrator located at a central location in Des Moines, Iowa receives applications from the hawk-i program via mail or online.

Applications are screened for completeness of information, the presence of other health insurance, verification of income, the presence of State of Iowa employment, and Medicaid eligibility. If it appears that the child may be Medicaid eligible, the original application is referred to a Medicaid eligibility workers co-located at the third party administrator's office for a Medicald eligibility determination. If the child is determined eligible for Medicaid the family is notified and the child is enrolled in Medicaid. If the aplication is denied for Medicaid, the third party administrator will ascertain the reason for the denial and proceed with hawk-i eligibility determination if appropriate. If the Medicaid denial was for a non-cooperation issue, the Third Party Administrator denies hawk-i eligibility and notifies the applicant. If the Medicaid denial was for income or another eligibility issue that does not apply to the hawk-i program, eligibility may be established if all other criteria are met.

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

No, the same delivery systems are not used in Medicaid and hawk-i.

The Medicaid program delivery system includes both fee-for-service (PCCM) and one managed healthcare plan.

The hawk-i program makes a per member per month capitation payment to participating health and dental plans. Between October 1, 2005 and September 30, 2006 there were two managed healthcare plans (AmeriChoice (formerly John Deere health plan and Wellmark Health Plan of Iowa) and one indemnity plan (Wellmark Classic Blue) participating in the hawk-i program.

Delta Dental of Iowa provides dental coverage to children enrolled in AmeriChoice and Blue Access provides dental coverage to children enrolled in Wellmark Health Plan of Iowa and Wellmark Classic Blue.

As of November 2006, families in forty-three counties have a choice of managed care health plans. If the family does not make a choice within ten days of receiving their approval letter, a health plan is selected for them. Once a health plan has been selected for the family, the family has 30 days to switch plans.

ELIGIBILITY REDETERMINATION AND RETENTION

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

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program?
  hawk-i : Three paper attempts and two telephone attempts. Medicaid: One renewal application 30 days prior to the renewal date.
- 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?)
  hawk-i program: 1) One week prior to date of renewal a postcard is mailed to the family, 2) sixty days prior to the end of the twelve-month enrollment period, an renewal notification and application form are mailed, 3) If the renewal application form has not been received within 15 days from the date the renweal notification was sent, a reminder is mailed, 4) If the renewal is not received within 30 days from the end of the twelve-month period, two phone attempts are made to the family.

☒ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups)
  All families receive a renewal application and notice (see above).

☐ Holds information campaigns

☒ Provides a simplified reenrollment process,

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

hawk-i program: Renewal notices and a pre-printed renewal application is sent to the family. The family has the option to renew online. The hawk-i application is two pages in length, Spanish on one side and English on the other.Medicaid program: Renewal application is sent to the head of household thirty days prior to the enrollment period ends.

☒ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:*

hawk-i program: Within thirty days of disenrollment, the TPA mails a postage-paid disenrollment survey to the household.

☒ Other, *please explain*:

The Department received a $100,000 grant from the Wellmark Foundation to fund a study to find out why people who apply for coverage under Medicaid and hawk-i don't ultimately become eligible. Based on the findings of the Barriers to Enrollment for Children in the Iowa hawk-i and Medicaid Programs report, the Department has established a work group to develop a standardized request for information form.

~~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.

At this point-in-time the Department does not have enough data to analyze the impact the new renewal process has had on hawk-i families.

The Department has received positive feedback from hawk-i outreach coordinators across the state that families like the reminder renewal postcards, renewal application (online)and they appreciate the follow-up calls.

The Department believes that standardizing and simplifying the request for information form will have a positive impact on the response rate from Medicaid and hawk-i families.

~~3.~~ Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

☒ Yes
☐ No
☐ N/A

When was the monthly report or assessment last conducted?

hawk-i program: Monthly reports are generated identifying the reason a child is disenrolled or does not re-enroll.

Note: the logic used to create the monthly reports does not match the logic used to report the unduplicated disenrollments on the quarterly federal reports.

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

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

Total Number of Dis-enrollees	**Obtain other public or private coverage**		**Remain uninsured**		**Age-out**		**Move to new geographic area**		**Other**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
14,294	3,750	26	0	0	449	3	127	1	9,968	70

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information.

The disenrollment numbers, listed by disenrollment reason, in the table above were extracted from the monthly "hawk-i Disenrollment Reports by County" (October 1, 2005 through September 30, 2006). The Department does not keep statistics on the number of children disenrolled that remain uninsured.

The report shows the number of individuals, by county, and by disenrollment reason, that have been disenrolled from the hawk-i program. The report is generated by county for the reporting month and year-to-date. The monthly report indicates only disenrollments that have occurred during the report month.

Note: The number of children disenrolled extracted from the "Disenrollment Report by County" report is not unduplicated. The logic used to create the monthly reports does not match the logic used to report the unduplicated disenrollments on the quarterly federal reports.

COST SHARING

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

Yes

The state is currently collecting data on disenrollments due to failure to pay premiums. Approximately 13% of total disenrollments are due to lack of premium payment. The same percentage of participants were disenrolled in the prior federal fiscal year.

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

No

The only cost-sharing (co-payment) that the hawk-i program imposes is a $25.00 cost-sharing for each emergency visit if a child's medical condition does not meet the definition of emergency medically necessary medical condition. Cost sharing is not imposed for Native American, Alaskan Native or families with income under 150% of the federal poverty level.

The Department has not done an assessment of the effects cost sharing has on utilization of health care in the emergency room.

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

The Department has not increased or decreased cost sharing in the past federal fiscal year.

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

~~1.~~ Does your State offer a premium assistance program for children and/or adults using Title XXI funds under any of the following authorities?

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

Children

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

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

Adults

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

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

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

☐ Parents and Caretaker Relatives
☐ Childless Adults

~~3.~~ Briefly describe your program (including current status, progress, difficulties, etc.)

~~4.~~ What benefit package does the program use?

~~5.~~ Does the program provide wrap-around coverage for benefits or cost sharing?

6. Identify the total number of children and adults enrolled in the premium assistance program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured?

8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced?

9. During the reporting period, what accomplishments have been achieved in your premium assistance program?

10. What changes have you made or are planning to make in your premium assistance program during the next fiscal year? Please comment on why the changes are planned.

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured?

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured?

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.)**

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

1. Does your state have a written plan that has safeguards and establishes methods and procedures for prevention, investigation and referral of cases of fraud and abuse? Please explain.
Yes --

Contract requirements between the Department and health and dental plans:

The Department contracts with two managed care plans, one idemnity plan and two dental plans. All contracted plans are required to provide the Department policies and procedures on fraud and abuse within thirty (30) days of execution of the contract and whenever there is a change in the policy or procedure. This includes the policy or procedure used by Providers to certify and attest that the information on the claim forms is truthful, accurate and complete. The Plan is required to notify the Department of all founded fraud and abuse cases within the Plan relevant to the hawk-i program.

Additionally, the Plan is required to verify qualifications of Providers in accordance with State licensing standards and any other standards established by the Department or state and federal government to assure quality of services.

The Plan is required to submit a description of the provider performance appraisal and credentialing process and criteria utilized to the Department.

Additionally, the plan shall not make payments to a provider for any item or service furnished, ordered, or prescribed if the provider is excluded from participating in the Medicare or Medicaid programs.

The Department communicates with the health and dental plans via conference calls, e-mails, oversight reports, and periodic face-to-face meetings regarding quality and integrity and system challenges.

Eligibility:

Federal SCHIP regulations require states to establish procedures for ensuring program integrity and detecting fraudulent or abusive activity (42 CFR 457.915 Fraud detection and investigation). These procedures must include the following:

(1)Methods and criteria for identifying suspected fraud and abuse cases

(2)Methods for investigating fraud and abuse cases that –

·Do not infringe on legal rights of persons involved; and

·Afford due process of law.

While the regulations do not require the state to establish and administrative agency responsible for monitoring and maintaining the integrity of the separate child health program, they are required to develop and implement procedures for referring suspected fraud and abuse cases to the state's program integrity unit. The Department has a contract with the Iowa Department of Inspections and Appeals (DIA)to investigate fraud cases and collect overpayments.

When the hawk-i program's Third Party Administrator (TPA) receive a complaint of fraud or abuse from any source or identifies questionable practices, the state agency must conduct a preliminary investigation or take otherwise appropriate action within a reasonable period of time to determine whether there is sufficient basis to warrant a referral to DIA for a front end investigation, overpayment recoupment or full fraud investigation.

Once the State determines that an investigation is warranted, the State must implement procedures including, but not limited to the following:

(1)Cooperate with, and refer potential fraud and abuse cases to the State program integrity unit (DIA),

(2)Conduct an investigation,

(3)Refer the fraud and abuse case to appropriate law enforcement officials.

When the Department's receives a complaint of fraud or abuse from any source or identifies questionable practices, a referral is made to DIA. The Department contracts with the DIA to investigate and collect debts owed to DHS due to overpayment of public assistance.

Manuals and Forms:

DHS and DIA contract, Employee Manual – Overpayment Recovery, Employee Manual – Letter and Forms, Overpayment/Recoupment System – Claim Status Reports

When a referral is made to DIA, the Overpayment Recovery Unit reviews the record to determine whether a referral for suspected fraud should be made to the DIA Economic Assistance Fraud Bureau. The Department also makes referrals directly to DIA Economic Assistance Fraud Bureau for front-end investigations.

DHS has several mechanisms in place to identify potential program fraud and abuse:

1)Quality Control Review: The Department's Quality Control Unit (QC) is responsible for conducting an external review of the Third Party Administrator's eligibility process. If during the review an application is suspect, the Department instructs the Third Party Administrator to issue a referral to DIA for investigation.

The new contract with the Third Party Administrator effective July 1, 2005 provides for a minimum of 600 cases be reviewed annually. Eligibility reviews are conducted by a combination of the the DHS Quality Control Unit, State hawk-i administrative staff, and Third Party Administrator staff person responsible for quality.

2)Hotline to Report Fraud: The Department of Investigations and Appeals (DIA) A.W.A.R.E Hotline maintains a 1-800 hotline fraud tip hotline. All calls received reporting hawk-i fraud and abuse are referred to the hawk-i program administrative staff for issuance of a referral for investigation notice submitted to DIA.

3)hawk-i Program Third Party Administrator Customer Service Line/Website: All calls and e-mails received on the hawk-i programs customer service line or website reporting potential fraud of the hawk-i program will be referred DIA for front-end investigation.

4)Tips from Health Plans: Contracted health plans may also receive anonymous tips or discover that a participant in the program is covered by other third party insurance. The health plans contact the Third Party Administrator and a referral is made to DIA for overpayment recovery or front-end investigation.

5)DHS Staff: All calls received by the Department staff reporting potential fraud of the hawk-i program will be referred for front-end investigation.

6)Other:

Outreach Occurrence Reports: Grassroots outreach workers may report to the Department any case that is suspected to be involved in frauding or abusing the hawk-i program.

2. 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

Number of cases investigated 0

Number of cases referred to appropriate law enforcement officials 0

~~b)~~ Provider billing

Number of cases investigated 0

Number of cases referred to appropriate law enforcement officials 0

~~c)~~ Beneficiary eligibility

Number of cases investigated 41

Number of cases referred to appropriate law enforcement officials 7

3. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors?
Eligibility Determination Oversight:

The new contract with the Third Party Administrator effective July 1, 2005 provides for a minimum of 600 cases be reviewed annually to insure that eligibility is being determined correctly. The eligibility reviews are conducted by the DHS Quality Control Unit, hawk-i administrative staff, and Third Party Administrator staff responsible for quality.

Health and Dental Oversight:

Contracted health and dental plans are required to submit the following period reports:

1) Encounter claims encounter data files monthly,

2) Summaries of appeals and resolutions quarterly,

3) Summaries of amounts recovered from third party payors for services rendered to enrollees under this contract quarterly,

4) Summaries of the Plan's quality initiatives and health education and prevention programs annually,

5) Fraud and abuse policies and procedures on fraud and abuse within thirty (30) days of execution of the contract and whenever there is a change in the policy or procedure.

6) Contracted health and dental plans are required to notify the Department of all founded fraud and abuse cases within the Plan relevant to the hawk-i program.

Enter any Narrative text below.

Number of cases investigated: Forty one cases were investigated in FFY 2006. Of the forty one cases investigated seven cases were over $1,000 resulting in a civil judgement. Of the forty-one cases, eight

cases are under investigation. The Department is collecting overpayments on the remaining thirty three cases.

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 2005. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)*

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments	24,912,105	14,821,858	15,168,487
Managed Care	18,039,842	34,584,335	45505462
per member/per month rate @ # of eligibles	173	184	204
Fee for Service	19,258,410	24,934,224	29,367,984
Total Benefit Costs	62,210,357	74,340,417	90,041,933
(Offsetting beneficiary cost sharing payments)	(1,189,595)	(1,258,468)	(1,388,891)
Net Benefit Costs	$ 61,020,762	$ 73,081,949	$ 88,653,042

Administration Costs			
Personnel	934,266	600,000	600,000
General Administration	232,969	299,698	255,955
Contractors/Brokers (e.g., enrollment contractors)	1,502,564	2,297,148	2,397,202
Claims Processing		544,524	643,702
Outreach/Marketing costs	511,503	500,000	500,000
Other PERM Grant No Non-Federal Share	14,581		
Health Services Initiatives			
Total Administration Costs	3,195,883	4,241,370	4,396,859
10% Administrative Cap (net benefit costs ÷ 9)	6,780,085	8,120,217	9,850,338

Federal Title XXI Share	47,860,666	56,747,584	68,121,833
State Share	16,355,979	20,575,735	24,928,068

TOTAL COSTS OF APPROVED SCHIP PLAN	64,216,645	77,323,319	93,049,901

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) PERM Grant -- Non-Federal share

Enter any Narrative text below.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

~~1.~~ If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

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

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

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

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

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

~~3.~~ What have you found about the impact of covering adults on enrollment, retention, and access to care of children?

~~4.~~ Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2005 starts 10/1/04 and ends 9/30/05).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	**2006**	**2007**	**2008**	**2009**	**2010**
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
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 @ # of eligibles					

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 @ # of eligibles					
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 @ # of eligibles					
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)					

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					

TOTAL COSTS OF DEMONSTRATION					

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

Please provide a description of any assumptions that are included in your calculations.

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

SCHIP is politically popular in Iowa receiving support from the Governor, Legislature, public and private agencies, providers, residents and Department Directors. Iowa is recognized as having one of the lowest uninsured rankings in the country. The state is doing an excellent job of keeping the number of uninsured children low. Iowa continues to deliver vital preventative health care services assuring that children grow up healthy.

In order to continue the SCHIP program and meet current and expected service level demands, Congress must take action to reauthorize or extend funding at an adequate funding level before the authorizing legislation sunsets. If full federal funding is not received, Iowa projects a shortfall of $15.8 million dollars in federal funding for FFY 2007.

If SCHIP is extended or reauthorized using the current funding formula and at current funding levels, Iowa projects that there will be a SFY 2008 funding shortfall of $24,000 million dollars. The projected shortfall only takes into consideration maintaining current enrollment levels.

Iowa has been selected to participate in the Payment Error Rate Measurement (PERM) in FFY 2008, and every three years thereafter. No additional federal funding has been made available and there continues to be concern that the fiscal impact of providing claims information and technical assistance to contractors, conducting eligibility reviews and implementing corrective actions will increase the projected funding shortfall in FFY 2007 and FFY 2008. Iowa is projecting that PERM will cost Iowa, at a minimum, $650,000 for the SCHIP program alone.

~~2.~~ During the reporting period, what has been the greatest challenge your program has experienced?

As economic pressure continues to stress state and federal budgets, Iowa continues to be faced with tough decisions. While there was sufficient funding for state fiscal year 2006, current projections are that Iowa will run out of federal funding the last quarter of Federal Fiscal Year 2007 and expect another shortfall in Federal Fiscal Year 2008.

~~3.~~ During the reporting period, what accomplishments have been achieved in your program?

Three health plans and two dental plans provided benefits to children participating in the hawk-i program. Wellmark is now offering its managed care plan, Wellmark Health Plan of Iowa, Inc. Currently, families in 43 counties have a choice between two managed care health plans.

The hawk-i program continues to increase the number of children enrolled in the hawk-i program. Between FFY 2005 and FFY 2006, the SCHIP program increased enrollment 3,013 children (unduplicated an increase of 7%.

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

The Department received a $100,000 grant from the Wellmark Foundation in June 2004. The grant funded a study to find out why people who apply for coverage under Medicaid and hawk-i don't ultimately become eligible.

Based on the findings, the Department is developing strategies to address barriers identified in the study. The Department has established a work group to develop a standardized request for information form. The study identified a major barrier as being that applicants oftentimes don't understand what is being asked of them. As a result, their application is denied for failure to provide information necessary to establish eligibility. A standardized form is being created with focus on clarify of information, appropriate literacy levels, and tone of message. The Department intends to utilize the services of a literacy expert in the development and translation of the form into Spanish. The remaining balance of the grant will be used for this effort.

Enter any Narrative text below.