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:

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

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

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

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

Signature:

Theresa A. Eagleson, Medicaid and SCHIP Director

SCHIP Program Name(s): **All, KidCare & FamilyCare**

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: **Lynne Thomas, Chief, Bureau of All Kids**

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Submission Date: **6/4/2007**

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

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

Is presumptive eligibility provided for children?	☐	No	☐	No
	☒	Yes, for whom and how long? For infants through age 18 with income < 133% from the date of application until the State finds that the child is ineligible for ongoing Medicaid coverage or the day before the child's first day of regular eligibility for Medicaid for those children whom the State finds to be eligible for ongoing Medicaid coverage.	☒	Yes, for whom and how long? For infants through age 18 with income > 133% and < 200% from the date of application until the State finds the child is ineligible for ongoing medical coverage or the day before the child's first day of prospective eligibility for those children the State finds to be eligible for ongoing medical benefits.
	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☐	No
	☒	Yes, for whom and how long? For children < or = 6 through age 18 with income < 133% for up to 3 months prior to the month of application, if income eligible for each of the 3 months.	☒	Yes, for whom and how long? For infants through age 18 approved for All Kids Share and Premium Level 1 for the first time for up to 2 weeks prior to the date of application through the day regular coverage begins. For unborn children for up to three months prior to the month of application by the expectant mother.
	☐	N/A	☐	N/A

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

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

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

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

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

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

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

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☒	Yes	☒	Yes
	Specify number of months	12	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	
	Moves out of state, becomes institutionalized, turns age 19.		Moves out of state, becomes institutionalized, turns age 19.	

	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☒	No	☐	No
	☐	Yes	☒	Yes
	Enrollment fee amount		Enrollment fee amount	0
	Premium amount		Premium amount	40
	Yearly cap		Yearly cap	580
	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)	
			Monthly premiums apply for families with income above 150% FPL. $15 for one family member, $25 for 2, $30 for 3, $35 for 4 and $40 for five or more.	
	☐	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	
	$90 deduction from earned income for each employed person. $50 disregard from total child support received.		$90 deduction from earned income for each employed person. $50 disregard from total child support received.	
	☐	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	
e) Cost sharing (including amounts, populations, & collection process)	January 2006, we began offering coverage to parents with income above 133% FPL. At that time, we increased our premiums from $30 for three or more children to $30 for three family members, $35 for four and $40 for five or more.
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	Under our HIFA waiver, January 1, 2006 we increased the income standard for parents from 133% to 185% FPL. This made our All Kids Share, Premium and Rebate programs available to parents and caretaker relatives.

j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	
l) Eligibility redetermination process	We implemented a passive renewal process for children effective 04/06. A pre-printed renewal form is sent to families annually. If nothing has changed, the family does not need to respond and the children's coverage will continue at the previous level.
	We implemented a passive renewal process for children effective 04/06. A pre-printed renewal form is sent to families annually. If nothing has changed, the family does not need to respond and the children's coverage will continue at the previous level.
m) Enrollment process for health plan selection	
n) Family coverage	
	We expanded coverage for parents and caretaker relatives from 133% to 185% FPL on January 1, 2006.
o) Outreach	
p) Premium assistance	
	Under our HIFA waiver, we began offering premium assistance to parent and caretaker relatives with income between 133% and 185% FPL.
q) Prenatal Eligibility Expansion	
r) Waiver populations (funded under title XXI)	
Parents	
	Under our HIFA waiver, we expanded coverage for parents and caretaker relatives from 133% to 185% FPL, making them eligible for FamilyCare Share, Premium and Rebate.
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 <u>not</u> 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:

- <u>Population not covered</u>: Check this box if your program does not cover the population included in the measure.
- <u>Data not available</u>: 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.
- <u>Small sample size</u>: 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.
- <u>Other</u>: 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:

- <u>Provisional</u>: 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.
- <u>Final</u>: 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*: N/A	**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*: This indicator is currently being programmed based on HEDIS 2007 specifications. We anticipate having this indicator available next year for reporting on the SCHIP Annual Report. The reporting of this indicator in FFY 2008 will be the baseline year.	**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*: This indicator is currently being programmed based on HEDIS 2007 specifications. We anticipate having this indicator available next year for reporting on the SCHIP Annual Report. The reporting of this indicator in FFY 2008 will be the baseline year.
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:*	**Status of Data Reported:** ☒ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 (Please note that HEDIS measures are based on a calendar year reporting period, not a federal fiscal year.)	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 (Please note that HEDIS measures are based on a calendar year reporting period, not federal fiscal year.)	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 (Note that HEDIS measures are based on the calendar year as the reporting period, not the federal fiscal year.)
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: Percentage of enrolled children who have received 0, 1, 2, 3, 4, 5, 6+ well child visits by fifteen months of age.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Percentage of enrolled children who have received 0, 1, 2, 3, 4, 5, 6+ well child visits by fifteen months of age.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Percentage of enrolled children who have received 0, 1, 2, 3, 4, 5, 6+ well child visits by fifteen months of age.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

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: 3592 Denominator: 71826 Rate: 5 4 visits Numerator: 7965 Denominator: 71826 Rate: 11.1 1 visit Numerator: 3127 Denominator: 71826 Rate: 4.4 5 visits Numerator: 10574 Denominator: 71826 Rate: 14.7 2 visits Numerator: 4188 Denominator: 71826 Rate: 5.8 6+ visits Numerator: 36763 Denominator: 71826 Rate: 51.2 3 visits Numerator: 5617 Denominator: 71826 Rate: 7.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 3476 Denominator: 75998 Rate: 4.6 4 visits Numerator: 8050 Denominator: 75998 Rate: 10.6 1 visit Numerator: 3007 Denominator: 75998 Rate: 4 5 visits Numerator: 11026 Denominator: 75998 Rate: 14.5 2 visits Numerator: 3987 Denominator: 75998 Rate: 5.2 6+ visits Numerator: 40822 Denominator: 75998 Rate: 53.7 3 visits Numerator: 5630 Denominator: 75998 Rate: 7.4 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 3573 Denominator: 78888 Rate: 4.5 4 visits Numerator: 7818 Denominator: 78888 Rate: 9.9 1 visit Numerator: 3188 Denominator: 78888 Rate: 4 5 visits Numerator: 11234 Denominator: 78888 Rate: 14.2 2 visits Numerator: 4199 Denominator: 78888 Rate: 5.3 6+ visits Numerator: 43436 Denominator: 78888 Rate: 55.1 3 visits Numerator: 5520 Denominator: 78888 Rate: 7 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: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: HFS has continually shown progress in increasing the percentage of children who received 6+ well child visits by age 15 months, while decreasing the percentage of children who did not receive any well child screening.

HFS is implementing a mandatory PCCM program statewide, along with our already existing MCO voluntary program, operating in Cook and five downstate counties. In both the PCCM and MCO programs, well child screenings will be monitored, and provider feedback given. Compliance with well child screenings will be one of HFS' "pay for performance" indicators.

The performance objective for this measure for FFY 2007 = 60%

Annual Performance Objective for FFY 2008: The performance objective for this measure for FFY 2008 = 64%

Annual Performance Objective for FFY 2009: The performance objective for this measure for FFY 2009 = 68%

Explain how these objectives were set: 1. HEDIS benchmarks were reviewed. Illinois strives to be at the 75 percentile, or higher
2. Based on 2006 data, 55% of enrolled children received 6+ well child screenings by age 15 months.
The performance objectives were derived by using the following calculations: FFY 007 - 60% (100%-55% [current performance]= 45%x10%[increase]
FFY 008 - 64% (100%-60% [FFY 007 goal] = 40%x10%[increase]
FFY 009 - 68% (100%-64% [FFY 008 goal] = 36%x10%[increase]

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*: This indicator is currently being programmed based on HEDIS 2007 specifications. We anticipate having this indicator available next year for reporting on the SCHIP Annual Report. The reporting of this indicator in FFY 2008 will be the baseline year.	**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*: This indicator is currently being programmed based on HEDIS 2007 specifications. We anticipate having this indicator available next year for reporting on the SCHIP Annual Report. The reporting of this indicator in FFY 2008 will be the baseline year.	**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*: This indicator is currently being programmed based on HEDIS 2007 specifications. We anticipate having this indicator available next year for reporting on the SCHIP Annual Report. The reporting of this indicator in FFY 2008 will be the baseline year.
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)* Percent with 1+ visits Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate:

FFY 2004	FFY 2005	FFY 2006
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
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:* 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:*	**Status of Data Reported:** ☒ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 was used as basis for calculating this indicator. However, the age breakdown was modified to be consistent with the age breakdown on the CMS 416 (5 and under, 6-9, 10-14, 15-20 (18 for Title XXI); and to conform to adult age ranges similar to population based studies (21-44 childbearing age; 45-64 middle age; 65 and over (senior). Also, total population and total children (under 21) are calculated. Note: We will be adjusting the asthma measure to comply with HEDIS specifications and such data will be available for the next SCHIP Annual Report.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: Same as Calendar Year 2004.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: Same as Calendar Year 2004.
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*:

FFY 2004	FFY 2005	FFY 2006
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Percentage of Title XIX and Title XXI children continuously enrolled during the reporting year with persistent asthma who received appropriate medications during the reporting year. *HFS monitors several asthma indicators, with several age breakdowns: % of enrolled population with an asthma diagnosis; and % of persistent asthmatics who during the reporting year, received: appropriate medications; had an office visit; had an emergency room visit and had an inpatient hospitalization.	**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: Percentage of Title XIX and Title XXI children continuously enrolled during the reporting year with persistent asthma who received appropriate medications during the reporting 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: Percentage of Title XIX and Title XXI children continuously enrolled during the reporting year with persistent asthma who received appropriate medications during the reporting year.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 25355 Denominator: 45545 Rate: 55.7 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 28672 Denominator: 49025 Rate: 58.5 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 32628 Denominator: 56059 Rate: 58.2 Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: The performance objective for this measure for FFY 2007 = 62.4%
Note: HFS realizes that this performance objective does not meet the National HEDIS 50th Percentile Benchmark, however, with the PCCM and disease management initiative, in the following years, we believe we will achieve higher percentage in this indicator following FFY 2007.

Annual Performance Objective for FFY 2008: The performance objective for this measure for FFY 2008 = 66.1%

Annual Performance Objective for FFY 2009: The performance objective for this measure for FFY 2009 = 69.5%

Explain how these objectives were set: 1. HEDIS benchmarks were reviewed. Illinois strives to be at the 75th percentile, or higher
2. Based on 2006 data, 58.2% of enrolled children with persistent asthma received appropriate medications.
FFY 07 - 100%-58.2%= 41.8% x 10% = 4.2%+58.2% = 62.4%
FFY 08 - 100%-62.4%= 37.6% x 10% = 3.7%+62.4% = 66.1%
FFY 09 - 100%-66.1%= 33.9% x 10% = 3.4%+66.1% = 69.5%

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*: Data not calculated for CY 2004 in the same format, as reported herein, as described below.	**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*: As described below:	**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*: Providers have a year to submit a claim. CY 2006 data is incomplete.
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*: Percent of Title XIX and Title XXI children who were continuously enrolled during the measurement year (CY 2004) who received an office visit with a "primary care provider" during the measurement year (CY 2005).	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Percent of Title XIX and Title XXI children who were continuously enrolled during the measurement year (CY 2005) who received an office visit with a "primary care provider" during the measurement year (CY 2005). Primary Care Provider may be one of the following provider types: physician, advance practice nurse/nurse practitioner, federally qualified health center, rural health clinic, school-based/linked health clinic, outpatient clinic for children, encounter rate clinic, or local health department performing child health services.	**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*:

FFY 2004	FFY 2005	FFY 2006
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Percent of Title XIX and Title XXI children who were continuously enrolled during the measurement year (CY 2005) who received an office visit by a "primary care provider" during the measurement year (CY 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:
Year of Data:	**Year of Data:** 2005	**Year of Data:**

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: Denominator: Rate: 7-11 years Numerator: Denominator: Rate: 25 months-6 years Numerator: Denominator: Rate: 12-19 years Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: Denominator: Rate: 7-11 years Numerator: Denominator: Rate: 25 months-6 years Numerator: Denominator: Rate: 12-19 years Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: Denominator: Rate: 7-11 years Numerator: Denominator: Rate: 25 months-6 years Numerator: Denominator: Rate: 12-19 years Numerator: Denominator: Rate: Additional notes on measure:
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: 713635 Denominator: 1000397 Rate: 71.3 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: Note: HFS will be revising this measure according to the HEDIS specifications. The HFS definition for a "primary care provider" will conform with HFS' managed care program's definition of primary care provider.

FFY 2007 - 74%

Annual Performance Objective for FFY 2008: FFY 2008 - 77%

Annual Performance Objective for FFY 2009: FFY 2009 - 79%

Explain how these objectives were set: The calculation was derived as follows:
Based on 2005 data, 71.03% of enrolled children received an office visit with a primary care provider.

FFY 2007: 100%-71% [current performance]=29% [difference] x 10% = 74%
FFY 2008: 100%-74% [anticipated performance]=26% [difference] x 10% = 77%
FFY 2009: 100%-77% [anticipated performance]=23% [difference] x 10% = 79%

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	120582	139565	15.74
Separate Child Health Program	160850	177216	10.17

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

We expanded coverage to parents from 133% to 185% FPL. We began All Kids, making healthcare coverage available to all children in Illinois. The publicity from the All Kids program brought in many families who would have been eligible under SCHIP and MCHIP prior to the implementation of All Kids.

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	277	34.4	7.7	1.0
1998 - 2000	269	33.5	7.4	.9
2000 - 2002	228	26.5	6.9	.8
2002 - 2004	243	27.2	7.1	.8
2003 - 2005	230	26.8	6.7	.8

Percent change 1996-1998 vs. 2003-2005	-17.0%	NA	-13.0%	NA

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

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

CPS has underreported the number of Illinois children insured under Medicaid.

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)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

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

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

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

We believe these two strategies have significantly affected enrollment but cannot quantify the results.

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) Assure appropriate health care utilization by optional targeted-low income children enrolled in the Title XXI program. Performance Objective: By January 1, 2000, reduce the rate per year of hospitalization of enrolled children for the ambulatory care sensitive condition of dehydration/ non-infectious gastroenteritis as compared to the baseline population.	**Goal #1 (Describe)** Assure appropriate health care utilization by optional targeted- low income children enrolled in the Title XXI program. Performance Objective: By January 1, 2000, reduce the rate per year of hospitalization of enrolled children for the ambulatory care sensitive condition of dehydration/ non-infectious gastroenteritis as compared to the baseline population.	**Goal #1 (Describe)** Assure appropriate health care utilization by optional targeted- low income children enrolled in the Title XXI program. Performance Objective: By January 1, 2000, reduce the rate per year of hospitalization of enrolled children for the ambulatory care sensitive condition of dehydration/ non-infectious gastroenteritis as compared to the baseline population.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: HFS no longer reports on gastroenteritis as a quality indicator because the goal for reducing the percentage of children requiring inpatient hospitalization with gastroenteritis was met and remains very low, with minimal movement over time. If there are marked increases in the percentage of admissions in the future, HFS will resume monitoring this indicator and attempt to conduct a root cause analysis through the Quality Improvement Organization responsible for monitoring inpatient utilization.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: HFS no longer reports on gastroenteritis as a quality indicator because the goal for reducing the percentage of children requiring inpatient hospitalization with gastroenteritis was met and remains very low, with minimal movement over time. If there are marked increases in the percentage of admissions in the future, HFS will resume monitoring this indicator and attempt to conduct a root cause analysis through the Quality Improvement Organization responsible for monitoring inpatient utilization.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: HFS no longer reports on gastroenteritis as a quality indicator because the goal for reducing the percentage of children requiring inpatient hospitalization with gastroenteritis was met and remains very low, with minimal movement over time. If there are marked increases in the percentage of admissions in the future,HFS will resume monitoring this indicator and attempt to conduct a root cause analysis through the Quality Improvement Organization responsible for monitoring inpatient utilization.
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:	**Performance Measurement Data:** Described what is being measured: Numerator:	**Performance Measurement Data:** Described what is being measured: 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:
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 #2 (Describe) Assure appropriate health care utilization by optional targeted low-income children enrolled in the Title XXI program. By January 1, 2000, reduce the rate per year hospitalization of enrolled children for the ambulatory care sensitive condition of childhood asthma as compared to baseline population.	**Goal #2 (Describe)** Assure appropriate health care utilization by optional targeted low-income children enrolled in the Title XXI program. By January 1, 2000, reduce the rate per year hospitalization of enrolled children for the ambulatory care sensitive condition of childhood asthma as compared to baseline population.	**Goal #2 (Describe)** Assure appropriate health care utilization by optional targeted low-income children enrolled in Title XXI program. By January 1, 2000, reduce the rate per year hospitalization of enrolled children for the ambulatory care sensitive condition of childhood asthma as compared to baseline population.
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*: HFS' Medicaid Management Information System.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: HFS' Medicaid Management Information System.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: HFS' Madicaid Management Information System.
Definition of Population Included in the Measure: Definition of denominator: Number of children enrolled in Title XIX and Title XXI with a diagnosis of asthma. Definition of numerator: Number of children enrolled in Title XIX and Title XXI hospitalized with an admitting or primary diagnosis of asthma.	**Definition of Population Included in the Measure:** Definition of denominator: Number of children enrolled in Title XIX and Title XXI with a diagnosis of asthma. Definition of numerator: Number of children enrolled in Title XIX and Title XXI hospitalized with an admitting or primary diagnosis of asthma.	**Definition of Population Included in the Measure:** Definition of denominator: Number of children enrolled in Title XIX and Title XXI with diagnosis of asthma. Definition of numerator: Number of children enrolled in Title XIX and Title XXI hospitalized with an admitting or primary diagnosis of asthma.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The percentage of asthmatic children enrolled in Title XIX and Title XXI who were hospitalized with an admitting or primary diagnosis of asthma with that of the number of children enrolled in Title XIX and Title XXI with a diagnosis of asthma. Numerator: 7862 Denominator: 176847 Rate: 4.4	**Performance Measurement Data:** Described what is being measured: The percentage of asthmatic children enrolled in Title XIX and Title XXI who were hospitalized with an admitting or primary diagnosis of asthma with that of the number of children enrolled in Title XXI with a diagnosis of asthma. Numerator: 8273 Denominator: 201478 Rate: 4.1 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of asthmatic children enrolled in Title XIX and Title XXI who were hospitalized with an admitting or primary diagnosis of asthma with that of the number of children enrolled in Title XIX and Title XXI with a diagnosis of asthma. Numerator: 8299 Denominator: 222894 Rate: 3.7

FFY 2004	FFY 2005	FFY 2006
Additional notes on measure: This is a calendar year measure, not a federal fiscal year measure.		Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: The Annual Performance Objective for FFY 2007 is 3.3%.

Annual Performance Objective for FFY 2008: The Annual Performance Objective for FFY 2008 is 2.9%.

Annual Performance Objective for FFY 2009: The Annual Performance Objective for FFY 2008 is 2.5%

Explain how these objectives were set: The Annual Performance Objective for this measure was derived by the following calculations:
FFY 2007 = 2005%(4.1%) - 2006%(3.7%)= 0.4 ; 2006 Rate(3.7%) - 0.4 = 3.3%
FFY 2008 = 2006%(3.7%) - 2007%(3.3%)= 0.4 ; 2007 Rate(3.3%) - 0.4 = 2.9%
FFY 2009 = 2007%(2.9%) - 2008%(2.5%)= 0.4 ; 2008 Rate(2.5%) - 0.4 = 2.5%

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) Assure appropriate health care utilization by optional targeted low-income children enrolled in the Title XXI program. By January 1, 2000, reduce the rate of enrolled pregnant teens who deliver a very low birth weight baby as compared to baseline population.	**Goal #3 (Describe)** Assure appropriate health care utilization by optional targeted low-income children enrolled in Title XXI program. By January 1, 2000, reduce the rate of enrolled pregnant teens who deliver a very low birth weight baby as compared to baseline population.	**Goal #3 (Describe)** Assure appropriate health care utilization by optional targeted low-income children enrolled in Title XXI program. By January 1, 2000, reduce the rate of enrolled pregnant teens who deliver a very low birth weight baby as compared to baseline population.
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:* 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:* 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:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Illinois Department of Public Health Vital Records and Cornerstone system for WIC and/or Family Case Management (FCM) services.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Illinois Department of Public Health Vital Records and Cornerstone system for determining participation in WIC and/or Family Case Management (FCM).	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data not yet available.
Definition of Population Included in the Measure: Definition of denominator: There are three denominators in this measure: 1)Number of births by teen mothers who receive services; 2)Number of births by teen mothers who do not receive services; 3)Number of births by teen mothers in the general population (all other/higher income levels). Definition of numerator: There are three numerators in this measure: 1)Number of very low birth weight deliveries by teen mothers who receive services; 2)Number of very low birth weight deliveries by teen mothers who do not receive services;3) Number of very low birth weight deliveries by teen mothers in the general population (all other/higher income levels). (Services is defined as Family Case Management and WIC.)	**Definition of Population Included in the Measure:** Definition of denominator: There are three denominators in this measure: 1)Number of births by teen mothers who receive services; 2)Number of births by teen mothers who do not receive services; 3)Number of births by teen mothers in the general population (all other/higher income levels). Definition of numerator: There are three numerators in this measure: 1)Number of very low birth weight deliveries by teen mothers who receive services; 2)Number of very low birth weight deliveries by teen mothers who do not receive services;3) Number of very low birth weight deliveries by teen mothers in the general population (all other/higher income levels).	**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:	**Performance Measurement Data:** Described what is being measured:	**Performance Measurement Data:** Described what is being measured:

FFY 2004	FFY 2005	FFY 2006
The percentage of very low birth weights by teen mothers who do not receive services; the percentage of very low birth weights by teen mothers who receive services; and the percentage of very low birth weights by teen mothers in the general population. Numerator: Denominator: Rate: Additional notes on measure: The overall VLBW rate in CY 2004 was 1.7% (total population). The teen VLBW rate in CY 2004 was 2.0%. The general population (teens) VLBW rate for was 3.2% (population not HFS covered, over income) The VLBW rate for HFS covered teen births with FCM and/or WIC services was 1.6%. The VLBW rate for HFS covered teen births without FCM and/or WIC was 5%. HFS covered 94% of the teen births (16700/17819).	The percentage of very low birth weights by teen mothers who do not receive services; the percentage of very low birth weights by teen mothers who receive services; and the percentage of very low birth weights by teen mothers in the general population. Numerator: Denominator: Rate: Additional notes on measure: CY 2005 data not yet available.	The percentage of very low birth weights by teen mothers who do not receive services; the percentage of very low birth weights by teen mothers who receive services; and the percentage of very low birth weights by teen mothers in the general population. Numerator: Denominator: Rate: Additional notes on measure: Data not yet available.
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)	**Goal #1 (Describe)**	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) Improve the health status of Illinois Children. Reduce school absenteeism in grades K-8.	**Goal #3 (Describe)** Improve the health status of Illinois Children. Reduce school absenteeism in grades K-8.	**Goal #3 (Describe)** Improve the health status of Illinois Children. Reduce school absenteeism in grades K-8.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Since this indicator is population based, and so many factors besides having health care insurance impact on school attendance, it was previously reported in the SCHIP Annual Report that this measure will no longer be monitored as a quality indicator.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Since this indicator is population based, and so many factors besides having health care insurance impact on school attendance, it was previously reported in the SCHIP Annual Report that this measure is no longer monitored as a quality indicator.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Since this indicator is population based, and so many factors besides having health care insurance impact on school attendance, it was previously reported in the SCHIP Annual Report that this measure is no longer monitored as a quality indicator.
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:** **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 Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS 416 guidance will participate in well child screenings.	**Goal #1 (Describe)** Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS 416 guidance will participate in well child screenings.	**Goal #1 (Describe)** Improve the health status of Illinois' children. Eighty percent of children as measured by the CMS 416 guidance will participate in well child screenings.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Data not available. The report is being programmed as needed due to the many changes with HIPAA and coding.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Data not available. The report is being programmed as needed due to the many changes with HIPAA and coding.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Data not available. The report is being programmed as needed due to the many changes with HIPAA and coding.
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:** **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 Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Assure appropriate health care utilization by optional targeted low-income children enrolled in the Title XXI program. Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months).	**Goal #2 (Describe)** Assure appropriate health care utilization by optional targeted low-income children enrolled in t he Title XXI program. Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months).	**Goal #2 (Describe)** Assure appropriate health care utilization by optional targeted low-income children enrolled in t he Title XXI program. Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months).
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: The previous measure included 4DtaP, 3 IPV, 1 MMR. HFS will be following the HEDIS measure on childhood immunizations, currently being programmed.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: The previous measure included 4DtaP, 3 IPV, 1 MMR. HFS will be following the HEDIS measure on childhood immunizations, currently being programmed.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: The previous measure included 4DtaP, 3 IPV, 1 MMR. HFS will be following the HEDIS measure on childhood immunizations, currently being programmed.
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:** **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 Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
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) Improve the health status of Illinois' children. Reduce the state's infant mortality rate.	**Goal #1 (Describe)** Improve the health status of Illinois' children. Reduce the state's infant mortality rate.	**Goal #1 (Describe)** Improve the health status of Illinois' children. Reduce the state's infant mortality rate.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: The State continues to work to improve birth outcomes and reducing infant mortality, including implementation of a federal family planning waiver and other enhanced services to assure pregnancies are planned and comprehensive prenatal services are received, once pregnancy occurs.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: The State continues to work to improve birth outcomes and reducing infant mortality, including implementation of a federal family planning waiver and other enhanced services to assure pregnancies are planned and comprehensive prenatal services are received, once pregnancy occurs.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: The State continues to work to improve birth outcomes and reducing infant mortality, including implementation of a federal family planning waiver and other enhanced services to assure pregnancies are planned and comprehensive prenatal services are received, once pregnancy occurs.
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*: Illinois Department of Public Health Vital Records - infant mortality rate CY 02 - 7.2% CY 03 - 7.6% CY 04 - 7.3%	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Illinois Department of Public Health Vital Records - infant mortality rate CY 02 - 7.2% CY 03 - 7.6% CY 04 - 7.3% CY 05 - data not yet available	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Illinois Department of Public Health Vital Records - infant mortality rate CY 02 - 7.2% CY 03 - 7.6% CY 04 - 7.3% CY 06 - data not yet available
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Illinois Department of Public Health Vital Records.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Illinois Department of Public Health Vital Records.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Illinois Department of Public Health - Vital Records.
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: Population - all infants in Illinois	**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: Data Not Yet Available.
Year of Data:	**Year of Data:**	**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: Data not yet available.
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:** Cannot be determined until data for CY 05 and CY 06 becomes available. **Annual Performance Objective for FFY 2008:** As above. **Annual Performance Objective for FFY 2009:** As above. *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) Improve the health status of Illinois children. Reduce the prevalence of childhood lead poisoning exceeding 25 mcg/dL.	**Goal #2 (Describe)** Reduce the prevalence of childhood lead poisoning exceeding 20 mcg/dL.	**Goal #2 (Describe)** Reduce the number/percent of children with elevated blood levels exceeding 20 mcg/dL.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Will be changing to HEDIS Childhood Lead Screening Measure.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Will be changing to HEDIS Childhood Lead Screening measure.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Will be using HEDIS measure for Childhood Lead Screening Measure.
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*: Illinois Department of Public Health Childhood Lead Poisoning Prevention Program Surveillance Report. Children with elevated blood lead levels of 25 mcg/dL or more.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Illinois Department of Public Health Childhood Lead Poisoning Prevention Program Surveillance Report. Children with elevated blood lead levels exceeding 20 mcg/dL. Note this is changed from the previous reporting period, which was children with elevated blood levels exceeding 25 mcg/dL.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Illinois Department of Public Health Childhood Lead Poisoning Prevention Program Surveillance Report. Children with elevated blood lead levels exceeding 20 mcg/dL. Note this is changed from the previous reporting period (CY 04), which was children with elevated blood levels exceeding 25 mcg/dL.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Illinois Department of Public Health Childhood Lead Poisoning Prevention Program Surveillance Report.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Illinois Department of Public Health Childhood Lead Poisoning Prevention Program Surveillance Report.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Illinois Department of Public Health Childhood Lead Poisoning Prevention Program Surveillance Report.
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: N = number of children with elevated blood lead levels of 25 mcg/dL or more. D = number of children screened for lead poisoning	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: N = number of children with blood lead levels exceeding 20 mcg/dL. D - number of children screened for childhood lead poisoning.	**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:** 2005	**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: 0.27% Numerator and Denominator not available. Percentage provided by the Illinois Department of Public Health.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 693 Denominator: 138710 Rate: 0.5 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure: Data not yet available.
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: Will be changing measure to HEDIS Childhood Lead Screening. Baseline year will be 2006. Unable to determine performance objective at this time.

Annual Performance Objective for FFY 2008: See above.

Annual Performance Objective for FFY 2009: See above.

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)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
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) See report - earlier section.	**Goal #1 (Describe)**	**Goal #1 (Describe)** Well child visits in the 3rd, 4th, 5th and 6th years of life.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Will be using the HEDIS measure. Will also be using the CMS 416 Reporting format for trending purposes. Information will be reported in FFY 08 Annual Report.
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*: Measurement will be HEDIS CY 07 and an additional measure will be derived from the CMS 416 Report.
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 #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)** Assure appropriate health care utilization by optional targeted low-income children enrolled in the Title XXI program. Eighty percent (80%) of enrolled children will be appropriately immunized at age two (less than 36 months).
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: We are in the process of programming the childhood immunization status based on the HEDIS indicator. No data currently available.
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*: HEDIS CY 07 will be utilized for this measure.
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*: Data sources will include administrative claims as well as data from the public and private immunizations registries.
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:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:

FFY 2004	FFY 2005	FFY 2006
Additional notes on measure:	Additional notes on measure:	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: 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)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
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?

HFS contracts with Health System of Illinois (HSI), a federally recognized a Quality Improvement Organization (QIO) as its external utilization review and quality assurance organization, primarily monitoring inpatient care. Findings on various components of the utilization review process are available in their ongoing reporting to HFS.

HSI subcontracts with Health Services Advisory Group (HSAG) for the federally required external quality monitoring of managed care. In compliance with the BBA, HFS has developed a quality strategy for managed care and its contract with managed care providers requires ongoing internal monitoring and quality improvement in the area of access and quality of care. Illinois' managed care program is voluntary, is not statewide, but includes the SCHIP population. During the past year, HFS' managed care organizations participated in a collaborative Performance Improvement Project (EPSDT compliance and content of care for children under age three). The MCOs are participating in a collaborative quality improvement (QI) process to address the deficiencies, with remeasurement in 2007. As part of the QI initiative, MCOs will be required to educate their provider network and monitor progress with EPSDT services.

Additionally, the MCOs were required to report on HEDIS measures with HSAG performing quality indicators validation. Those HEDIS measures related to specifically children include:

- Childhood immunization status
- Well Child Visits, first 15 months of life
- Well Child Visits, third, fourth, fifth and sixth years of life
- Adolescent Well Care Visits
- Enrollee Satisfaction Survey
- Births and average Length of Stay: Newborns

An annual customer satisfaction survey is required of managed care providers, modeled on the HEDIS Customer Satisfaction Survey.

Managed Care Organizations are required to report, monitor and develop improvement strategies for key HEDIS measures. They use a hybrid methodology for determining outcomes for each measure.

Specific corrective action and performance improvement projects are required based on findings through monitoring improvement in key areas.

HFS is implementing a mandatory managed care program, with patient choice between PCCM and MCO (where MCO is available) and ongoing provider feedback on quality measures, with a pay for performance strategy is envisioned.

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?

HFS will begin programming, and perform ongoing monitoring of the HEDIS indicator for well child screening during 3rd, 4th, 5th and 6th years of life, childhood immunization, and childhood lead screening.

As HEDIS measures are developed on a national level by NCQA, HFS will review those measures for determining whether they are relevant to the population and able to be programmed for monitoring through administrative data.

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?

Some of the managed care organizations (MCOs) have conducted focused quality studies on children's health issues, such as appropriate care for asthma or on improving the rate of childhood immunizations, in past years. The MCOs are currently involved in a collaborative performance improvement project to determine/improve the content of care provided to children under three. However, HFS has not conducted any focused quality studies specific to SCHIP. Contract with MCOs have been strengthened in the area of special health care needs, case management, disease management and monitoring quality of care.

HFS developed a disease management program for persistent asthmatics in its TXIX and TXXI programs. Implementation began July 1, 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.

N/A

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?

   In October 2005 the Governor announced a proposal to provide affordable, comprehensive health insurance for all children needing health insurance in the state. With this new initiative the State's outreach plan was expanded to include media buys in major markets around the state for TV and radio ads. This was in addition to a large grassroots plan put into place to get the word out about the new program. The grassroots effort included rallies, press events, partnering with community and faith based organizations and businesses. The state also set up a "Training Tour" that took place in various areas of the state. The purpose of this tour was to raise awareness in local communities and give advocates a chance to get their questions answered. It was also a good way to disseminate information to local communities and various organizations in attendance.

   Illinois is committed to aggressively promoting All Kids and FamilyCare to encourage all eligible families to apply. In addition to the activities mentioned above, Illinois' FFY06 ongoing outreach included, but was not limited to; school outreach, outreach to displaced workers, public presentations, attending County & State Fairs, a toll-free All Kids Hotline and outreach projects implemented with Covering Kids and Families Illinois.

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?

   We have found that other than media, which is very expensive and can only be done on a limited basis, All Kids Application Agents are still the most effective way to help families apply and enroll into the programs. Over 90% of all AKAA applications are approved. Families are also able to apply on-line. This has been another successful tool in bringing in applications.

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?

   Illinois continues to use a variety of strategies to reach families who speak languages other than English. Fact Sheets are available in many languages. The All Kids Hotline uses a language translation service that allows staff to talk to callers who speak any language. Client communications are written in English and Spanish. These strategies are critical to reaching those for whom English is not their primary language. AKAAs are also community-based/integrated and many are very active at reaching out to the populations in their respective communities.

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.).

Illinois offers All Kids Rebate, a program that reimburses families for a portion of the premium they pay to cover their children under private or employer sponsored health insurance, to children in families with income between 133% and 200% FPL and to parents in families with income between 133% and 185% FPL. This program prevents crowd-out by encouraging families to retain other insurance coverage.

All States must complete the following 3 questions

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

   Illinois offers All Kids Rebate, a program that reimburses families for a portion of the premium they pay to cover their children under private or employer sponsored health insurance. This program prevents crowd-out by encouraging families to retain their other insurance coverage.

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

   16.8% of children entered our SCHIP program with insurance.

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

   Illinois' separate SCHIP program has always offered premium assistance to those with private insurance. This reduces a family's incentive to drop private insurance coverage. Additionally, insured children can now enroll in All Kids Share and All Kids Premium Level 1. Provisions of the KidCare Parent Coverage waiver allow insured children to enroll into the state's separate SCHIP program, with federal funding from Title XIX. Families no longer have to drop their private coverage to be eligible for All Kids Share and All Kids Premium.

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.

   Families in both Medicaid and SCHIP receive a centrally generated, pre-populated renewal form approximately two months prior to the end of their twelve-month enrollment period. If there is no change in the family's situation, they do not need to respond in order for the child's coverage to continue. Parents must return the form with current income verification in order to continue

coverage. Both programs allow for renewals to be completed via telephone and mail. Both programs require only one proof of each source of income or allowable expense. SCHIP coverage is automatically canceled for the parent if the renewal is not completed by the end of the enrollment period. Medicaid coverage continues until a worker manually cancels the parent's coverage if the renewal is not complete.

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.

   If the program that the family qualifies for changes from SCHIP to Medicaid, that change is processed at the time the Department becomes aware of the change in the status, whether it is at renewal or during the enrollment period. If the child is on Medicaid and their eligibility status changes to SCHIP, the change is made at the next renewal. In both situations, the change is made seamlessly so there is no gap in coverage.

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

   The delivery systems, including provider networks, are the same for Medicaid and SCHIP.

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?
- 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?)

☐ 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)

The family receives a pre-populated form. If there is no change in circumstances, the family does not need to respond in order for the child's coverage to continue. Parent's must respond and provide verification of income to continue their own coverage.

☐ 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.

   The passive renewal process has increased retention.

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?

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

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

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?

   Illinois does not have enrollment fees. Illinois has not conducted any studies on the effect of premiums on SCHIP participation, although approximately 3% of active All Kids Premium Level 1 cases cancel each month for nonpayment of premiums.

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?

   Illinois has not conducted any such studies.

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?

   When the State increased parent's coverage from 133% to 185% FPL in January 2006, we also increased the maximum monthly premium from $30 to $40. The change was minimal and the number of SCHIP cases canceled for non-payment of premium has remained at approximately 3%.

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.)

   Illinois offers premium assistance to parents and caretaker relatives in families with income between 133% and 185% FPL and children in families with income between 133% and 200% FPL. All Kids/FamilyCare Rebate reimburses families up to $75 per person per month.

Illinois' HIFA waiver, entitled KidCare Parent Coverage waiver, allows for federal funding of the previously state-funded All Kids/FamilyCare Rebate program. Family members who are insured at the time they began their current SCHIP eligibility and are enrolled in Rebate are funded under Title XIX. Family members who are uninsured at the time they began their current SCHIP eligibility are funded under Title XXI. The majority of premium assistance enrollees are funded by Title XIX. Enrollment data for September 30, 2006 indicate that 4,829 children and 1,081 parents were enrolled in Rebate. 4,908 of the total enrollees were funded through Title XIX.

4. What benefit package does the program use?

The benefit package varies by the family's employer-sponsored or private coverage. The plan must cover physician and inpatient hospital services.

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

Rebate does not have any cost sharing limits. The only wrap-around coverage offered is immunizations for children funded under Title XXI. Families have the option of choosing direct coverage at application or at any time during the enrollment period if they are not satisfied witht the coverage provided by their insurance plan.

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).

475	Number of adults ever-enrolled during the reporting period
1019	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?

The Rebate program in an incentive for families to enroll in and maintain private health insurance coverage so it actually reduces substitution.

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

Illinois has been operating the premium assistance program since 1998. It was funded entirely by state dollars until October 2002. Our greatest challenge continues to be the inability to allow families who are Medicaid eligible (categorically needy) to enroll in premium assistance. Therefore, we are not able to afford families with lower incomes the same choices as families with relatively higher incomes. This is often confusing and frustrating to families.

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

Our premium assistance program is a valuable resource for families who carry group health coverage. We began offering this benefit to parents during this reporting period.

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.

No changes are planned.

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

The premium assistance program enables families, who might not otherwise be able to afford it, to retain private health insurance coverage for their children.

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

Since insurance status does not affect eligibility, there is no impact on enrollment. The retention rate for families with children receiving premium assistance is almost higher than the retention rate for families with children enrolled in direct coverage. This is based on renewal statistics from the central unit that maintains the SCHIP cases. Illinois also allows families to move freely between premium assistance and direct coverage.

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 State of Illinois, Department of Healthcare and Family Services (HFS) does not have separate procedures in place for preventing or investigating fraud and abuse for SCHIP cases. When investigating possible fraud and abuse cases for providers and recipients, HFS reviews both SCHIP and regular Medicaid services which were rendered or received.

The HFS Office of Inspector General (OIG) does utilize a variety of techniques to both prevent and detect possible fraud and abuse associated with all types of public assistance including Medicaid, SCHIP, cash assistance and food stamps. These activities include provider post-payment compliance audits, provider quality assurance reviews, quality control measurements, client eligibility investigations and fraud prevention investigations.

Because Illinois' Medicaid and separate SCHIP program are completely integrated, HFS does not maintain separate statistics pertaining to fraud and abuse cases based on Federal funding source. Therefore, the OIG is unable to provide specific information on the number of investigations or referrals associated with SCHIP provider credentialing, provider billing or beneficiary eligibility.

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

Number of cases referred to appropriate law enforcement officials

b) Provider billing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

c) Beneficiary eligibility

Number of cases investigated

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?
The OIG utilizes the services of a contractual, private detective agency to perform Fraud Prevention Investigations (FPI). These investigations are conducted to prevent ineligible persons from receiving benefits. FPI targets assistance applications that either contain suspicious information or meet error prone criteria. The OIG performs regular quality control checks of randomly selected FPI cases to ensure that the contractor has adequately performed its services. However, it should be noted that FPI cases are not identified as to whether they are SCHIP related.

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	0	0	0
Managed Care	4,700,000	6,900,000	5100000
per member/per month rate @ # of eligibles	0	0	0
Fee for Service	292,600,000	260,400,000	294,000,000
Total Benefit Costs	297,300,000	267,300,000	299,100,000
(Offsetting beneficiary cost sharing payments)	(4,500,000)	(9,900,000)	(9,800,000)
Net Benefit Costs	$ 292,800,000	$ 257,400,000	$ 289,300,000

Administration Costs			
Personnel	5,300,000	3,700,000	4,500,000
General Administration	3,900,000	3,300,000	3,900,000
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	0	0	0
Outreach/Marketing costs	0	0	0
Other	7,500,000	5,900,000	7,000,000
Health Services Initiatives	1,200,000	1,400,000	800,000
Total Administration Costs	17,900,000	14,300,000	16,200,000
10% Administrative Cap (net benefit costs ÷ 9)	32,533,333	28,600,000	32,144,444

Federal Title XXI Share	201,955,000	176,605,000	198,575,000
State Share	108,745,000	95,095,000	106,925,000

TOTAL COSTS OF APPROVED SCHIP PLAN	310,700,000	271,700,000	305,500,000

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)

Enter any Narrative text below.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From	134	% of FPL to	200	% of FPL
Parents	From		% of FPL to		% of FPL	From	38	% of FPL to	185	% of FPL
Childless Adults	From		% of FPL to		% of FPL	From	0	% of FPL to	185	% 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.

14194 Number of **children** ever enrolled during the reporting period in the demonstration

205402 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

1596 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?
We have seen a much greater annual increase in the number of children covered since the beginning of the waiver that allowed us to offer coverage to parents.

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	0	0	0	0	
Managed care	8100000	17100000	12500000	14100000	15800000
per member/per month rate @ # of eligibles	0	0	0	0	0
Fee for Service	162100000	379700000	301700000	340500000	380900000
Total Benefit Costs for Waiver Population #1	170200000	396800000	314200000	354600000	396700000
Benefit Costs for Demonstration Population #2 (e.g., parents)					
Insurance Payments					
Managed care					

per member/per month rate @ # of eligibles					
Fee for Service	10100000	10500000	10400000	10600000	10800000
Total Benefit Costs for Waiver Population #2	10100000	10500000	10400000	10600000	10800000

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

Insurance Payments	600000	400000	500000	700000	800000
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3	600000	400000	500000	700000	800000

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	0	0	0	0	0

Total Benefit Costs	180900000	407700000	325100000	365900000	408300000
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)	180900000	407700000	325100000	365900000	408300000

Administration Costs

Personnel	2700000	3500000	3600000	3700000	3700000
General Administration	2000000	3100000	3100000	3200000	3200000
Contractors/Brokers *(e.g., enrollment contractors)*	0	0			
Claims Processing	0	0			
Outreach/Marketing costs	0	0			
Other *(specify)*	3800000	5600000	5700000	5800000	5900000
Total Administration Costs	8500000	12200000	12400000	12700000	12800000
10% Administrative Cap (net benefit costs ÷ 9)	20100000	45300000	36122222	40655556	45366667

Federal Title XXI Share	123110000	272935000	219375000	246090000	0
State Share	66290000	146965000	118125000	132510000	421100000

TOTAL COSTS OF DEMONSTRATION	189400000	419900000	337500000	378600000	421100000

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.

   In November 2006, Governor Blagojevich announced All Kids, a program to offer affordable healthcare coverage to every uninsured child in Illinois. All Kids went into effect July 1, 2006. The publicity and outreach surrounding the implementation of All Kids had a positive impact on SCHIP enrollment. Many families who would have qualified prior to All Kids heard of the new program and applied.

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

   Since health coverage for families is such a priority for this administration, challenges to our programs have been minimal. Perhaps the most difficult challenge has been implementing changes to our existing computer systems to accommodate our growth.

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

   During FFY2006, Illinois made a major push to reach and enroll as many children as possible for health insurance. This resulted in rapid growth in the volume of applications received which required constant operational adjustment but fueled continued enrollment growth. Another significant factor in our enrollment growth was the implementation of a "passive" renewal process in the spring of 2006.

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.

   Illinois will move most SCHIP enrolled children to mandatory participation in managed care throughout the state as we fully implement primary care case management in our Medicaid and SCHIP programs. The PCCM program is named Illinois Health Connect. When this is complete, enrolled children will each have a primary care provider and "medical home."

Enter any Narrative text below.