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

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

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

The framework is designed to:

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

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

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

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

Signature:

Mary L. Steiner, Medicaid Administrator

SCHIP Program Name(s): **All, Kid's Connection**

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: **Deb Scherer, Program Manager**

Address: **301 Centennial Mall South**

City: **Lincoln** State**:** **NE** Zip**:** **68509**

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Email: **deb.scherer@hhss.ne.gov**

Submission Date: **5/4/2007**

(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**		% of FPL conception to birth		% of FPL
	From	150	% of FPL for **infants**	185	% of FPL	**From**		% of FPL for **infants**		% of FPL
	From	133	% of FPL for children ages **1 through 5**	185	% of FPL	**From**		% of FPL for 1 **through 5**		% of FPL
	From	100	% of FPL for children ages **6 through 16**	185	% of FPL	**From**		% of FPL for children ages **6 through 16**		% of FPL
	From	100	% of FPL for children ages **17 and 18**	185	% of FPL	**From**		% of FPL for children ages **17 and 18**		% of FPL

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

Is retroactive eligibility available?	☐	No	☐	No
	☒	Yes, for whom and how long? For each eligible child meeting the criteria for 3 months prior to the date of the original application.	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

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

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

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

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

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

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

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

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☒	Yes	☐	Yes
	Specify number of months	6	Specify number of months	
	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	

	Death; Move out of state; Parental request to close the case; Move into an eligible living arrangement; Turn 19 years old; or Inaccurate information at initital application.			
	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☒	No	☐	No
	☐	Yes	☐	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
	☐	N/A	☐	N/A

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

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

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

Does your program require income disregards?	☐	No	☐	No
	☒	Yes	☐	Yes
	If Yes, please describe below		If Yes, please describe below	
	$100 per month for each employed adult; Actual day care costs; Health insurance premiums for parent(s).			
	☐	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	Require documentation of citizenship and identity (per DRA 05).
~~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	
~~p)~~ Premium assistance	
~~q)~~ Prenatal Eligibility Expansion	
~~r)~~ Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
~~t)~~ Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, report data from the previous two years' annual reports (FFY 2004 and FFY 2005). If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2006). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:
If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

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

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

- Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2006.
- Final: Check this box if the data you are reporting are considered final for FFY 2006.

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

Measurement Specification:
For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2006). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data – administrative data (claims), hybrid data (claims and medical records), survey data, or other source. If another data source was used, please explain the source.

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

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

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

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

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

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

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

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

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☒ Other. *Explain*: CMS 416 Report Format	**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*: CMS 416 Report Format	**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*: CMS 416 Report Format
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:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CHIP eligible children: Under age 1 = Birthdate 10/1/2003 - 9/30/2004; 1-2 yr = Birthdate 10/1/2001 - 9/30/2003	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Well-child screens expected and recieved by SCHIP children 15 months of age between 10/1/2004 and 9/30/2005	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CHIP eligible children 15 months of age between 10/1/05 and 9/30/06
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*: SCHIP children 15 months of age between 10/1/2004 and 9/30/2005	**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: Numerator = Total # of screens received Denominator = Expected # of screens Under age 1: Screening Ratio 1.056 (3374/3195) 1-2 year: Screening Ration 1.0625 (3551/3342)	**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: # of screens received Denominator = expected # of screens	**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: # of screens received
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: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure: 1st year of measurement.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 6725 Denominator: 6537 Rate: 102.9 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 2894 Denominator: 3727 Rate: 77.6 Additional notes on measure: Measurement more accurate than in 2004. Able to adjust CMS 416 Report format for SCHIP eligible children 15 months of age to collect data.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 5103 Denominator: 7004 Rate: 72.9 Additional notes on measure: Screening rate reported 4.7 less than 2005 rate. 416 Report Format used but method for calculating screening rate and ages adjusted. Question accuracy of reporting of well-child visits by providers on claims data. Will work with EPSDT Program to educate providers and parents about EPSDT benefits and work to increase screening rates.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Measure Met.

Increase screening rate by 2 percent for FFY 2007.

Annual Performance Objective for FFY 2008: Increase screening rate by 1 percent over FFY 2007 in FFY 2008.

Annual Performance Objective for FFY 2009: Increase screening rate by 1 percent over FFY 2008 in FFY 2009.

Explain how these objectives were set: The Department continues to work with the Medicaid managed care plan, Nebraska Health Connection (NHC) and a network of Public Health Nurses (PHNs) through contracts in District Health Departments to ensure that CHIP eligible children recieve well-child visits and that parents are aware of EPSDT benefits. Also educate provider community about EPSDT and appropriate billing for EPSDT services.

Other Comments on Measure: Continuous eligibility for CHIP eligible children was reduced from 12-months to 6 months on initial eligiblity by Nebraska's Legislature effective November 1, 2002. After the initial 6-month eligibility period, eligibility is month-to-month.

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*: CMS 416 Report Format	**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*: CMS 416 Report Format	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Numerator = # of screens received Denominator = Expected # of screens	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Well-child screening ratio.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416 Report Format
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: EPSDT fee-for-service and Primary Care Case Management (PCCM) managed care claims. Does not include encounter claims for clients in NHC HMO.	**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: 3-5 years: Birthdate = 10/1/1998 - 9/30/2001 6-9 years: Birthdate = 10/1/1994 - 9/30/1998	**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: Numerator = # of screens received Denominator = expected # of screens	**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: # of screens recieved
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator:

FFY 2004	FFY 2005	FFY 2006
Rate: Additional notes on measure:	Rate: Additional notes on measure:	Rate: 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: 2562 Denominator: 4626 Rate: 55.4 Additional notes on measure: Screening Ratio: 3-5 y/o = 0.7405 (1652/2231) 6-9 y/o = 0.38 (910/2395)	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 2255 Denominator: 4071 Rate: 55.4 Additional notes on measure: Screening Ratio: 3 y/o = 54.1 (568/1050) 4 y/o = 61.91 (564/911) 5 y/o = 85.16 (775/910) 6 y/o = 29.0 (348/1200)	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 3336 Denominator: 4104 Rate: 81.3 Additional notes on measure: 3y/o N=1322 D=1154 Rate=114.6 4y/o N=630 D=1053 Rate=58.9 5y/o N=606 D=998 Rate=60.7 6y/o N=778 D=899 Rate=86.54

Explanation of Progress:

Annual Performance Objective for FFY 2007: Measure Met.

Change in methodology for using CMS 416 Report Format for SCHIP Well-child visitis. Rate reported may be inflated. Will validate with CMS 416 Report for all SCHIP and Medicaid eligible children.
Increase screening rate 1 percent in FFY 2007

Annual Performance Objective for FFY 2008: Increase screening rate 1 percent in FFY 2008 over FFY 2007

Annual Performance Objective for FFY 2009: Increase screening rate 1 percent in FFY 2009 over FFY 2008

Explain how these objectives were set: Continue working with Nebraska Health Connection, Medicaid's managed care plans and Nebraska Medicaid's statewide network of public health nurses to educate families and Medicaid providers about the benefits of EPSDT and the importance of well-child checks.

Other Comments on Measure: The period of gauranteed contiuous eligibility for SCHIP eligible children was reduced from 12 months to 6 months from the date of initial eligibility; with monthly eligiblity determinations thereafter beginning November 1, 2002.

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*: This measure is monitored as part of Nebraska's Quality Assessment and Improvement Plan.	**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*: Data not available at time report submitted. Amendment to report will be submited when data is 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*: Medicaid administrative data.	**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: SCHIP children ages 15-18 yrs who were eligible for 11 of 12 months in 2003 & 2004 Numerator = Children who have received long-term asthma medication (per HEDIS) definition) during the calendar year 2003 or 2004. Denominator = Children diagnosed with persistent asthma (per HEDIS) definition in 2003 & 2004	**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:**

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: 232 Denominator: 296 Rate: 78.4 Additional notes on measure: Medicaid rate = 73.9 (1031/1395) National Medicaid rate = 61.3 for 5-9 y/o and 61.4 for 10-17 y/o	**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: 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: 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*: Reported as part of the NHC Waiver.	**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 measure is monitored as part of Nebraska's Quality Assessment and Improvement Plan.	**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*: Monitored as part of Nebraska's Quality Assessment and Improvement Plan. Access Medicaid, NHC's enrollment broker assists families to select a health plan and primary care physician (PCP) for each SCHIP child enrolled in managed care. Additional reports are submitted to Nebraska Health Connection (NHC) to indicate SCHIP access to Primary Care Physicians but are not available at the time of this report. An amendment to the report will be done will data is 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*: Auto-assignment reports reflect most families select a health plan when contacted by Access Medicaid and successfully select a PCP.
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*: Access Medicaid, NHC enrollment broker, reports.

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:	**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: Ave monthly SCHIP eligible children in 6 month period (Dec - May)= 9550
Year of Data:	**Year of Data:**	**Year of Data:** 2006

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: Numerator = ave monthly SCHIP eligibles auto-assigned in 6 month period (Dec - May) = 48
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: 48 Denominator: 9550 Rate: 0.5 Additional notes on measure: Data indicates most families successfully select health plan and PCP and are not auto-assigned by Access Medicaid.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Meaure Met.

Data not complete. Will report access to care with Nebraska's Quality Assessment and Improvement Plan.

Annual Performance Objective for FFY 2008:

Annual Performance Objective for FFY 2009:

Explain how these objectives were set:

Other Comments on Measure: Technical assistance from CMS for measurement of access to primary care practitioners for fee-for-service population would be beneficial to Nebraska's SCHIP and Medicaid programs.

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	44706	44981	0.62
Separate Child Health Program	0	0	

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

~~2.~~ The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2003-2005. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2006 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	19	5.8	3.8	1.2
1998 - 2000	22	6.4	4.6	1.3
2000 - 2002	17	4.1	3.7	.9
2002 - 2004	18	4.2	3.9	.9
2003 - 2005	19	4.7	4.0	1.0
Percent change 1996-1998 vs. 2003-2005	.0%	NA	5.3%	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.

~~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

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) By December 31st of each calendar year, Kids Connection information will be distributed to each public shcool district for each enrolled student	**Goal #1 (Describe)** By December 31st of each calendar year, Kids Connection information will be distributed ot each public school district for each enrolled student.	**Goal #1 (Describe)** By December 31st of each calendar year, Kids Connection information will be distributed to each public shcool district for each enrolled student.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going. Nebraska Medicaid provides information to each student enrolled in the public schools via mailing to the public school districts and other methods including school nurses, a network of contracted public health nurses and an administrative contract with public schools.
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2003	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Agency records	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Agency records. Review agency print and mailing order forms to determine mailing was completed prior to December 31st.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Review of agency print and mailing order forms to determine mailing was completed to public school districts prior to December 31st. Coordinate distribution of information with school nurses, public health nurses, and administrative contracts with schools.
Definition of Population Included in the Measure: Definition of denominator: Approximately 300,000 students enrolled in public school districts each year Definition of numerator: Baseline year 1998 & on-going	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Students enrolled in public school districts in 2006-2007 school year = 326,827 Definition of numerator: # of pieces of information mailed to public school districts for distribution to public school students.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Total # of students enrolled in public schools for 2004-2005 school year = 326,083. Review agency print & mailing order form to determine	**Performance Measurement Data:** Described what is being measured: Measure Met for 2005 Reporting Period. 2005-2006 School year: 326,083 students enrolled in 710	**Performance Measurement Data:** Described what is being measured: Information about Kids Connection provided to public school students.

FFY 2004	FFY 2005	FFY 2006
mialing was completed prior to December 31st. Numerator: Denominator: Rate: Additional notes on measure: Measure met. Mailing completed in September 2004.	public school districts Mailing completed in October 2005 Measure Met Reporting Period. Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Additional notes on measure: Direct mailing to public schools was not conducted due to changes being made on the application related to the Deficit Reducation Act citizen verification requirement. Public Health Nurses, school staff & school nurses increased outreach and information regarding Kids Connection and provided applications and information at Back to School and Kindergarten Round-up activities which provided an opportunity for staff to assist families with questions and complete applications.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Mailing not completed for school year 2006-2007 due to changes in process to application related to DRA. Public Health Nurses, school staff & school nurses increased outreach and information regarding Kids Connection and provided applications and information at Back to School and Kindergarten Round-up activities which provided an opportunity for staff to assist families with questions and complete applications.

Complete direct mailing to public school districts for each enrolled student by December 31st.

Annual Performance Objective for FFY 2008: Complete direct mailing to public school districts for each enrolled student by December 31st.

Annual Performance Objective for FFY 2009: Complete direct mailing to public school districts for each enrolled student by December 31st.

Explain how these objectives were set: Outreach strategy to reach school age children in Nebraska. State statute.

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) Coordinate outreach to families or targeted low-income uninsured children with Medicaid's network of contracted public health nurses through quarterly meetings and training sessions.	**Goal #2 (Describe)** Public Health Nurses (PHNs) in 88 counties will distribute Kids Connection applications and assist potentially eligible families in the application process.	**Goal #2 (Describe)** Public Health Nurses will distribute Kids Connection applications and assist potentially eligible families in the application process
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going. Medicaid contracts with a network of Public Health Nurses (PHNs) employed by Health Districts throughout the state to assist SCHIP & Medicaid and potentially SCHIP & Medicaid eligible children to secure eligibility and medical homes. Upon initial contact, a health risk assessment is conducted by the PHN.
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2003	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Agency records. Review agency records for dates of meeting and training dates with PHNs.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Agency records. Track # of applications distributed by PHNs	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Reports from contracted PHNs.
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: Potentially eligible SCHIP children. Definition of numerator: # of applications distributed by PHNs
Year of Data: 2005	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Qaurterly meeting dates: 1/12/2004; 6/25/2004; 9/23/2004 Training session dates: 11/13/2003; 3/17/2004; 4/7/2004; 4/15/2004; 5/10/2004; 5/12/2004; 5/25/2004; 8/12/2004; 8/30/2004 Measure Met for 2004 Reporting Period	**Performance Measurement Data:** Described what is being measured: 2005: 4,812 applications distributed by PHNs Numerator: Denominator: Rate:	**Performance Measurement Data:** Described what is being measured: Applications distributed by PHNs. Numerator: Denominator: Rate:

FFY 2004	FFY 2005	FFY 2006
Numerator: Denominator: Rate: Additional notes on measure: Minimum of 4 meetings per year and annual training.	Additional notes on measure:	Additional notes on measure: PHNs distributed 2,550 applications to potentially SCHIP and Medicaid eligible children.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Measure Met for Reporting Period.

Inform families about Kids Connection and assist them to complete the application and secure a medical home.

Annual Performance Objective for FFY 2008: Inform families about Kids Connection and assist them to complete the application and secure a medical home.

Annual Performance Objective for FFY 2009: Inform families about Kids Connection and assist them to complete the application and secure a medical home.

Explain how these objectives were set: Statewide strategy to identify uninsured targeted low-income children and utilize local resources to provide information about the program and assist families to secure a medical home for the child.

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) Coordinate outreach to familes of targeted low-income uninsured children with Nebraska's Covering Kids & Families Grantee, Voices for Children through participation on the CK&F Coaltion and Governing Board.	**Goal #3 (Describe)** Coordinate outreach to families of targeted low-income uninsured children with Medicaid's network of contracted PHNs through quarterly meetings & training sessions. Coordinate through Covering Kids & Families Grantee -- Voices for Children meetings.	**Goal #3 (Describe)** Maintain toll-free Kids Connection help line for families.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Kids Connection has had a toll-free help line for families to call for questions about the program since implementation of the program. Two staff working the help line are bilingual (Spanish). The help line is available Monday-Friday 8:00 am 5:00 pm Information about eligibility requirements, income guidelines and assistance to complete an application may be provided. Families may also access the Kids Connection web page on the HHSS Web Site.
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2003	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Agency records. Review meeting records for staff participation in Covering Kids & Family Coalition and Board meetings.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Agency records. Review agency meeting records for staff attendance at PHN meetings and CK&F meetings to coordinate outreach.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: No data is collected as to the # of calls received by the Kids Connection toll-free line. The data on the # of "hits" on the Kids Connection web page is not available at the time of this report.
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: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Measure Met for 2004 Reporting Period. Coalition meetings: 1/16/2004; 5/6/2004; Both meetings attended by SCHIP manager and EPSDT Program Specialist	**Performance Measurement Data:** Described what is being measured: Measure Met for Reporting Period PHN meetings & trainings: 10/12/2004 - Grand Island 10/15/2004 - Norfolk	**Performance Measurement Data:** Described what is being measured: Review agency records to determine access for clients to toll-free help-line and Kids Connection information on internet.

FFY 2004	FFY 2005	FFY 2006
CK&F Board meetings: 1/16/2004; 5/6/2004; 9/1/6/2004; Meetings attended by SCHIP manager. Covering Kids & Family Regional Meeting 7/13-15/2004 in Chicago, IL; Attended by SCHIP manager and EPSDT Program Specialist. Numerator: Denominator: Rate: Additional notes on measure: SCHIP Manager on CK&F Coalition & Governing Board EPSDT Program Specialist on CK&F Coalition	4/7/2005 - North Platte 7/13/2005 - Kearney Additional individual & small group training sessions were held as needed CK&F: Coalition & Board meetings - 1/18/2005; 3/14/2005; 9/14-16/2005 (Regional mtng); Process Improvement Collaborative - 4/20/2005; 6/10/2005; 7/8/2005; 5/12-14/2005 (PIC Ntnl Conf) Numerator: Denominator: Rate: Additional notes on measure:	Numerator: Denominator: Rate: Additional notes on measure: Agency staff are in the process of rewriting web information and format for Medicaid and SCHIP information to improve access to and content of information. SCHIP and Children's Medical Assistance Application will be "fillable" on Kids Connection web site.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Measure Met for Reporting Period
Kids Connection toll-free help-line accessible 8:00 a.m. - 5:00 p.m. Monday - Friday #1-877-632-5437 or through Insure Kids Now #
Kids Connection URL http://www.hhss.ne.gov/med/kidsconx.htm

Annual Performance Objective for FFY 2008: Maintain toll-free help-line and improve web information.
Develop "fillable" web-based Kids Connection application.

Annual Performance Objective for FFY 2009: Maintain toll-free help-line and web-based information

Explain how these objectives were set:

Other Comments on Measure:

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase # of children enrolled in Title XXI Program	**Goal #1 (Describe)** Increase the # of children enrolled in the Title XXI Program.	**Goal #1 (Describe)** Increase the # of children enrolled in the Title XXI Program.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going Review monthly eligiblity reports. Review annual eligible reports for unduplicated count of SCHIP eligibles.
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2003	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Monthly eligibility reports - point in time count	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Monthly eligibility reports - point in time reports. Annual eligibility reports for unduplicated count of SCHIP eligibles.	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Monthly eligibility - point in time reports Annual SEDS data
Definition of Population Included in the Measure: Definition of denominator: SCHIP eligible June 2003 Definition of numerator: SCHIP eligible June 2004	**Definition of Population Included in the Measure:** Definition of denominator: SCHIP eligibles in Sept 2004 Definition of numerator: SCHIP eligibles in Oct 2005	**Definition of Population Included in the Measure:** Definition of denominator: SCHIP eligible children in each month in FFY 2006 SCHIP eligible children in 2005 Definition of numerator: SCHIP eligible children in each previous month in FFY 2006 SCHIP eligible children in 2006
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: SCHIP eligibles June 2003 to June 2004 - point in time count Numerator: 22188 Denominator: 22611 Rate: 98.1 Additional notes on measure: Nebraska's SCHIP is a Medicaid expansion. Eligibility in Title XIX (Medicaid) for the same period for children under age 19 yr increased 3.92% (June 2003 = 100,356/June 2004 = 104,286)	**Performance Measurement Data:** Described what is being measured: Measure met for Reporting Period 1.9 percent increase eligibles per monthly reports. Increase in SCHIP eligibles Monthly and annual elibility reports Numerator: 23473 Denominator: 23035 Rate: 101.9 Additional notes on measure: Oct 2004 = 23035 Sept 2005 = 23473 Increase = 435 Unduplicated Count SCHIP: FFY 2003 = 45490 FFY 2004 = 44646 FFY 2005 = 44706	**Performance Measurement Data:** Described what is being measured: Increase in # of children enrolled in SCHIP (Title XXI). Numerator: 44981 Denominator: 44706 Rate: 100.6 Additional notes on measure: Monthly eligibility counts (point in time) Oct 05 = 23740 Nov 05 = 23936 Dec 05 = 24097 Jan 06 = 24155 Feb 06 = 24106 Mar 06 = 23922 Apr 06 = 23527 May 06 = 23411 June 06 = 23194 July 06 = 23099 Aug 06 = 23145 Sept 06 = 23499 Unduplicated count FFY 2005 = 44706 FFY 2006 = 44981

Explanation of Progress:

Annual Performance Objective for FFY 2007: Performance Measure Met.
Unduplicated count of children enrolled in SCHIP (Title XXI) increased by .62%.

Increase unduplicated count of children enrolled in SCHIP (Title XXI).

Annual Performance Objective for FFY 2008: Increase unduplicated count of children enrolled in SCHIP (Title XXI).

Annual Performance Objective for FFY 2009: Increase unduplicated count of children enrolled in SCHIP (Title XXI).

Explain how these objectives were set: Estimate of the # of targeted low-income uninsured children in Nebraska were determined and objective established based on estimate.

Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)** Public Health Nurses (PHNs) will continue outreach and education to local agencies, medical, dental and vision providers, child care facilites and other community resources within their service areas to enroll children in Kids Connection.	**Goal #2 (Describe)** Public Health Nurses (PHNs) will conduct outreach and education to local agencies, medical, dental and vision providers, child care facilities and other community resources within their service areas to enroll children in Kids Connection.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going Quarterly reports from contracted PHNs track outreach presentations and contacts with providers, clients and others.
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:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Quarterly reports from PHNs. Track PHN outreach presentations and potentially eligible contatcts through quarterly reports.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Quarterly reports from contracts with PHNs.
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:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Measure Met for Reporting Period. 2005: 3909 information presentations; 1547 contacts with potentially eligible clients Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Contacts by PHNs with providers, clients and others. Contacts by PHNs with providers and community agencies = 769 Contacts by PHNs with clients = 16,701 Numerator: Denominator: Rate: Additional notes on measure: Tracking by PHNs is not consistent between contractors. Medicaid staff are working with PHNs to define "contact" and reporting requirements.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Measure Met for Reporting Period.

Public Health Nurses (PHNs) will conduct outreach and education to local agencies, medical, dental and vision providers, child care facilities and other community resources within their service areas to enroll children in Kids Connection.

Annual Performance Objective for FFY 2008: Public Health Nurses (PHNs) will conduct outreach and education to local agencies, medical, dental and vision providers, child care facilities and other community resources within their service areas to enroll children in Kids Connection.

Annual Performance Objective for FFY 2009: Public Health Nurses (PHNs) will conduct outreach and education to local agencies, medical, dental and vision providers, child care facilities and other community resources within their service areas to enroll children in Kids Connection.

Explain how these objectives were set: Strategic planning meetings held during implementation of Kids Connection in 1998 identified strategies to outreach and enroll children in SCHIP (Title XXI).

Other Comments on Measure: Reporting inconsistent by PHNs. Contract manager working with PHNs to improve reporting for outreach and education with providers, other agencies, clients and others. Consistency in use of materials being developed.

Objectives Related to SCHIP 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:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid 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:* 2005
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**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:** 2006
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**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)	**Goal #1 (Describe)** Contracted Public Health Nurses (PHNs) will assist Kids Connection eligible children to secure medical, dental and visual care homes. SCHIP eligible children enrolled in Nebraska Health Connection (NHC), Medicaid's managed care plan will be assigned a Primary Care Physician (PCP).	**Goal #1 (Describe)** Contracted PHNs will assist Kids Connection eligible children to secure medical, dental and visual care homes. For children enrolled in Nebraska Health Connection (NHC), Medicaid's managed care plan, Access Medicaid, Medicaid's enrollment broker, assists the family to select a health plan and Primary Care Physician (PCP).
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going. For goal related to PHNs, statistics include adults and children, Medicaid and SCHIP eligible, Title XIX and Title XXI living in counties with contracts for PHN administrative services. For goal related to NHC, includes Title XXI eligible children only.
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:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005
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*: Agency records and Quarterly reports. NOTES" for Goal related to PHN finding medical homes, statistics include sutls and children, Medicaid and CHIP eligible in 88 counties contracted by PHNs. Does not include clients enrolled in NHC. Managed care data includes only CHIP eligible children.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Quarterly reports from PHNs, population includes adults and children, Medicaid and SCHIP eligible, (Title XIX and Title XXI) not participating in NHC. For goal related to NHC, population is SCHIP (Title XXI) eligible children.
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*: Review quarterly reports submitted by PHNs for # of medical, dental, & visual care homes secured for Medicaid and CHIP eligible clients. Review Access Medicaid - NHC enrollment broker - auto-enroll reports for CHIP eligible children to determine # selecting PCP and # auto-assigned.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: PHN quarterly reports. Access Medicaid auto-enrollment reports.

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: For PHNs = # of Medical, Dental, & Visual Care Homes secured for CHIP/Medicaid eligible clients.
	For NHC = Numerator = monthly ave # CHIP eligible children auto-assigned to PCP
	Denominator = # of CHIP eligible children enrolled in NHC
		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: For PHN includes adults and children, Medicaid and SCHIP.
		For NHC includes average monthly SCHIP children enrolled in NHC.

Year of Data:	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure: For NHC: Numerator = monthly ave for 6 months (Dec - May) # of SCHIP eligible children auto-assigned to PCP. Demoninator = Title XXI children enrolled in NHC.
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: Measure Met for Reporting Period For PHNs: 2005: Medical Homes - 233; Dental Homes - 811; Visual care homes - 291 NHC: 2004: 22% (151/68076); 2005: 20% (137/68404)	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Measure Met for Reporting Period. For PHN contracts: # of medical, dental and visual care homes secured Medical homes = 356 Dental homes = 944 Visual care homes = 240 NHC = 0.005% (48/9550)

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** Contracted PHNs will assist Kids Connection eligible children to secure medical, dental and visual care homes. For children enrolled in NHC, Access Medicaid will assist the family to select a health plan and PCP. Goal is to reduce auto-enrollment of SCHIP eligible children. **Annual Performance Objective for FFY 2008:** Contracted PHNs will assist Kids Connection eligible children to secure medical, dental and visual care homes. For children enrolled in NHC, Access Medicaid will assist the family to select a health plan and PCP. Goal is to reduce auto-enrollment of SCHIP eligible children. **Annual Performance Objective for FFY 2009:** Contracted PHNs will assist Kids Connection eligible children to secure medical, dental and visual care homes. For children enrolled in NHC, Access Medicaid will assist the family to select a health plan and PCP. Goal is to reduce auto-enrollment of SCHIP eligible children. *Explain how these objectives were set:* Strategic planning sessions during the implementation of Kids Connection identified the network of PHNs available to secure administrative contracts with Medicaid as a resource to secure medical, dental and visual care homes for SCHIP eligible children. PHNs are familiar with community providers. Access Medicaid is the enrollment broker for NHC.		
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)	**Goal #2 (Describe)** Contracted Public Health Nurses will work with Medicaid providers to assure access to care by providing no-show follow-up with Kids Connection.	**Goal #2 (Describe)** Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up for Kids Connection eligible children.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going. Population includes children and adults, SCHIP and Medicaid (Title XXI and Title XIX) eligible not enrolled in NHC, Medicaid managed care.
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:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005
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*: Quarterly reports. NOTE: Statistics include adults and children, Medicaid and CHIP eligible, 88 counties contracted by PHNs. Does not include clients enrolled in Nebraska Health Connection, Nebraska Medicaid's managed care program.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Quarterly reports from PHN contracts. PHNs report # of no-show follow-up activities for no-show follow-up for medical, dental and visual care visits.
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*: Review quarterly reports for # of no-show follow-ups conducted by PHNs for medical, dental and visual care providers.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: PHN contract quarterly reports
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: Adults and children, Medicaid and CHIP eligible in 88 counties not enrolled in NHC.	**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: Children and adults, SCHIP and Medicaid (Title XXI and Title XIX) eligible not enrolled in NHC, Medicaid managed care.

FFY 2004	FFY 2005	FFY 2006
Year of Data:	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure: Medical no-show follow-ups = 6803 Dental no-show follow-ups = 2146 Visual care no-show follow-ups = 184
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: Measure Met for Reporting Period. 2005: Medical no-show follow-ups = 5921 Dental no-show follow-ups = 1918 Visual Care no-show follow-ups = 259	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Medical no-show follow-ups = 6803 Dental no-show follow-ups = 2146 Visual care no-show follow-ups = 184 PHNs also report no-show follow-ups for non-emergency visits to emergency room and "Misc ER follow-up" Non-emergency follow-up = 1141 Misc ER follow-up = 990

Explanation of Progress:

Annual Performance Objective for FFY 2007: Measure Met for Reporting Period.

Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up for Kids Connection eligible children.

Annual Performance Objective for FFY 2008: Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up for Kids Connection eligible children.

Annual Performance Objective for FFY 2009: Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up for Kids Connection eligible children.

Explain how these objectives were set: Strategic planning during implementation of Kids Connection identified the network of PHNs as a resource for administrative contracts to assist with access to care for SCHIP and Medicaid eligible children.

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)** Contracted Public Health Nurses will distibute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going. Kids Connection eligible children: includes Medicaid and CHIP eligible children age 20 and under, excludes clients in Nebraska Health Connection.	**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:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Includes all Title XXI and XIX eligible children age 20 and under.	**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*: Review quarterly reports submitted by PHNs.	**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: Title XXI children age 18 and under and Title XIX eligible children age 20 and under.	**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:**
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:
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: Measure Met for Reporting Period. 2005: 21092 newly eligible contacts made by PHNs.	**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)	**Goal #1 (Describe)** EPSDT Participation - Wellness Screening Ratio for CHIP and Medicaid Children	**Goal #1 (Describe)** Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: CME 416 Report Nebraska FY2004	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: PHNs are available in the community for clients and know local providers and resources.
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:* 2005
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*: CMS 416 Report	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: # of newly eligible clients contacted by PHNs.
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*: CHIP and Medicaid eligible children	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Quarterly reports from contracted PHNs.
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: Numerator = # of total screens received for each age group. Denominator = expected # of screens for each age group.	**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 includes SCHIP and Medicaid (Title XXI and Title XIX) eligible children.
Year of Data:	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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: 120532 Denominator: 164680 Rate: 73.2 Additional notes on measure: Measure met for reporting period <1 yr = 94.3% (41555/44069) 1-2 yr = 102.54% (38383/37390) 3-5 yr = 66.72% (14954/22380) 6-9 yr = 41.35% (5012/12105) 10-14 yr = 40.84% (11026/26957) 15-18 yr = 41.83% (7575/18110) 19-20 yr = 55.25% (2027/3669)	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Newly eligible contacts = 23081

Explanation of Progress:

Annual Performance Objective for FFY 2007: Measure Met for Reporting Period.

Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.

Annual Performance Objective for FFY 2008: Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.

Annual Performance Objective for FFY 2009: Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.

Explain how these objectives were set: Inconsistent reporting from PHNs on quarterly reports. Contract manager is working with PHNs to define reporting criteria and provide more consistency in quarterly reports.

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)** Annual EPSDT Participation Report: Preventive Dental Services	**Goal #2 (Describe)** EPSDT Participation - Wellness Screening Ratio for SCHIP and Medicaid eligible Children.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Form CMS 416 Annual EPSDT Participation Report	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 1998 & on-going
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:* 2005
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*: CMS 416 Report: Preventive Dental	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416 Report 2005
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*: CHIP and Medicaid eligible children under age 20 years	**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: Numerator = # of eligibles receiving preventive dental serivces in each age group Denominator = total E of individuals eligible for EPSDT in each age group	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Total # of Screens Received
Year of Data:	**Year of Data:** 2005	**Year of Data:** 2005
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: 60549 Denominator: 156998 Rate: 38.6 Additional notes on measure: Measure Met <1 = 94.16 (468/12591) 1-2 = 6.03 (1411/23395) 3-5 = 42.25 (11835/28015) 6-9 = 55.78 (16903/30301) 10-14 = 52.52 (17508/33335) 15-18 = 40.97 (9391/22924) 19-20 = 47.12 (3033/6437	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 130332 Denominator: 160865 Rate: 81 Additional notes on measure: Less than age 1 = 1.17 (44727/38229) 1-2 yr = 1.0859 (41652/38358) 3-5 yr = 0.7181 (16626/23153) 6-9 yr = 0.4657 (5731/12305) 10-14 yr = 0.4464 (11889/26636) 15-18 yr = 0.4665 (8681/18610) 19-20 yr = 0.2871 (1026/3574)

Explanation of Progress:

Annual Performance Objective for FFY 2007: Measure Met for Reporting Period.

EPSDT Participation - Wellness Screening Ratio for SCHIP and Medicaid eligible Children.

Annual Performance Objective for FFY 2008: EPSDT Participation - Wellness Screening Ratio for SCHIP and Medicaid eligible Children.

Annual Performance Objective for FFY 2009: EPSDT Participation - Wellness Screening Ratio for SCHIP and Medicaid eligible Children.

Explain how these objectives were set: American Academy of Pediatrics (AAP) screening guidelines used for EPSDT screening measures.

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)** Annual EPSDT Participation Report: Preventative Screening
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*: 1998 & on-going
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:* 2005
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*: 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: # of Children Receiving Preventive Dental Services
Year of Data:	**Year of Data:**	**Year of Data:** 2005
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: 62074 Denominator: 120917 Rate: 51.3 Additional notes on measure: Includes Birth through age 20, SCHIP and Medicaid (Title XXI and Title XIX) elible children.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Measure Met for Reporting Period.

Annual EPSDT Participation Report: Preventive Dental Services increase rate from 2006 by 1 percent.

Annual Performance Objective for FFY 2008: Annual EPSDT Participation Report: Preventive Dental Services increase rate from 2007 by 1 percent.

Annual Performance Objective for FFY 2009: Annual EPSDT Participation Report: Preventive Dental Services increase rate from 2008 by 1 percent.

Explain how these objectives were set: American Dental Association (ADA) and AAP recomendations for pediatric preventive dental services.

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?

Nebraska's managed care plans, annually report their NCQA HEDIS measures to Medicaid's Managed Care Unit. United HealthCare (UHC) uses the current HEDIS Technical Specifications and sample. The method UHC uses looks at both administrative data and medical records. They are however often under-reported because Kids Connection (SCHIP and Medicaid) eligible children sometimes use public health clinics for immunizations which therefor would not be reported in the encounter or fee-for-service data.

NHC annually completes a hybrid method HEDIS on diabetes. SCHIP data is being evaluated seperately since 2004.

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?

NHC contracted health plans submit quarterly reports that detail information on customer complaints, quality issues, HEDIS reports, geo-mapping of access to care, and any quality of care, sentinel events, or other issues of concern. UHC conducts annual customer and physician surveys to monitor client and provider satisfaction. Access Medicaid, the enrollment broker, does customer satisfaction phone surveys for managed care enrollees. The surveys include access, quality and outcomes issues.

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?

N/A

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?

Outreach continues on a statewide basis through the Public Schools and at the community level through the network of contracted Public Health Nurses (PHNs). In addition, applications are distributed to hospitals to each new mother giving birth in a Nebraska hospital. Applications are available locally in community agencies, community centers, day care centers, clinics, health care provider offices and local health and human services offices. Clients can also access an application via the internet at the HHSS web site. Kids Connection staff continue to target Limited English Speaking (LES) families through outreach in the community. Two bilingual (Spanish speaking) staff are full time employees for Kids Connection and respond to callers on the toll-free helpline.

~~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?

Direct contact (face-to-face) opportunities are most effective in assisting families to understand and complete applications for the program, however, the number of clients staff are able to reach during face-to-face activities are limited. Mass distribution of applications through public school distribution or school or community events often result in an increase mail-in applications and calls to the toll-free help-line but many callers may already be Medicaid eligible and believe they need to complete a new application or have questions about the difference between Medicaid and SCHIP, which in Nebraska is a Medicaid expansion.

Contracted PHNs at the community level are invaluable resource to assist in identifying potentially eligible SCHIP and Medicaid eligible children and assisting them to complete applications and follow-through with required documentation (income and citizenship verification)to become enrolled.

~~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?

Limited English Speaking (LES) populations have been targeted. Measurement has been difficult.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

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

- ☐ Yes
- ☐ No
- ☒ N/A

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

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

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

- ☐ Yes
- ☐ No
- ☒ N/A

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

All States must complete the following 3 questions

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

Families are asked to provide health insurance information on the Kids Connection application. In addition, Nebraska conducts a data match with major third party payors for all children enrolled in the SCHIP program at the time a claim is received to determine if an open health plan or insurance policy existed at the time of SCHIP eligibility determination. If a match is found and the child has credible health insurance in addition to SCHIP, follow-up is done at the local office through the caseworker to determine if the child has access to the health plan or if the plan is no longer in effect. If the child has access and the plan is in effect, the SCHIP case is closed.

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

None

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

Unknown

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.

~~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.

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

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?
  A minimum of two
- 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?)
  The month before the review is due the worker sends out a computer-generated review form. A follow-up notice is sent if the form is not completed and returned.

☐ Sends targeted mailings to selected populations

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

☐ Holds information campaigns

☒ Provides a simplified reenrollment process,

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

A preprinted redetermination form is mailed to the head of household. Nebraska's SCHIP and children's medical assistance program application is a one-page (front/back) form which can be completed by the family and returned to the Central Entry Unit (CEU) post office box or the local HHS office. Documentation which must be returned with the form is minimal and consists of one month's income. The form has been revised since the implementation of SCHIP for clarity and completeness.

☐ 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.

Simplified Application Form: most applications are mailed to the CEU complete with all the documentation to process the application.

Preprinted Redetermination Form: client and advocate feedback on the preprinted redetermination form has been positive. Nebraska does not print the client's income information on the form. Client's participating in the focus group when the form was developed did not want income information preprinted on the form.

~~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**	
	Number	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?

No

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

No

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

N/A

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

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

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

Children

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

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

Adults

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

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

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

☐ Parents and Caretaker Relatives
☐ Childless Adults

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

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

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

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

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

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

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

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

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

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

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

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

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

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

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?

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	3,477,564	3,585,059	3745007
per member/per month rate @ # of eligibles	0	0	0
Fee for Service	39,962,659	41,197,941	43,035,993
Total Benefit Costs	43,440,223	44,783,000	46,781,000
(Offsetting beneficiary cost sharing payments)	0	0	0
Net Benefit Costs	$ 43,440,223	$ 44,783,000	$ 46,781,000

Administration Costs			
Personnel	1,856,527	1,950,189	2,047,830
General Administration	0	0	0
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	881,199	925,656	972,001
Outreach/Marketing costs	0	0	0
Other General administrative overhead: legal services, humn resources & other administrative costs	76,306	80,155	84,169
Health Services Initiatives	0	0	0
Total Administration Costs	2,814,032	2,956,000	3,104,000
10% Administrative Cap (net benefit costs ÷ 9)	4,826,691	4,975,889	5,197,889

Federal Title XXI Share	33,201,304	33,679,865	35,223,799
State Share	13,052,951	14,059,135	14,661,201

TOTAL COSTS OF APPROVED SCHIP PLAN	46,254,255	47,739,000	49,885,000

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		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

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

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

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

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

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

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

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

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	**2006**	**2007**	**2008**	**2009**	**2010**
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #1					
Benefit Costs for Demonstration Population #2 (e.g., parents)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					

Fee for Service					
Total Benefit Costs for Waiver Population #2					

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

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

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

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

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

Administration Costs

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

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

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

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

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

The reauthorization for SCHIP (Title XXI) in 2007 is the biggest concern for Nebraska. The current situation Nebraska finds itself in as a Medicaid expansion, is federal SCHIP allocation that does not fully fund the program. This is of concern as Medicaid expands as well. Nebraska is in the process of Medicaid Reform, the purpose of which is to assure that the Medicaid program including SCHIP, is fiscally sustainable. Without adequate federal funding for SCHIP, not only are services to SCHIP children at risk, but Medicaid dollars are also are risk.

Through Medicaid Reform, the state will be evaluating the options available for modifying Nebraska's SCHIP and determining if changes to the program are desirable and feasible.

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

Access to dental care continues to be a challenge in rural areas, including Nebraska, particularly for children requiring pediatric dental specialties. Through the contracted Public Health Nurses, local Health and Human Services offices and the Nebraska Dental Association, Medicaid continues to case manage difficult access issues and work to resolve access to care issues for all SCHIP and Medicaid clients.

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

Benefits and services for SCHIP eligible children have been maintained. Other than dental care, clients do not express concerns about access to care. Nebraska's system of citizenship verification through the data match with vital statistics has proved a success for the state in meeting the Deficit Reduction Act (DRA) citizenship requirement for applicants born in Nebraska.

~~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.

No specific program changes to SCHIP are planned at this time.

SCHIP is being evaluated as part of Nebraska's Medicaid Reform. A Request for Proposals (RFP) has been drafted for a contractor to develop recommendations relating to the provision of health care and related services for Medicaid-eligible children under SCHIP as allowed under Title XIX and Title XXI of the federal Social Security Act and Deficit Reduction Act (DRA) of 2005. Such study and recommendations shall include, but not be limited to, the organization and administration of Nebraska's SCHIP, the establishment of premiums, copayments, and deductibles under such program and the establishment of limits on the amount, scope, and duration of services offered to eligible children. The RFP will be released in May 2007.

A draft report of such recommendations will be provided to the Health and Human Service (HHS) Committee of the State Legislature and the Nebraska Medicaid Reform Council. A final report of such recommendations will be provided to the Governor, the Committee, and the Council no later than December 1, 2007.

Enter any Narrative text below.