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

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

Signature:

Jackie Forba

SCHIP Program Name(s): **All, Montana**

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: **Jackie Forba, CHIP Bureau Chief**

Address: **Montana DPHHS**

City: **Helena** State**:** **MT** Zip**:** **59620-2951**

Phone: **406-444-5288** Fax: **406-444-4533**

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Submission Date: **12/28/2006**

(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**		% of FPL conception to birth	0	% of FPL
	From		% of FPL for **infants**		% of FPL	**From**	0	% of FPL for **infants**	150	% of FPL
	From		% of FPL for children ages **1 through 5**		% of FPL	**From**	0	% of FPL for 1 **through 5**	150	% of FPL
	From		% of FPL for children ages **6 through 16**		% of FPL	**From**	0	% of FPL for children ages **6 through 16**	150	% of FPL
	From		% of FPL for children ages **17 and 18**		% of FPL	**From**	0	% of FPL for children ages **17 and 18**	150	% 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?	☐	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	1
	☐	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	

			If a child dies, turns age 19, moves from Montana, moves without notifying CHIP and we are unable to locate the family, is Medicaid eligible, becomes eligible for Montana state/university employee health insurance or is found to have other creditable health insurance coverage, coverage may be less the 12 months. NOTE: Twelve months of eligibilty does not necessarily mean 12 months of enrollment due to time spent on the waiting list.	
	☐	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	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
	☐	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	

			$1,440 annual earned income disregard for each working parent $2,400 annual dependent care disregard for each individual receiving care	
	☐	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	
~~d)~~ Benefit structure	Effective 2/1/06 Montana expanded mental health services for child diagnosed a serious emotional disturbance (SED).
~~e)~~ Cost sharing (including amounts, populations, & collection process)	
~~f)~~ Crowd out policies	Changed from 3 to 1 month wait if child has other insurance. Some exceptions apply to the 1 month wait. Change implemented to remove barriers to families at or below 150% FPL.
~~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	

	Effective 7/1/06, the Medicaid asset limit for families applying for children's poverty level programs was increased from $3,000 to $15,000.
~~k)~~ Income disregards in Medicaid and/or SCHIP	
~~l)~~ Eligibility redetermination process	
~~m)~~ Enrollment process for health plan selection	
~~n)~~ Family coverage	
~~o)~~ Outreach	During FFY 2006, Outreach was concentrated on Native American families, training and solidifying paratnerships with Office of Public Assistance and community organizations
~~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*:	**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:* 2003	**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*: Standard HEDIS definition.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: Standard HEDIS definition	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: Enrollees included on this report were continuously enrolled during the reporting period with no more than one break in enrollment of up to 45 days during the reporting year.
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana for CHIP using claims data.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
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: CHIP enrollees from 0 to 15 months old during the measurement 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: Standard HEDIS definition. CHIP enrollees from 0 to 15 months old during the measurement 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:
Year of Data: 2003	**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: 5 Denominator: 45 Rate: 11.1 4 visits Numerator: 10 Denominator: 45 Rate: 22.2 1 visit Numerator: 3 Denominator: 45 Rate: 6.7 5 visits Numerator: 13 Denominator: 45 Rate: 28.9 2 visits Numerator: 2 Denominator: 45 Rate: 0 6+ visits Numerator: 6 Denominator: 45 Rate: 13.3 3 visits Numerator: 6 Denominator: 45 Rate: 13.3 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 9 Denominator: 45 Rate: 20 4 visits Numerator: 14 Denominator: 45 Rate: 31.1 1 visit Numerator: 3 Denominator: 45 Rate: 6.7 5 visits Numerator: 9 Denominator: 45 Rate: 20 2 visits Numerator: 2 Denominator: 45 Rate: 4.4 6+ visits Numerator: 5 Denominator: 45 Rate: 11.1 3 visits Numerator: 3 Denominator: 45 Rate: 6.7 Additional notes on measure: CHIP stresses the importance of well-child visits to families through newsletters and verbal communications. We will continue focusing on the importance of well-child visits. During the past year, CHIP started mailing information packets to families with newborns. The packets are titled "Healthy Start, Grow Smart." The packets include a brochure for each month of a child's life from birth through 12 months and includes information about the child's health care at that time in his life.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 3 Denominator: 48 Rate: 6.3 4 visits Numerator: 14 Denominator: 48 Rate: 29.2 1 visit Numerator: 4 Denominator: 48 Rate: 8.3 5 visits Numerator: 10 Denominator: 48 Rate: 20.8 2 visits Numerator: 5 Denominator: 48 Rate: 10.4 6+ visits Numerator: 6 Denominator: 48 Rate: 12.5 3 visits Numerator: 6 Denominator: 48 Rate: 12.5 Additional notes on measure: We continue to focus on the importance of well-child visits. We mail "Healthy Start, Grow Smart" information packets to families with newborns. The packets include a brochure for each month of a child's life from birth through 12 months and includes information about the child's health care intervals through 12 months of age. CHIP quarterly newsletter also stresses the importance of preventive care.
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: Montana CHIP will continue to focus on the importance of well-child visits. Our FFY 2007 objective is to maintain performance at 2006 standardsOur FFY 2007 objective is to maintain performance at 2006 levels:
0 visits = 6.3%
1 visits = 8.3%
2 visits = 10.4%
3 visits = 12.5%
4 visits = 29.2%
5 visits = 20.8%
6+ visits = 12.5%

Annual Performance Objective for FFY 2008: Montana CHIP will continue to focus on the importance of well-child visits.
Our FFY 2008 objective is to maintain performance at 2006 levels:
0 visits = 6.3%
1 visits = 8.3%
2 visits = 10.4%
3 visits = 12.5%
4 visits = 29.2%
5 visits = 20.8%
6+ visits = 12.5%standards.

Annual Performance Objective for FFY 2009: Montana CHIP will continue to focus on the importance of well-child visits. Our FFY 2009 objective is to maintain performance at 2006 levels:
0 visits = 6.3%
1 visits = 8.3%
2 visits = 10.4%
3 visits = 12.5%
4 visits = 29.2%
5 visits = 20.8%
6+ visits = 12.5%

Explain how these objectives were set: The objectives were set based on trends in enrollment and utilization of health care services.

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:* 2003	**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*: NCQA's 2003 HEDIS technical specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA's 2004 HEDIS technical specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA's 2005 HEDIS technical specifications
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana for CHIP using administrative data.	**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*:
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:	**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:
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 322 Denominator: 1110 Rate: 29 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 375 Denominator: 1174 Rate: 31.9 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 387 Denominator: 1151 Rate: 33.6 Additional notes on measure: CHIP continues to educate families about the importance and availability of well-child

FFY 2004	FFY 2005	FFY 2006
		visits.

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: CHIP will continue to educate families about the importance and availability of well-child visits. Our FFY 2007 objective is to maintain performance at the 2006 level of 33.6%.

Annual Performance Objective for FFY 2008: CHIP will continue to educate families about the importance and availability of well-child visits. Our FFY 2008 objective is to maintain performance at the 2006 level of 33.6%.

Annual Performance Objective for FFY 2009: CHIP will continue to educate families about the importance and availability of well-child visits. Our FFY 2009 objective is to maintain performance at the 2006 level of 33.6%.

Explain how these objectives were set: The objectives were set based on trends in enrollment and utilization of health care services.

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*:	**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:*	**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*: NCQA's 2003 HEDIS technical specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA's 2004 HEDIS technical specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA's 2005 HEDIS technical specifications
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana from CHIP 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:	**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:
Year of Data: 2003	**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: 90 Denominator: 166 Rate: 54.2 Additional notes on measure:	**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: 90 Denominator: 131 Rate: 68.7 Additional notes on measure: There was a 14%+ increase in the number of children receiving appropriate medications for asthma from calendar year 2003 to calendar year 2004.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 21 Denominator: 22 Rate: 95.5 10-17 years Numerator: 60 Denominator: 62 Rate: 96.8 Combined rate (5-17 years) Numerator: 81 Denominator: 84 Rate: 96.4 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:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 4 Denominator: 5 Rate: 80 Additional notes on measure: Children age 18 who received medication for asthma.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Montana CHIP will continue providing appropriate medications for children and adolescents with asthma. Our FFY 2007 objective is to maintain performance at 2006 levels:
5 - 9 years = 95.5%
10 - 17 years = 96.8%
combined 5 - 17 years = 96.4%
18 years = 80%

Annual Performance Objective for FFY 2008: Montana CHIP will continue providing appropriate medications for children and adolescents with asthma. Our FFY 2008 objective is to maintain performance at 2006 levels:
5 - 9 years = 95.5%
10 - 17 years = 96.8%
combined 5 - 17 years = 96.4%
18 years = 80%

Annual Performance Objective for FFY 2009: Montana CHIP will continue providing appropriate medications for children and adolescents with asthma. Our FFY 2009 objective is to maintain performance at 2006 levels:
5 - 9 years = 95.5%
10 - 17 years = 96.8%
combined 5 - 17 years = 96.4%
18 years = 80%

Explain how these objectives were set: Objectives were set based on trends in enrollment and utilization of health care services.

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*:	**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:*	**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*: NCQA's 2003 HEDIS technical specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA's 2004 HEDIS technical specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA now allows qualifying visits to nurse practitioners and physician assistants to count toward the numerator even though they are not listed as primary care practitioners. Because the CHIP program is not a managed care plan, "safety-net providers" such as County Health Departments, Migrant Health Clinics, Tribal Health and Indian Health Service Clinics, etc. are also providers NCQA's 2005 HEDIS technical specifications
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana from CHIP 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:	**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:
Year of Data: 2003	**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: 115 Denominator: 123 Rate: 93.5 7-11 years Numerator: 1205 Denominator: 1408 Rate: 85.6 25 months-6 years Numerator: 1034 Denominator: 1298 Rate: 79.7 12-19 years Numerator: 1757 Denominator: 1999 Rate: 87.9 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 129 Denominator: 137 Rate: 94.2 7-11 years Numerator: 1270 Denominator: 1511 Rate: 84.1 25 months-6 years Numerator: 1080 Denominator: 1383 Rate: 78.1 12-19 years Numerator: 1999 Denominator: 2254 Rate: 88.7 Additional notes on measure: CHIP continues to educate families about the health care services available to them. The program also continues to recruit CHIP providers statewide to ensure access to care. "Safety net" providers such as County Health Departments, community health centers, Tribal Health and Indian Health Service facilities are an integral part of the provider network.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 83 Denominator: 93 Rate: 89.2 7-11 years Numerator: 1305 Denominator: 1576 Rate: 82.8 25 months-6 years Numerator: 1041 Denominator: 1348 Rate: 77.2 12-19 years Numerator: 2127 Denominator: 2433 Rate: 87.4 Additional notes on measure: Montana has expanded primary care provider access beyond its borders. Since Montana is a "frontier" state, certain communities are better served by visiting medical providers or providers in contiguous counties. For example, families residing in Fairview, MT are closer to medical providers in Williston, ND and families residing in Noxon, MT are closer to medical providers in Sandpoint, ID.
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:

FFY 2004	FFY 2005	FFY 2006

Explanation of Progress:

Annual Performance Objective for FFY 2007: Montana CHIP will continue to provide children with access to primary care practitioners. CHIP will continue recruiting practitioners and maintain access at 2006 levels:
12 - 24 months = 89.2%
25 months - 6 years = 77.2%
7 - 11 years = 82.8%
12 - 19 years = 87.4%

Annual Performance Objective for FFY 2008: Montana CHIP will continue to provide children with access to primary care practitioners. CHIP will continue recruiting practitionersand maintain access at 2006 levels:
12 - 24 months = 89.2%
25 months - 6 years = 77.2%
7 - 11 years = 82.8%
12 - 19 years = 87.4%

Annual Performance Objective for FFY 2009: Montana CHIP will continue to provide children with access to primary care practitioners. CHIP will continue recruiting practitionersand maintain access at 2006 levels:
12 - 24 months = 89.2%
25 months - 6 years = 77.2%
7 - 11 years = 82.8%
12 - 19 years = 87.4%

Explain how these objectives were set: Objectives were set based on trends in enrollment and utilization of health care services.

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	0	0	
Separate Child Health Program	15841	17304	9.24

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

~~2.~~ The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 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	32	5.2	12.0	2.0
1998 - 2000	32	5.2	13.0	2.0
2000 - 2002	20	3.6	8.8	1.5
2002 - 2004	23	3.8	10.0	1.6
2003 - 2005	24	4.0	10.7	1.7
Percent change 1996-1998 vs. 2003-2005	-25.0%	NA	-10.8%	NA

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

1) Many Montana businesses are small companies that do not offer health insurance.

~~B.~~ 2) Employers who do offer insurance have experienced double digit increases in their health insurance premiums and have increased employee cost sharing.

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

1)CPS state estimates are based on small sample sizes (657 for the 2001 non-expanded survey and 866 for the 2001 expanded survey).

2)CPS estimates for the number of children is based on an outdated three year average and do not reflect the current population e.g. FFY 2006 original allotments were base on data averaged over the three year period 2001-2003.

3)CPS uses "poverty thresholds" which is not the same as "poverty guidelines" typically used by the federal government for determining income-related program eligibility e.g. Medicaid and SCHIP.

4)Because many survey respondents (up to 20%) do not answer the income or health insurance questions, the Census Bureau imputes the missing data regardless of the state of residence.

~~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)	Montana Household Survey
Reporting period (2 or more points in time)	December 2002 to May 2003
Methodology	The 2003 Montana Household Survey was conducted as a stratified random digit dial telephone survey. The data was collected by the Survey Research Center at the University of Montana - Missoula, Bureau of Business and Economic Research. The sample for the survey consisted of telephone numbers stratified by groups of telephone exchanges. The strata were created to, as closely as possible, resemble county and sub-county geography of the areas to be sampled. Within each stratum, each telephone number had an equal probability of selection for the survey. The survey collected information on the health insurance status of each person in the household and some demographic information about the primary wage earner in the household. The response rate was 75.2%. Statistical weights were constructed to adjust for the fact that not all survey respondents were selected with the same probability, and to

	adjust for different response rates in different groups. Across the different geographic strata, telephone numbers were sampled with different probabilities, in order to achieve the survey objectives of obtaining a certain number of completed interviews in particular geographic areas. Weights were calculated for age and gender. Households with more than one telephone line had a higher chance of being selected for participation in the survey than households with only one telephone line. Households that purchased individual insurance policies had a higher incidence of multiple telephones. Those with lower incomes were somewhat more likely to have been without a telephone in the last 12 months. The uninsured rate is conservative; weighting for telephone availability would increase the rate and number of uninsured.
Population (Please include ages and income levels)	All Montanans
Sample sizes	A total of 5,074 interviews were completed. Total household contacts were 6,747.
Number and/or rate for two or more points in time	For the age group 0 through 18, 17%, or approximately 41,723 children were uninsured at all income levels. 35,900 uninsured children live in households at or below 200% FPL.
Statistical significance of results	95% confidence level

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

CPS data: Of particular concern is systematic under or over-counting of children in different states. In Montana, under-counting exists, as evidenced by Montana-specific data obtained through the HRSA State Health Planning Grant. CPS indicates 21,000 uninsured low-income children for the 2001-2003 period. Montana specific data indicates 35,900 uninsured low-income children, a 59% undercount by CPS.

In October 2003, a report from the State Health Access Data Assistance Center (SHADAC) indicated that between 1999 and 2002, state funding allocations fluctuated on average 22% per state, or about $18.5 million up or down. The only way a state can receive additional funds for eligible children is increasing, as a percent of the national total, its population of low-income insured and uninsured children.

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

Montana has confidence in the reliability of the estimate of uninsured chldren reported by the 2003 Montana Household Survey. The Montana Department of Public Health and Human Services, in collaboration with the University of Montana's Bureau of Business and Economic Research, and with technical assistance from the State Health Access Data Assistance Center (SHADAC), University of Minnesota, was supported by a grant from the Health Resources and Services Administration, U.S. Department of Health and Human Services. The Research and Anaylsis Bureau of the Montana Department of Labor and Industry provided additional data and assistance.

The sample size for the 2003 Household Survey was much larger than other samples used for estimating Montana's uninsured rates, such as the Census Population Survey (approximately 1,500 households) or the Behavioral Risk Factor Survey (3,100 Montana adults) conducted by the Centers for Disease Control.

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

Like all surveys, the findings from the 2003 Household Survey has a margin of error associated with it. This 5% margin of error reflects the fact there is always uncertainty involved in the process of creating statewide estimates from a representative sample of the population.

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

No data is available regarding the number of children enrolled in Medicaid as a result of CHIP outreach activites and enrollment simplification. Applications for Montana CHIP are screened for possible Medicaid eligibility. If a child is potentially eligible for Medicaid, the application is sent to the child's county Office of Public Assistance for a Medicaid eligibility determination.

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) Decrease the proportion of children at or below 150% of FPL who are uninsured.	**Goal #1 (Describe)** Decrease the proportion of children at or below 150% FPL who are uninsured.	**Goal #1 (Describe)** Decrease the proportion of children at or below 150% of FPL who are uninsured.
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:* 2003	**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:* 2006
Data Source: ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: CHIP, Medicaid, and Caring Program data systems.	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: CHIP, Medicaid, and Caring Program data systems.	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: Total number of children enrolled in CHIP, Medicaid, the Caring Program, the Montana University System Dependent Children Premium Waiver pilot project and Insure Montana in 2006 (80,616). Information was derived from each program's data system.
Definition of Population Included in the Measure: Definition of denominator: Total number of children enrolled in CHIP (15,664), Medicaid (66,594), and the Caring Program (850) in 2003 (83,108). Definition of numerator: The difference between the unique number of children who were enrolled in CHIP (13,084), Medicaid (60,526), and the Caring (1,230) programs in FFY 2003 (74,840) and the unique number of children enrolled in CHIP (15,664), Medicaid (66,594), and the Caring Program (850) in FFY 2004 (83,108). 83,108 - 74,840 = 8,268 children	**Definition of Population Included in the Measure:** Definition of denominator: Total number of children enrolled in CHIP (15,841), Medicaid (59,809)and the Caring Program (480) in FFY 2005 (76,130). Definition of numerator: The difference between the unique number of children who were enrolled in CHIP, Medicaid, and the Caring Program in FFY 2004 (83,108) and the unique number of children enrolled in CHIP (15,841), Medicaid (59,809), and the Caring Program (480) in 2005 (76,130). 76,130 - 83,108 = -6,978 children.	**Definition of Population Included in the Measure:** Definition of denominator: Total number of children enrolled in CHIP (17,880), Medicaid (61,498), the Caring Program (436), (100) and Health Insurance for the Montana University System Dependent Children Premium Waiver pilot project (275) and Insure Montana (427) in 2006 (80,516). Definition of numerator: The difference between the unique number of children who were enrolled in CHIP, Medicaid, and the Caring Program in 2005 (76,130) and the unique number of children enrolled in CHIP, Medicaid, the Caring Program, and Montana University System Dependent Children Premium Waiver pilot project, and Insure Montana in 2006 (80,516). 80,516 - 76,130 = 4,386 children.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The difference between the number of children insured in FFY 2003 and in FFY 2004.	**Performance Measurement Data:** Described what is being measured: The difference between the number of children insured in FFY 2004 and in FFY 2005.	**Performance Measurement Data:** Described what is being measured: The difference between the number of children insured FFY 2005 and in FFY 2006.

FFY 2004	FFY 2005	FFY 2006
Numerator: 8268 Denominator: 74840 Rate: 11 Additional notes on measure:	Numerator: 6978 Denominator: 76130 Rate: 9.2 Additional notes on measure: The number of unduplicated children eligible for Medicaid during FFY 2005 was originally reported as 67,941; this information was erroneous. Only 59,809 unduplicated children were eligible during FFY 2005. In total there were 6,978 less children enrolled in FFY 2005 than in FFY 2004. However, SART will not allow negative numbers to be entered..	Numerator: 4386 Denominator: 80516 Rate: 5.4 Additional notes on measure: The Montana University System Dependent Children Premium Waiver pilot project and Insure Montana are new programs developed to assist low-income families obtain health insurance coverage.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Montana's FFY 2007 objective is to continue decreasing the proportion of children at or below 150% of FPL who are uninsured. Our objective to is continue at the FFY 2006 level of 5.4%.

Annual Performance Objective for FFY 2008: Montana's FFY 2008 objective is to continue decreasing the proportion of children at or below 150% of FPL who are uninsured. Our objective to is continue at the FFY 2006 level of 5.4%.

Annual Performance Objective for FFY 2009: Montana's FFY 2009 objective is to continue decreasing the proportion of children at or below 150% of FPL who are uninsured. Our objective to is continue at the FFY 2006 level of 5.4%.

Explain how these objectives were set: Objectives were set based on trends in CHIP and other health care coverage enrollment.

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) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)** N/A
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) N/A	**Goal #3 (Describe)** N/A	**Goal #3 (Describe)** N/A
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) Enroll approximately 9,540 children monthly who are at or below 150% FPL during	**Goal #1 (Describe)** Enroll approximately 10,900 children monthly who are at or below 150% FPL during FFY 2005	**Goal #1 (Describe)** Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2006
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:* 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. ☐ Other. *Specify*: CHIP data system	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: CHIP data system	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: CHIP Data System
Definition of Population Included in the Measure: Definition of denominator: Average monthly enrollment during FFY 2003 (9540) Definition of numerator: The difference between the average monthly enrollment during FFY 2003 (9,540) and the average monthly enrollment during FFY 2004 (10,704).	**Definition of Population Included in the Measure:** Definition of denominator: Average monthly enrollment during FFY 2004 (10,704) Definition of numerator: The difference between the average monthly enrollment during FFY 2004 (10,704) and the average monthly enrollment during FFY 2005 (11,022).	**Definition of Population Included in the Measure:** Definition of denominator: Average monthly enrollment during FFY 2005 (11,022) Definition of numerator: The difference between the average monthly enrollment during FFY 2005 (11,022) and the average monthly enrollment during FFY 2006 (11,842).
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: Percentage of increased enrollment between FFY 2003 and FFY 2004. Numerator: 1164 Denominator: 9546 Rate: 12.2 Additional notes on measure: Montana's governor provided $609,000 in one-time funding to enroll children from Montana's waiting list beginning November 2004. This resulted in a 12% increase in CHIP enrollment.	**Performance Measurement Data:** Described what is being measured: Percentage of increased enrollment between FFY 2004 and FFY 2005. Numerator: 318 Denominator: 10704 Rate: 3 Additional notes on measure: For nine months (October 2004 through June 2005), there was a waiting list (enrollment capped at 10,900) and only a limited number of children were enrolled off the waiting list. Montana's legislature provided additional funding for CHIP effective 7/1/2005. On 7/1/2005, 797 children were enrolled off the waiting list.	**Performance Measurement Data:** Described what is being measured: Percentage of increased enrollment between FFY 2005 and FFY 2006. Numerator: 820 Denominator: 11022 Rate: 7.4 Additional notes on measure: Montana anticipated enrolling more children in CHIP because of increased funding. However, the Medicaid resource limit for children's poverty level coverage groups increased from $3,000 to $15,000 effective July 1, 2006. The increased resource limit meant, despite increased CHIP applications, there was a greater number of referrals to the Medicaid Program.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2007

Annual Performance Objective for FFY 2008: Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2008

Annual Performance Objective for FFY 2009: Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2009

Explain how these objectives were set: Objectives were set based on available state and federal funding.

Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Increase the reapplication rate to maintain continuous health coverage for SCHIP eligible enrollees.	**Goal #2 (Describe)** Increase the reapplication rate to maintain continuous health coverage for CHIP eligible enrollees.	**Goal #2 (Describe)** Increase the reapplication rate to maintain continuous health coverage for CHIP eligible enrollees.
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*: Reapplication rate	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Because all reports from the CHIP data system were not fully developed, this information was not available for FFY 2005.	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: CHIP Data System
Definition of Population Included in the Measure: Definition of denominator: Families that were enrolled at the end of 12 months and needed to requalify for coverage (4,807). Definition of numerator: Families that reapplied for CHIP (4,112).	**Definition of Population Included in the Measure:** Definition of denominator: Applicants that were enrolled at the end of 12 months and needed to reapply for coverage. Definition of numerator: Applicants who reapplied by the end of 12 months.	**Definition of Population Included in the Measure:** Definition of denominator: Applicants that were enrolled at the end of 12 months and needed to reapply for coverage Definition of numerator: Applicants that reapplied for CHIP
Year of Data: 2004	**Year of Data:**	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: FFY 2004 Reapplication rate Numerator: 4112 Denominator: 4807 Rate: 85.5 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Reapplication rate Numerator: Denominator: Rate: Additional notes on measure: Because all reports from the CHIP data system were not fully developed, this information was not available.	**Performance Measurement Data:** Described what is being measured: Due to data system limitations, the rate of reapplication for FFY 2006 can not be reported at this time Numerator: Denominator: Rate: Additional notes on measure: Montana continues to provide three separate notifications to CHIP families prior to disenrolling children because a renewal application was not received.

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** Improve our current data system so we are able to report reapplication rate in FFY 07. **Annual Performance Objective for FFY 2008:** Improve our current data system so we are able to report reapplication rate in FFY 08. **Annual Performance Objective for FFY 2009:** Improve our current data system so we are able to report reapplication rate in FFY 09. *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)** N/A
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) Increase the enrollment of currently eligible but not participating children in the Medicaid Program.	**Goal #1 (Describe)** N/A	**Goal #1 (Describe)** N/A
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*: CHIP Data System	**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: Number of children referred for a Medicaid determination during FFY 2003 based on initial screening by CHIP (1,712) Definition of numerator: The difference between the number of children CHIP referred for a Medicaid eligibility determination in FFY 2003 (1,712) and the number referred in FFY 2004 (2,702)	**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: 2004	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: The increased number of CHIP referrals for Medicaid eligibility determinations. Numerator: 990 Denominator: 1712 Rate: 57.8 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:

FFY 2004	FFY 2005	FFY 2006
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: The number of applications referred to county Offices of Public Assistance as potentially eligible for Medicaid was 1,351. This represents approximately 2,702 children. The number of children who were referred as potentially eligible for Medicaid and subsequently enrolled in Medicaid or CHIP is unavailable at this time.		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)** N/A
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:

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** Provide CHIP-related information and/or training to staff from Offices of Public Assistance by attending their annual Montana Eligibility Workers Association (MEWA) meeting or the quarterly Human and Community Services Division's Joint Management meeting. **Annual Performance Objective for FFY 2008:** Provide CHIP-related information and/or training to staff from Offices of Public Assistance by attending their annual Montana Eligibility Workers Association (MEWA) meeting or the quarterly Human and Community Services Division's Joint Management meeting. **Annual Performance Objective for FFY 2009:** Provide CHIP-related information and/or training to staff from Offices of Public Assistance by attending their annual Montana Eligibility Workers Association (MEWA) meeting or the quarterly Human and Community Services Division's Joint Management meeting. *Explain how these objectives were set:* Objectives were based on training provided during FFY 2006.		
Other Comments on Measure: Providing CHIP-related information to Offices of Public Assistance (OPA) staff ensures staff who determine Medicaid eligibility also have a basic knowledge of CHIP. This information will assist OPA and CHIP staff in providing health care coverage to eligible children and making referrals to the appropriate program.		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) N/A	**Goal #3 (Describe)** N/A	**Goal #3 (Describe)** N/A
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:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Coordinate with Children's Special Health Services (CSHS), the Mental Health Services Plan (MHSP), the Caring Program for Children, Primary Care Association (PCA), Montana Youth Care, BlueCare, and the Montana Comprehensive Health Association to ensure children and families who need care beyond what is offered by CHIP are referred to these programs.	**Goal #1 (Describe)** N/A	**Goal #1 (Describe)** N/A
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*: Data Source was the CHIP data system. Data includes the number of children referred to other programs for their health care needs.	**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 was the CHIP data system	**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*:
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: Number of children referred to CSHS, Caring and MHSP during FFY 2003 (3,915) compared to the number of children referred to CSHS, Caring and MHSP during FFY 2004 (729).	**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:
Year of Data: 2004	**Year of Data:**	**Year of Data:**

FFY 2004	FFY 2005	FFY 2006
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:
Performance Measurement Data: *(If reporting with another methodology)* Numerator: 729 Denominator: 3915 Rate: 18.6 Additional notes on measure: During FFY 2003 a large number of children (3,746) were referred to the Caring Program because Montana had a long waiting list. On November 1, 2003 CHIP was able to enroll all children off the waiting list due to a one-time infusion of money from the governor.	**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) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)** N/A
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*:
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:	**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:
Year of Data:	**Year of Data:**	**Year of Data:**
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
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) N/A	**Goal #3 (Describe)** N/A	**Goal #3 (Describe)** N/A
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*:
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:	**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:
Year of Data:	**Year of Data:**	**Year of Data:**
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: 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) Increase the number of medical and dental providers and facilities available to provide care to CHIP enrollees.	**Goal #1 (Describe)** Increase the number of medical and dental providers and facilities available to provide care to CHIP enrollees.	**Goal #1 (Describe)** Increase the number of medical and dental providers and facilities available to provide care to CHIP enrollees.
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*: CHIP medical and dental providers and facilities who provide services to CHIP enrollees.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CHIP medical and dental providers and facilities who provide services to CHIP enrollees.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CHIP medical and dental providers who provide services to CHIP enrollees
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Blue Cross Blue Shield of Montana and CHIP data systems. Provider enrollment for fiscal year end 2004 was compared to fiscal year eand 2003.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Blue Cross Blue Shield of Montana and CHIP data systems.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Blue Cross Blue Shield of Montana and CHIP data systems. Provider enrollment for fiscal year end 2006 was compared to fiscal year end 2005.
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: Total CHIP providers enrolled for fiscal year end 2004 (3,803)	**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: Provider enrollment for fiscal year end 2005: 1,595 physicians 2,056 allied 58 hospitals 266 dentists and oral surgeons	**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: Total CHIP providers enrolled for fiscal year end 2006 (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons)
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:

FFY 2004	FFY 2005	FFY 2006
Denominator: Rate: Additional notes on measure:	Denominator: Rate: Additional notes on measure:	Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 3803 Denominator: 3591 Rate: 105.9 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 3943 Denominator: 3803 Rate: 103.7 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 4203 Denominator: 3943 Rate: 106.6 Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: Maintain access to preventive health care providers at FFY 2006 levels: (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons)

Annual Performance Objective for FFY 2008: Maintain access to preventive health care providers at FFY 2006 levels: (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons)

Annual Performance Objective for FFY 2009: Maintain access to preventive health care providers at FFY 2006 levels: (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons)

Explain how these objectives were set: Objectives were set based on trends in enrollment and utilization of health care services.

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) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)** N/A
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*:
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:	**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:
Year of Data:	**Year of Data:**	**Year of Data:**
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
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) N/A	**Goal #3 (Describe)** N/A	**Goal #3 (Describe)** N/A
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*:
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:	**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:
Year of Data:	**Year of Data:**	**Year of Data:**
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
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?

On a quarterly basis, Montana reviews the total number of dental, physician and hospital CHIP providers to evaluate network adequacy and access to care. If there is a significant change, we review changes to assure no region of the state has an inadequate network of providers. It should be noted Montana is a frontier state with many areas having no or limited local access to health care for any payer.

Our insurer, Blue Cross Blue Shield of Montana (BCBSMT), submits quarterly Health Care Management Reports that summarize costs and utilization of medical and pharmacy services. CHIP and BCBSMT meet monthly to discuss program changes, successes and challenges. Access to care and quality of care are the primary areas of discussion.

CHIP monitors and evaluates the utilization of eyeglasses and dental services. These services are provided on a fee-for-service basis and are not part of the BCBSMT contract.

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?

CHIP continues with the measure listed above. Additionally, we will continue to send families Explanations of Benefits for eyeglasses and dental services for claims processed.

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?

Montana CHIP did not conduct focused quality studies in FFY 2006.

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

Montana conducted several outreach campaigns during 2006. They primarily included:

1) a statewide media campaign between February 13 and March 10, 2006

2) a summer print advertising campaign as a follow-up to the Spring 2006 statewide media campaign. Ads placed in all Montana markets, including daily, rural, weekly newspapers and tribal newspapers, ran June through August.

3) Covering Kids & Families, a program sponsored by the Robert Wood Johnson Foundation, conducted a television campaign promoting CHIP in the greater Helena area from mid-August to mid-September 2006, as part of its annual "Back-to-School" initiative.

The number of new CHIP enrollees during FFY 2006 totaled 7,469:

October - 610

November -700

December - 618

January - 433

February - 624

March - 641

April - 742

May - 745

June - 664

July - 535

August - 524

September - 633

New enrollment increased substantially during the campaign periods. Because Montana Medicaid increased its resource standard from $3,000 to $15,000, effective July 1, 2006, more referrals were made to Medicaid beginning in June 2006.

Residuals from the Spring media campaign coupled with the "Back-to-School" initiative resulted in an upswing in our new enrollees again in September.

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?

During February and March 2006, Montana conducted a statewide media (television, radio and newspaper) campaign encouraging families to apply for CHIP.

Additionally, we provided educational seminars to "CHIP Champions" throughout the state. CHIP Champions are individuals and community organizations who have contact with families who could qualify for CHIP, if they applied.

~~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?

Montana has conducted two separate media campaigns (August and September 2000 & February and March 2006) which proved to be the most effective outreach activities to date. Medical associations and individual medical providers have agreed to display CHIP brochures and applications in their offices or stores. We believe families are likely to pick up information when they pay for medical care, pick up a prescription, or schedule another appointment.

~~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?

Montana is a frontier state so most of our outreach is directed to rural communites. We attended many community health fairs.

Montana also has seven Indian Reservations within its borders. During 2006, our Outreach Manager visited each reservation at least once. This improved our relationships with the IHS and Tribal Health staff and increased their knowledge about CHIP benefits and how CHIP enrollment will benefit families and Tribal Nations. Our goal is to have more Native American children enrolled in CHIP as a response to our efforts.

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 CHIP application asks whether children currently have health insurance or whether they have had health insurance during the previous month. A child must be uninsured for at least one month before being eligible for CHIP. (Some employment related exceptions apply.)

The BlueCHIP Enrollee Handbook and CHIP material also notify families that their children are not eligible if they have or obtain other health insurance coverage.

Our insurer, Blue Cross Blue Shield of Montana (BCBSMT) compares the CHIP monthly enrollment file with their database for individual and group policyholders and notifies us if a child has other insurance coverage. Since BCBSMT is the largest insurance carrier in Montana, we believe this is an effective procedure for monitoring substitution of coverage.

Medical providers also notify CHIP and BCBSMT when it appears a CHIP enrollee has other insurance coverage. CHIP staff investigate these reports to determine if other creditable coverage is in effect and, if so, notifies the applicant the child's CHIP coverage will terminate.

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

Less than six percent of applicants have insurance at the time of application. (Due to limiitations of our eligiblity data system, this percent actually includes siblings of applicants for whom parents are not seeking coverage.)

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

No data is currently available regarding the incidence of applicants substituting group health coverage with CHIP coverage.

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.

CHIP and Medicaid do not have the same redetermination procedures. Medicaid requires documentation of identity, household income, resources and other pertinent changes. CHIP accepts self-declaration of identity, household composition and income and there is no asset test for CHIP.

To expedite the renewal process, CHIP pre-populates the family's renewal application with information from the family's previous application (e.g., names, birth dates, ID numbers, etc). Families must update income information and note other changes (e.g., family members who have moved in or out, etc.), sign, date and return the completed application to CHIP before CHIP can determine whether the family continues to qualify for coverage. Medicaid does not provide pre-populated applications to families whose Medicaid eligibility needs to be redetermined.

~~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.

An electronic referral process was developed in 2005 to automatically refer children who lose or are denied Medicaid (for reasons other than failure to comply) to CHIP. Our challenge has been getting the electronic referral for children who have another family member (e.g., younger or disabled sibling) with ongoing Medicaid coverage.

In an effort to prevent a lapse in coverage when children lose Medicaid, eligibility staff in statewide Offices of Public Assistance provide the family with a blank CHIP application, or provide CHIP's website (www.chip.mt.gov) so the family can download the application, or contact CHIP via e-mail or phone with the family's name and address so an application can be mailed the next day.

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

The delivery systems are not the same for Medicaid and CHIP although providers are frequently enrolled in both programs' networks. CHIP contracts with Blue Cross Blue Shield of Montana (BCBSMT) to enroll and provide support for medical, allied and hospital providers. CHIP also contracts with Affiliated Computer Services, Inc. (ACS) to enroll and support dental and eyglasses providers. CHIP, Medicaid and the Montana Department of Corrections have a bulk-purchasing contract with Walman Optical, Inc. for eyeglasses. Both CHIP and Medicaid state staff provide support for their respective networks and delivery systems.

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?
  Three (3)
- 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?)
  Families receive the following renewal mailings: 1) 9 1/2 months after eligibility was determined, the family receives a mailing advising that it's almost time to renew their application and they should watch for their renewal application, 2) 10 months after eligibility was determined, a pre-populated renewal application is mailed, and 3) a reminder notice is mailed 11 months after eligibility was determined, if the renewal application is not be returned.

☐ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups)

☐ Holds information campaigns

☒ Provides a simplified reenrollment process,

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

CHIP provides families with a four page pre-populated renewal application. The family makes changes to the information (e.g., noting family members who have moved in or out, school attendance, etc) plus enters their current income. When screened, applications for children who are potentially eligible for Medicaid are forwarded to Offices of Public Assistance for determination of Medicaid eligibility.

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

☐ Other, *please explain*:

~~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.

Improving the renewal materials and implementing a pre-populated renewal application that is short and easy to complete increased the number of returned renewal applicatons, reduced the time required to process the application, and resulted in more children receiving continuous CHIP coverage.

~~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?

The last report for FFY 2006 was conducted in September 2006. The total number of children disenrolled during FFY 2006 was 4,582 and they were disenrolled for the following reasons:

8% - turned age 19

40% - became eligible for Medicaid

9% - obtained other health insurance

1% - no longer resided in the home

6% - moved out of state

1% - child eligible for state employee health insurance

21% application closed

2% - unable to locate the family

2% - audit documentation not provided

1% - child transferred into another family

8% - failed to comply with Medicaid requirements

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**	
	Num ber	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
4,582	2,287	50	1,517	33	386	8	337	7	55	2

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

CHIP data system

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?

During the FFY 2005 CHIP Survey of Families Who Did Not Renew CHIP Coverage, families were asked their reasons for not reapplying for CHIP and cost-sharing was not mentioned as a barrier by respondents.

~~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

~~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?

N/A

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.
The BCBSMT Internal Audit Department includes a Special Investigations Unit (SIU) which employs two full time investigators. In addition to maintaining an internal and external awareness program, the SIU receives referrals from internal and external sources, as well as performing proactive audits for fraud. Various investigative tools are utilized, including medical records review, questionnaires, interviews, document analysis, etc. If fraudulent activity is confirmed, the case is reported to the Montana Insurance Department (pursuant to Montana Code Annotated 33-1-1205) and/or other applicable law enforcement or regulatory agencies.

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

~~b)~~ Provider billing

Number of cases investigated 13

Number of cases referred to appropriate law enforcement officials 4

~~c)~~ Beneficiary eligibility

Number of cases investigated 0

Number of cases referred to appropriate law enforcement officials

3. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors?
CHIP meets monthly with BCBSMT staff regarding program and policy issues. Fraud and abuse issues may be addressed at this time. CHIP refers complaints regarding provider credentialing or billing to BCBSMT. The CHIP program follows up on complaints regarding beneficiary eligibility.

The Montana Insurance Commissioner's Office audits and follows-up on consumer complaints pertaining to insurance companies operating in Montana.

Enter any Narrative text below.

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	18,714,524	0	0
Managed Care	0	0	0
per member/per month rate @ # of eligibles			
Fee for Service	1,740,501	24,510,672	25,951,461
Total Benefit Costs	20,455,025	24,510,672	25,951,461
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$ 20,455,025	$ 24,510,672	$ 25,951,461

Administration Costs			
Personnel	580,051	774,513	863,547
General Administration	406,639	427,080	444,174
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	91,301	928,953	932,751
Outreach/Marketing costs	49,812	13,326	13,859
Other Indirect Costs	233,921	240,349	252,366
Health Services Initiatives	0	0	0
Total Administration Costs	1,361,724	2,384,221	2,506,697
10% Administrative Cap (net benefit costs ÷ 9)	2,272,781	2,723,408	2,883,496

Federal Title XXI Share	17,318,135	21,080,217	22,188,826
State Share	4,498,614	5,814,676	6,269,332

TOTAL COSTS OF APPROVED SCHIP PLAN	21,816,749	26,894,893	28,458,158

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) State tobacco tax

Enter any Narrative text below.
FFY 2006 Insurance Payment = $125 pmpm @12,474 average monthly enrollment.
Montana SCHIP changed from a fully-insured contract for medical benefits to a third party administrative(TPA)contract effective 10/1/2006. Therefore, benefit expenses change from insurance premium and FFS (dental services & eyeglasses)to only FFS in FFY 2007 and 2008. Enrollment projection is 13,900 children for both FFY 2007 and 2008. Note: FFY 2007 and 2008 do not include estimated PERM-related expenses.

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.

State officials are concerned about expanding the program and/or increasing the eligiblity level above 150% FPL unless there is an annual federal allotment which covers the cost of providing health coverage to CHIP-enrolled children. There are concerns that inadequate or unpredicatble funding would result in disenrolling currently enrolled children or the reinstatement of a waiting list. Sustainability of coverage is of utmost importance.

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

The greatest challenge Montana faced during this reporting period was determining the most cost effective way to administer its CHIP program and negotiating the final contract. Beginning in February 2006, numerous private and public entities and individuals participated in a forum to analyze CHIP's administative options. Based on the exchange of ideas and a cost-benefit analysis, Montana issued a request for proposal (RFP)for TPA services. Montana negotiated a contract with Blue Cross Blue Shield of Montana to serve as the TPA effective 10/1/2006.

Additional challenges experienced by Montana CHIP included:

1) Deciphering the Payment Error Rate Measurement (PERM) requirements.

2) Addressing reauthorization of federal SCHIP allocations.

3) Obtaining an annual federal allocation sufficient to sustain enrollment.

4) Ensuring administrative costs for Montana's CHIP program stayed within the 10% administrative cap when it changed to a self-insured program.

During FFY 2006, Montana continued to develop its SCHIP data system. As with any new data system and a developing program, the system has needed tweaking and enhancing to assure it conforms to the needs of Montana's CHIP program.

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

1) Montana changed its administrative format to a self-insured - third party administered program effective 10/1/06.

2) Effective March 1, 2006, Montana began providing extended mental health services to children diagnosed with a serious emotional disturbance (SED).

3) In its effort to provide more and better services to children with SED, Montana developed a working partnership with the Children's Mental Health Services (CMHS) Bureau. Mental health professionals in CMHS determine whether children meet SED criteria.

4) Montana decreased the number of months a child must be uninsured before qualifying for CHIP from three months to one month.

5) A successful media campaign was developed using in-house talent and knowledge which saved the program a considerable amount of money. The campaign contributed to increased enrollment.

6) Outreach activities were concentrated on Native American families and "CHIP Champions" (i.e., individuals and entities who have contact with families likely to need and qualify for CHIP benefits). As a result, enrollment of Native American children increased 20% from FFY 2005 to FFY 2006.

7) Staff attended numerous medical provider fairs and training sessions for Medicaid eligibility workers in an effort to increase knowledge about CHIP.

8) As a result of CHIP's outreach activities, telephone calls, and applications processed, the number of new children enrolled increased dramatically. Staff worked diligently to ensure calls were answered in a timely manner and children were enrolled as soon as possible.

9) Montana implemented the updated federal poverty guidelines effective February 1, 2006 (just days after the federal poverty guidelines were published). As a result, some children who would have been slightly over income for CHIP were eligible March 1, 2006.

10) The resource limit for Montana's poverty level Medicaid coverage for children increased from $3,000 to $15,000. CHIP enrollment increased despite a greater number of referrals for Medicaid eligibility determinations.

11) Montana's CHIP website was continually updated to provide individuals referencing the site with the most current information.

12) Montana recruited and enrolled more dentists to serve as CHIP providers. This increased CHIP enrollees' accesss to dental services.

13) Two additional staff members were hired to handle the additional workload associated with increased applications and enrollment.

14) Montana has continued to develop its data system to ensure accurate eligibility determinations and reduce the application processing time.

15) CMS Region VIII staff performed a site visit in July 2006 and had favorable comments about the program.

~~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.

1) Contingent on legislation passed by Montana's 2007 Legislature, Montana may increase its level of income eligibility and/or expand the number of individuals who will qualify for CHIP.

2) Montana will hire more staff to assist with additional responsibilities associated with changing to a TPA contract.

3) Montana will complete implementation to a paperless filing system. This will improve the efficiency of the eligibility determination, enrollment and referral processes.

4) We will continue to work with our contractor, Northrup Grumman, to develop and improve our data processing system.

5) We will conduct three targeted surveys: a) retention, b) customer satisfaction, and c) outreach.

Enter any Narrative text below.