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

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

Signature:

Lisa Lee

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

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: **Lisa Lee, Act. Director**

Address: **275 E. Main St. 6WD**

City: **Frankfort** State**:** **KY** Zip**:** **40621**

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Submission Date: **1/30/2007**

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						**From**	0	% of FPL conception to birth	0	% of FPL
	From	0	% of FPL for **infants**	0	% of FPL	**From**	186	% of FPL for **infants**	200	% of FPL
	From	134	% of FPL for children ages **1 through 5**	150	% of FPL	**From**	151	% of FPL for 1 **through 5**	200	% of FPL
	From	101	% of FPL for children ages **6 through 16**	150	% of FPL	**From**	151	% of FPL for children ages **6 through 16**	200	% of FPL
	From	101	% of FPL for children ages **17 and 18**	150	% of FPL	**From**	151	% of FPL for children ages **17 and 18**	200	% of FPL

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

Is retroactive eligibility available?	☐	No	☒	No
	☒	Yes, for whom and how long? 90 days for all of the Expansion population. There is an exception. If the applicant lives in the one managed care region in the state, eligiblity dates back to the first day of the month that the application is received	☐	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	6
	☐	N/A	☐	N/A

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

	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☒	No	☐	No
	☐	Yes	☒	Yes
	Enrollment fee amount		Enrollment fee amount	0
	Premium amount		Premium amount	20
	Yearly cap		Yearly cap	240
	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)	
			All families in the KCHIP Separate Insurance Program are required to pay a $20.00 per month per family premium payment. This includes families with income from 151-200% of the FPL. If a quarterly or semi-annual payment is made, the family will receive a 10% discount on their premium. Cumulative cost sharing will not exceed 5% of a family's quarterly income	
	☐	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	

	There is a $90.00 work expense deduction for part time as well as full time employment. For dependent child care, the amount is $150.00 for part time and $175.00 for full time employment.		There is a $90.00 work expense deduction for part time as well as full time employment. For dependent child care, the amount is $150.00 for part time and $175.00 for full time employment.	
	☐	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.

Non face to face interviews are available for medical reasons and for members that live over 50 miles from the local office.

~~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	Citizenship documentation required as of 7/1/06 Citizenship documentation required as of 7/1/06
~~d)~~ Benefit structure	
~~e)~~ Cost sharing (including amounts, populations, & collection process)	Beginning 7/1/06, Medicaid Expansion and KCHIP members pay co-payment's of $1, $2, or $3 for prescriptions, $2 for allergy testing and 5% for cost of non-emergency ER visits. There is a cap of $225 for prescriptions and $225.00 for health care. Cumulative cost-sharing will not exceed 5% of quarterly income. Beginning 7/1/06, Medicaid Expansion and KCHIP members pay co-payment's of $1, $2, or $3 for prescriptions, $2 for allergy testing and 5% for cost of non-emergency ER visits.There is a cap of $225 for prescriptions and $225.00 for health care. Cumulative cost-sharing will not exceed 5% of quarterly income.
~~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*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA Hedis 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA Hedis 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA HEDIS 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes those children who received six or more visits within the first 15 months of life.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes those children who received six or more visits within the first 15 months of life.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes those children who received six or more visits within the first 15 months of life.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

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

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 0 Denominator: 164 Rate: 0 4 visits Numerator: 7 Denominator: 164 Rate: 4.3 1 visit Numerator: 1 Denominator: 164 Rate: 0.6 5 visits Numerator: 17 Denominator: 164 Rate: 10.4 2 visits Numerator: 2 Denominator: 164 Rate: 1.2 6+ visits Numerator: 134 Denominator: 164 Rate: 81.7 3 visits Numerator: 3 Denominator: 164 Rate: 1.8 Additional notes on measure: *collaborating with the Mommy & Me program to provide newborn preventive health information to new mothers delivering in high-volume hospitals. *Continue education to members through targeted written, telephone and in-home outreach regarding the importance and availability of preventive health screens.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 0 Denominator: 0 Rate: 0 4 visits Numerator: 11 Denominator: 207 Rate: 5.3 1 visit Numerator: 1 Denominator: 207 Rate: 0.5 5 visits Numerator: 26 Denominator: 207 Rate: 12.6 2 visits Numerator: 3 Denominator: 207 Rate: 1.4 6+ visits Numerator: 157 Denominator: 207 Rate: 75.8 3 visits Numerator: 8 Denominator: 207 Rate: 3.9 Additional notes on measure: *Continue collaborating with the Mommy & Me program to provide newborn preventive health information to new mothers delivering in high-volume hospitals. *Continue education to members through targeted written, telephone and in-home outreach regarding the importance and availability of preventive health screens.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 72 Denominator: 3698 Rate: 1.9 4 visits Numerator: 389 Denominator: 3698 Rate: 10.5 1 visit Numerator: 91 Denominator: 3698 Rate: 2.5 5 visits Numerator: 656 Denominator: 3698 Rate: 17.7 2 visits Numerator: 121 Denominator: 3698 Rate: 3.3 6+ visits Numerator: 2137 Denominator: 3698 Rate: 57.8 3 visits Numerator: 232 Denominator: 3698 Rate: 6.3 Additional notes on measure: *continue collaborating with the Mommy & Me program to provide newborn preventive health information to new mothers delivering in high-volume hospitals. *Continue reporting criteria to highlight the percentage of members who have not received at least one EPSDT preventive health screen in the past 12 months.
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: *Continue to Collaborate with the Mommy & Me program to provide newborn preventive health information to new mothers delivering in high-volume hospitals.
*Continue education to members through targeted written, telephone and in-home outreach regarding the importance and availability of preventive health screens.
*Continue reporting criteria to highlight the percentage of members who have not received at least one EPSDT preventive health screen in the past 12 months.
*Continue with the PCP Rewards Program to include EPSDT compliance by practitioner site and to emphasize EPSDT as a quality indicator for the health plan.

Annual Performance Objective for FFY 2008: *Continue to Collaborate with the Mommy & Me program to provide newborn preventive health information to new mothers delivering in high-volume hospitals.
*Continue education to members through targeted written, telephone and in-home outreach regarding the importance and availability of preventive health screens.
*Continue reporting criteria to highlight the percentage of members who have not received at least one EPSDT preventive health screen in the past 12 months.
*Continue with the PCP Rewards Program to include EPSDT compliance by practitioner site and to emphasize EPSDT as a quality indicator for the health plan.

Annual Performance Objective for FFY 2009: *Continue to Collaborate with the Mommy & Me program to provide newborn preventive health information to new mothers delivering in high-volume hospitals.
*Continue education to members through targeted written, telephone and in-home outreach regarding the importance and availability of preventive health screens.
*Continue reporting criteria to highlight the percentage of members who have not received at least one EPSDT preventive health screen in the past 12 months.
*Continue with the PCP Rewards Program to include EPSDT compliance by practitioner site and to emphasize EPSDT as a quality indicator for the health plan.

Explain how these objectives were set: For the past eight years the Plan has continued to target infants and young children via interventions directed toward both practitioners and members. The percent of children receiving 6 or more well child visits has increased from 19.58% in 1997 to 57.79%in 2006.

Other Comments on Measure: The EPSDT Program continues to collaborate with the Child and Adolescent Health Committee to design an intervention strategy for preventive health care that would target all ages of children and adolescents.

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☒ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA Hedis 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA Hedis 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA HEDIS 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes members age 3 through 6 who were continuously enrolled during the measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes members age 3 through 6 who were continuously enrolled during the measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes members age 3 through 6 who were continuously enrolled during the measurement year.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 4795 Denominator: 7572 Rate: 63.3	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 775 Denominator: 1154 Rate: 67.2	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 10609 Denominator: 15408 Rate: 68.9

FFY 2004	FFY 2005	FFY 2006
Additional notes on measure:	Additional notes on measure: The percent of children receiving well child visits in the 3rd, 4th, 5th and 5th years of life has increased from 50.74% in 1998 to 67.16% in 2004. This improvement is reflective of ongoing practioner and member intervention strategies developed and managed in the Plan's EPSDT department.	Additional notes on measure: The percent of children receiving well child visits the 3rd, 4th, 5th and 6th years of life child visits increased from 50.47% in 1998 to 68.89 in 2006. This improvement is reflective of ongoing practitioner and member intervention strategies developed/managed in the Plan’s EPSDT department.

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

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

Explanation of Progress:

Annual Performance Objective for FFY 2007: Objective is to continue to increase well child visits by 3% during the 3rd, 4th, 5th & 6th years of life.

Annual Performance Objective for FFY 2008: Objective is to continue to increase well child visits by 3% during the 3rd, 4th, 5th & 6th years of life.

Annual Performance Objective for FFY 2009: Objective is to continue to increase well child visits by 3%during the 3rd, 4th, 5th & 6th years of life.

Explain how these objectives were set: Percentage objective determined by the amount of increase of yearly visits from 1998 to 2005.

Other Comments on Measure: The EPSDT program continues to work with the Child and Adolescent Health Committee to design an intervention strategy for preventive health care that would target all ages of children and adolescents.

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA Hedis 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA Hedis 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA Hedis 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes members age 0 to 19 who were continuously enrolled during the measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes members age 0 to 19 who were continuously enrolled during the measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes members age 0 to 19 who were continuously enrolled during the measurement year.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 280 Denominator: 362 Rate: 77.3 10-17 years Numerator: 382 Denominator: 518 Rate: 73.7 Combined rate (5-17 years) Numerator: 1898 Denominator: 2557 Rate: 74.2 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 56 Denominator: 70 Rate: 80 10-17 years Numerator: 100 Denominator: 119 Rate: 84 Combined rate (5-17 years) Numerator: 163 Denominator: 200 Rate: 81.5 Additional notes on measure: KY continues: *Education to members through targeted written materials, telephone outreach and use of member services message system *outreach efforts to providers through monthly reports, newletter articles and onsite visits *collaboration with Kosair Chidren's Hosptial and community agencies in efforts to increase member and provider awareness of asthma and appropriate treatment *Increase providers knowledge of athma management by providing CME programs related to current asthma guidelines	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 760 Denominator: 923 Rate: 82.3 10-17 years Numerator: 956 Denominator: 1211 Rate: 78.9 Combined rate (5-17 years) Numerator: 1716 Denominator: 2134 Rate: 80.4 Additional notes on measure: KY continues: *Education to members through targeted written materials, telephone outreach and use of member services message system *outreach efforts to providers through monthly reports, newletter articles and onsite visits *collaboration with Kosair Chidren's Hosptial and community agencies in efforts to increase member and provider awareness of asthma and appropriate treatment *Increase providers knowledge of athma management by providing CME programs related to current asthma guidelines
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: To increase the percentage of appropriate medications for children with asthma by 3%.

Annual Performance Objective for FFY 2008: To increase the percentage of appropriate medications for children with asthma by 3%.

Annual Performance Objective for FFY 2009: To increase the percentage of appropriate medications for children with asthma by 3%.

Explain how these objectives were set: The objective is derived from the combined percentage of increase for all ages since 1999.

Other Comments on Measure: The percentage range for appropriate medications for children with asthma has increased in all age ranges since 1999.
Ages 5 to 9 has increased from 61.02% in 1999 to 82.3% in 2006
Ages 10 – 17 has increased from 58.84% in 1999 to 78.9% in 2006

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA Hedis 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA Hedis 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA HEDIS 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The data in this section consists of KCHIP recipients in the Passport region, which is 20% of the total KCHIP population.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes those children who had at least one visit to their PCP during measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes those children who had at least one visit to their PCP during measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The numerator includes those children who had at least one visit to their PCP during measurement year.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 215 Denominator: 218 Rate: 98.6 7-11 years Numerator: 1405 Denominator: 1550 Rate: 90.6 25 months-6 years Numerator: 1263 Denominator: 1394 Rate: 90.6 12-19 years Numerator: 1627 Denominator: 1802 Rate: 90.3 Additional notes on measure: The Children's Access to Primary Care Practitioner (PCP) rate has increased from 1999 2004 12-24 mo. 88.67%> 98.62% 25 mo.-6 yrs. 76.77%> 90.41% 7-11 years 78.03%> 90.65% 12-19 years N/A 90.29	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 252 Denominator: 255 Rate: 98.8 7-11 years Numerator: 1357 Denominator: 1468 Rate: 92.4 25 months-6 years Numerator: 1187 Denominator: 1326 Rate: 89.5 12-19 years Numerator: 1849 Denominator: 2040 Rate: 90.6 Additional notes on measure: The Children's Access to Primary Care Practitioner (PCP) rate has increased from 1999 2005 12-24 mo. 88.67%> 98.82% 25 mo.-6 yrs. 76.77%> 89.52% 7-11 years 78.03%> 90.65% 12-19 years N/A 90.64%	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 4672 Denominator: 4925 Rate: 94.9 7-11 years Numerator: 11145 Denominator: 12748 Rate: 87.4 25 months-6 years Numerator: 16698 Denominator: 19178 Rate: 87.1 12-19 years Numerator: 14039 Denominator: 16227 Rate: 86.5 Additional notes on measure: The Children's Access to Primary Care Practitioner (PCP) rate has increased from 1999 2006 12-24 mo. 88.67%> 94.86% 25 mo.-6 yrs. 76.77%> 87.07% 7-11 years 78.03%> 87.43% 12-19 years N/A 86.5%
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: Objective is to increase the number of visits by 3%.

Annual Performance Objective for FFY 2008: Objective is to increase the number of visits by 3%

Annual Performance Objective for FFY 2009: Objective is to increase the number of visits by 3%

Explain how these objectives were set: The objective was determined by the combined average percentage of increase of visits for all ages for the five year period of 1999 to 2005.

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure: The Children's Access to Primary Care Practitioner (PCP) rate has increased from 1999 2006 12-24 mo. 88.67%> 94.86% 25 mo.-6 yrs. 76.77%> 87.07% 7-11 years 78.03%> 87.43% 12-19 years N/A 86.5%		

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	41180	41943	1.85
Separate Child Health Program	22548	22918	1.64

~~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	109	20.4	10.6	2.0
1998 - 2000	78	17.5	7.9	1.7
2000 - 2002	68	12.3	6.5	1.1
2002 - 2004	78	13.3	7.6	1.2
2003 - 2005	68	13.4	6.5	1.3
Percent change 1996-1998 vs. 2003-2005	-37.6*%*	NA	-38.7**%**	NA

* Significant at the .10 level, 2-tailed test

** Significantly different from zero at the .10 level, 2-tailed test

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

This year, KY did not conduct the outreach activities that were performed during the first phases of KCHIP. However, we continue to contract with our local health departments to ensure KCHIP information is distributed to potential members. These outreach efforts, while not aggressive, are consistent and enable KY to maintain steady enrollment figures.

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

The current population survey (CPS) is conducted every year and the methodology is consistent from year to year, which facilitates its use in tracking national uninsured trends over time. The broad national sample and high response rates make national level estimates reasonably reliable. Using CPS data to estimate state levels of the uninsured is less reliable for several reasons.

State level estimates of the uninsured are unreliable due to small State sample sizes. A sample size of approximately 2,000-3,000 households in a State sample is needed to generate reliable estimates on uninsured children below 200% FPL. In the CPS, there are only 11 States in which the sample size is more than 1,000 households and this results in large margins of error, especially for sub-populations. The sample size utilized for Kentucky in the most recent CPS is unknown.

The CPS may over estimate the number of full-year uninsured persons. The survey asks whether the respondent has been uninsured for the entire past 12-month period. It is reasonable to conclude that some participants may respond yes if they have been uninsured at any point during that period.

The CPS may underestimate the number of people on Medicaid. Studies conducted by the Urban Institute, as well as CMS administrative data, show 20% to 30% more Medicaid enrollees than the CPS responses indicate. Speculation exists that respondents do not think of Medicaid as “health insurance” and the discrepancy between CPS results and CMS administrative data supports this speculation.

Finally, the CPS does not ask directly whether respondents are uninsured. The survey asks if respondents have specific types of insurance and those that answer “no” to all of the categories are considered uninsured. The structure of this questioning leads to concerns that some respondents do have “health insurance”, but were counted as uninsured.

~~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

KCHIP's joint mail in process and aggressive outreach began in July 1999. Prior to this time, there were 239,380 children enrolled in the Medicaid program. By the end of September 2006, there were 397,378 children enrolled in Medicaid. This is an increase of 157,998 enrolled children. This enrollment increase is the result of economic factors, as well as KCHIP outreach and recertification simplification. The source of this data is CMS 64E.

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) Within two years increase Medicaid enrollment: *10,000 new 14-19 years will be covered by Medicaid *Additional 10,000 currrently Medicaid eligible children will be enrolled. Upon implementation of the Separate Insurance Program in November, 1999: *Within two years, increase the number of kids with credible coverage KCHIP, Medicaid expansion and Medicaid.	**Goal #1 (Describe)** Within two years increase Medicaid enrollment for 14 to 19 year olds by 10,000 and increase the overall number of children with creditable coverage in KCHIP, the Medicaid Expansion and Medicaid by additional 10,000.	**Goal #1 (Describe)** Continue to conduct outreach to increase new eligible enrollment from previous year by 3%.
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*: Successful outreach efforts resulted in achieving goal established in 2005. goal was revised to ensure outreach efforts continued to reach eligible members.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: U.S. Census Bureau Three Year average	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: U. S. Census Bureau	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: Enrollment Data
Definition of Population Included in the Measure: Definition of denominator: Children under 19 years of age, at or below 200% of the FPL. Definition of numerator: 109,000 uninsured children/three year average for 1996, 1997 and 1998.	**Definition of Population Included in the Measure:** Definition of denominator: Children under 19 years of age, at or below 200% of the FPL. Definition of numerator: 109,000 uninsured children/three year average for 1996, 1997 and 1998.	**Definition of Population Included in the Measure:** Definition of denominator: Enrolled members in 2006 Definition of numerator: Enrolled members in 2005
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Compare the U.S. Census Bureau 1996, 1997 and 1998 average of uninsured children to the U. S. Census Bureau 2001, 2002 and 2003 average of insured children. Numerator: 30000 Denominator: 109000	**Performance Measurement Data:** Described what is being measured: Compare the U.S. Census Burearu 1996, 1997 and 1998 average of uninsured children to the U.S. Census Bureau 2001, 2002 and 2003 average of insured children. Numerator: 79000 Denominator: 109000	**Performance Measurement Data:** Described what is being measured: Number of enrolled children in the Medicaid, Medicaid Expansion and KCHIP Programs. Numerator: 337848 Denominator: 347849 Rate: 97.1

FFY 2004	FFY 2005	FFY 2006
Rate: 27.5 Additional notes on measure: According to the U.S. Census Bureau, there were 109,000 uninsured children at or below 200% FPL and under 19 years of age in KY prior to implementation of KCHIP(based on three-year average for 1996, 1997 and 1998) the three year average of 2001, 2002 and 2003 is 79,000. This is a decrease of 30,000 (27.5%).	Rate: 72.5 Additional notes on measure: According to the U.S.Census Bureau, there were 109,000 uninsured children at or below 200% FPL and under 19 years of age in Kentucky prior to implementation of KCHIP (based on three-year average for 1996, 1997 and 1998. the three-year average for 2001, 2002 and 2003 is 79,000. this is a decrease of 30,000 (28%).	Additional notes on measure: According to the U.S.Census Bureau, there were 109,000 uninsured children at or below 200% FPL and under 19 years of age in Kentucky prior to implementation of KCHIP (based on three-year average for 1996, 1997 and 1998. the three-year average for 2001, 2002 and 2003 is 79,000. this is a decrease of 30,000 (28%). KY continues to meet their goal of reducing the number of uninsured by enrolling 10,001 children in FFY 2006.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Maintain enrollment levels within 3 percentage points of the goal established in 2005.

Annual Performance Objective for FFY 2008: Maintain enrollment levels within 3 percentage points of the goal established in 2005.

Annual Performance Objective for FFY 2009: Maintain enrollment levels within 3 percentage points of the goal established in 2005.

Explain how these objectives were set:

Other Comments on Measure:

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**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. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**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. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: To continue to decrease the number of uninsured children in KY.

Annual Performance Objective for FFY 2008: To continue to decrease the number of uninsured children in KY.

Annual Performance Objective for FFY 2009: To continue to decrease the number of uninsured children in KY.

Explain how these objectives were set:

Other Comments on Measure: KY continues to meet their goal of reducing the number of uninsured by enrolling 10,001 children in FFY 2006.

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) *KCHIP Separate Insurance Program will achieve 50% penetration and enroll 10,000 children. *Medicaid Expansion will enroll approximately 27,000 additional children	**Goal #1 (Describe)** *KCHIP Separate Insurance Program will achieve 50% penetration and enroll 10,000 children. *Medicaid Expansion will enroll approximately 27,000 additional children	**Goal #1 (Describe)** Maintaining enrollment levels within 3 percentage points as established in 2005.
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*: Goal was revised to focus on retention of 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:*	**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*: Infants: 186-200% FPL 1-18 years: 151-200% FPL	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Infants: 186-200% FPL 1-18 years: 151-200% FPL	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: 1-18 years: 151-200% FPL
Definition of Population Included in the Measure: Definition of denominator: 1998 to 2004 enrollment Definition of numerator: 2004 Yearly enrollment	**Definition of Population Included in the Measure:** Definition of denominator: 1998 enrollment Definition of numerator: 2005 Yearly enrollment	**Definition of Population Included in the Measure:** Definition of denominator: 2006 Final Enrollment Definition of numerator: 2005 Final Enrollment
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2005
Performance Measurement Data: Described what is being measured: Enrollment numbers were compared between June 1998 and September 2004. Numerator: 48874 Denominator: 198824 Rate: 24.6 Additional notes on measure: KCHIP continues to exceed the performance goal that was met in FFY 1999. As of Septemeber 30, 2004, a toal of 198, 824 children have enrolled in the three phases of KCHIP since the beginning of the program on July 1, 1998. Enrollment for FFY 2004 was 48,474.	**Performance Measurement Data:** Described what is being measured: Compare June 1998 and September 2005 current segment enrollment numbers. Numerator: 62368 Denominator: 198824 Rate: 31.4 Additional notes on measure: FFY 2005, 22,375 were enrolled in the Separate Insurance Program and there were 40,993 were enolled in the Medicaid Expansion Program.	**Performance Measurement Data:** Described what is being measured: Percentage of newly enrolled. Numerator: 47228 Denominator: 48817 Rate: 96.7 Additional notes on measure: by enrolling 48,817, SCHIP enrollment shows 3% increase for 2006.

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** Increase enrollment by 3% **Annual Performance Objective for FFY 2008:** Increase enrollment by 3% **Annual Performance Objective for FFY 2009:** increase enrollment by 3% *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**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: Increase enrollment for KCHIP and the Medicaid Expansion by 3%.

Annual Performance Objective for FFY 2008: Increase enrollment for KCHIP and the Medicaid Expansion by 3%.

Annual Performance Objective for FFY 2009: Increase enrollment for KCHIP and the Medicaid Expansion by 3%.

Explain how these objectives were set:

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase Medicaid enrollment by 10,000 by 2000.	**Goal #1 (Describe)** To continue to increase Medicaid enrollment by 10,000.	**Goal #1 (Describe)** Maintain enrollment levels within 3 percentage points of goals met in 2005.
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*: Goal revised to focus on retention of eligible members.
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*: 1-5 years: 134-150%FPL 6-18 years: 101-150%FPL	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Children enrolled in the Medicaid Program
Definition of Population Included in the Measure: Definition of denominator: Enrollment for 2004 is 328,831 Definition of numerator: Enrollment for 1998 was 245,797	**Definition of Population Included in the Measure:** Definition of denominator: Enrollment for 2005 is 393,982. Definition of numerator: Enrollment for 1998 was 245,797	**Definition of Population Included in the Measure:** Definition of denominator: 2006 Final Enrollment Definition of numerator: 2005 Final enrollment
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Compare FFY 1998 and FFY 2004 enrollment Numerator: 245797 Denominator: 328831 Rate: 74.7 Additional notes on measure: The performance goal was met as of FFY 1999. At the end of FFY 2004, we continue to exceed the goal. FFY 1998 had 245,797 and with a 25.3% net increase of 83,034 for 2004, current enrollment is 328,831.	**Performance Measurement Data:** Described what is being measured: Compare FFY 1998 and FFY 2005 enrollment Numerator: 245797 Denominator: 393982 Rate: 62.4 Additional notes on measure: The performance goal was met as of FFY 1999. At the end of FFY 2005, we continue to exceed the goal. FFY 1998 had 245,797 and with an increase of 138,195 for 2005, current enrollment is 393,982.	**Performance Measurement Data:** Described what is being measured: Compare increase of FFY 2005 and FFY 2006 enrollment Numerator: 397378 Denominator: 404858 Rate: 98.2 Additional notes on measure: At the end of FFY 2006 current enrollment at 404,858 shows increase of 2%.

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to 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) 2004 CAHPS Survey is administered by researchers at the Martin School of Public Policy and Administration at the University of Kentucky.	**Goal #1 (Describe)** A)75% of children under 2 years of age will receive the recommended number of well child visits; B) 67% of children between 3 and 5 years of age will receive at least one well child visit. C) 50% of the children 10-18 years old will receive at least one well child exam annually. D) 75% of children will receive an eye exam by an eye care specialist between age 3 to 6.	**Goal #1 (Describe)** To continue to have positive results from the annual CAHPS Survey, which is administered by researchers at the Martin School of Public Policy and Administration at the University of Kentucky.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: 2005 CAHPS Survey is administered by researchers at the Martin School of Public policy and Administration at the University of Kentucky.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: 2004 CAHPS Survey	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: NCQA 20004 Data by the MCO Data Sections. After exploring other methods, our best resources for determining baselines are the Annual KCHIP Participation Report which includes all children statewide (Participation Ratios), MCO's (Passport Health Plan's) 2004 health Outcomes and Member Satisfaction results Annual Report (Passport serves one region of Kentucky's Medicaid population, which includes KCHIP) and the Kentucky Department for Medicaid Services CAHPS Survey	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CAPHS 2006
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*: CAHPS Survey were mailed to adult parents or guardians of child recipients in all 120 counties.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*: 2005 CAHPS Survey is administered by researchers at the Martin School of Public policy and Administration at the	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:

FFY 2004	FFY 2005	FFY 2006
	University of Kentucky	
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: In the base line year of FFY 1999, there are 1,949 children in the Medicaid Expansion Program and 253 enrolled in the separate insurance program in 1999. As of September 30, 2004-there were 15,585 enrolled in the Separate Insurance Program and 32,889 enrolled in the Medicaid Expansion Program.	**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: As of September 30, 2005 – preleminary figures show 22,375 enrolled in the Separate Insurance Program and 40,993 enrolled in the Medicaid Expansion Program.	**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: CAPHS 2006: As of September 30, 2006, there were 23,140 enrolled in the Separate Insurance Program and 42,132 enrolled in the Medicaid Expansion Program. Surveys were mailed to adult parents or guardians of child recipients in all 120 counties, 1412 surveys were returned.
Year of Data: 2004	**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:
Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Most of the data in this year's summary report of the 2004 Medicaid Patient Satisfaction Survey indicate that the demographic profile of recipients is consistent with previous years, utilization of services remains high experiences with providers are lartgely positive and evaluations of providers and services continue to be high.	**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: Current CAHPS Survey results confirm ratings remain consistently high. Average rating of the health plan is comparable for all members

FFY 2004	FFY 2005	FFY 2006

Explanation of Progress:

Annual Performance Objective for FFY 2007: To continue to have positive results regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of providers to continue to be high.

Annual Performance Objective for FFY 2008: To continue to have positive results regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of providers to continue to be high.

Annual Performance Objective for FFY 2009: To continue to have positive results regarding recipient satisfaction, utilization of services, experiences with providers and evaluations of providers to continue to be high.

Explain how these objectives were set:

Other Comments on Measure: Most of data presented in this year's summary report of the 2006 Medicaid Patient Satisfaction Survey indicate that the demographic profile of recipients is consistent with previous years, utilization of services remains high, experiences with providers are largely positive and evaluations of providers and services continue to be high.

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)**	**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:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) A)75% of children under 2 years of age will receive the recommended number of well child visits; B) 67% of children between 3 and 5 years of age will receive at least one well child visit. C) 50% of the children 10-18 years old will receive at least one well child exam annually. D) 75% of children will receive an eye exam by an eye care specialist between age 3 to 6. E)	**Goal #1 (Describe)** A)75% of children under 2 years of age will receive the recommended number of well child visits; B) 67% of children between 3 and 5 years of age will receive at least one well child visit. C) 50% of the children 10-18 years old will receive at least one well child exam annually. D) 75% of children will receive an eye exam by an eye care specialist between age 3 to 6.	**Goal #1 (Describe)** Maintain recommended levels of care and immunizations for children statewide.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: CAPHS 2006 As of September 30, 2006, there were 23,140 enrolled in the Separate Insurance Program and 42,132 enrolled in the Medicaid Expansion Program. Surveys were mailed to adult parents or guardians of child recipients in all 120 counties, 1412 surveys were returned.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: NCQA 2005 Data by the MCO Data Sections. After exploring other methods, our best resources for determining baselines are the Annual KCHIP Participation Report which includes all children statewide (Participation Ratios), MCO's (Passport Health Plan's) 2005 health Outcomes and Member Satisfaction results Annual Report (Passport serves one region of Kentucky's Medicaid population, which includes KCHIP) and the Kentucky Department for Medicaid Services CAHPS Survey.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: NCQA 2006 Data by the MCO Data Sections. After exploring other methods, our best resources for determining baselines are the Annual KCHIP Participation Report which includes all children statewide (Participation Ratios), MCO's (Passport Health Plan's) 2005 Health Outcomes and Member Satisfaction Results Annual Report (Passport serves one region of Kentucky's Medicaid population, which includes KCHIP) and the Kentucky Department for Medicaid Services CAHPS Survey.
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*: After exploring other methods, our best resources for determining baselines are the Annual KCHIP Participation Report which includes all children statewide (partipation Ratios), MCO's (Passport Health Plan's) 2004 Health Outcomes and Member Satisfaction results Annual Report and the KY Department for Medicaid Services CAHPS Survey. For the seventh year, the Kentucky Department of Medicaid	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: 2005 CAHPS Survey For the eighth year, the Kentucky Department of Medicaid Services has commissioned researchers at the Martin School of Public Policy and Administration at the University of Kentucky (UK) to implement a satisfaction survey of Medicaid recipients in the Commonwealth, including KCHIP children. It is based on the CAHPS survey (Consumer Assessment of Health Plans) which was developed by the	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: 2006 CAHPS Survey For the ninth year, the Kentucky Department of Medicaid Services has commissioned researchers at the Martin School of Public Policy and Administration at the University of Kentucky (UK) to implement a satisfaction survey of Medicaid recipients in the Commonwealth, including KCHIP children. It is based on the CAHPS survey (Consumer Assessment of Health Plans) which was developed by the

FFY 2004	FFY 2005	FFY 2006
Services has commissioned researchers at the Martin School of Public Policy and Administration at the University of Kentucky to implement a satisfaction survey of Medicaid recipients in the commonwealth, including KCHIP children. Based on the CAHPS survey (Consumer Assessment of Health Plans), which was developed by the Agency for Healthcare Research and Quality, it is now a part of the HEDIS measures and consists of a set of standardized questions that assess Medicaid recipients' satisfaction with the health care they have experienced. *The survey was designed to provide information regarding the satisfaction with services, health status, access to care and utilization of health care of participants enrolled in Medicaid. The results are based on mail questionaires for adult and child Medicard and KCHIP recipients.	Agency for Healthcare Research and Quality. It is now a part of the HEDIS measures and consists of a set of standardized questions that assess Medicaid recipients' satisfaction with the health care they have experienced. The survey was designed to provide information about the satisfaction with services, health status, access to care, and utilization of health care of participants enrolled in Medicaid. The results are based on mail questionnaires for adult and child Medicaid and KCHIP recipients with about 100 items on each questionnaire. The survey results indicate that child Medicaid Recipients are generally satisfied with their care across the state. Questions asked respondents to rate their personal providers, specialists, health care in general and experiences with their health plan on a 0 – 10 scale, where 0 is "worst possible" and 10 is "best possible." Providers were rated an average of 8.42 from the child survey, specialists were rated an average of 8.49 and health services in general rated an average of 8.48 When those same items were examined for KCHIP children the ratings remained approximately the same. Additional administrative resources will be phased into the KCHIP Division beginning March of 2005, with full implementation by the end of 2006. These administrative resources will develop, implement and conduct a utilization management program that will ensure that appropriate medical care services are provided to eligible KCHIP members, in the appropriate setting, at the appropriate time, and by an appropriate provider. Review criteria will be established for prospective, concurrent, and retrospective utilization reviews and as well as conducting prospective, concurrent, and retrospective reviews for eligible members. KCHIP worked with the University of KY, Martin Schol for Public Policy, to develop and distribute video programs concerning childhood obesity. One DVD was for physicians and was styled as a CME training program. The other was a short entertainment style program focused on nutrition and exercise. We studied whether the kids watched the video and whether they found the information valuable. Approximately 45 pre-test and post-test surveys from the children and their parents have been returned. We distributed several hundred to pediatricians across Kentucky and received many of the pre-test surveys back. Of those returned, the message is good. Children watched and learned from the program. U.K.	Agency for Healthcare Research and Quality. It is now a part of the HEDIS measures and consists of a set of standardized questions that assess Medicaid recipients' satisfaction with the health care they have experienced. The survey was designed to provide information about the satisfaction with services, health status, access to care, and utilization of health care of participants enrolled in Medicaid. The results are based on mail questionnaires for adult and child Medicaid and KCHIP recipients with about 100 items on each questionnaire. The survey results indicate that child Medicaid Recipients are generally satisfied with their care across the state. Questions asked respondents to rate their personal providers, specialists, health care in general and experiences with their health plan on a 0 – 10 scale, where 0 is "worst possible" and 10 is "best possible." Results: Providers were rated an average of 8.4 (KCHIP 8.6) specialists were rated an average of 8.7 (KCHIP 8.8) and health services in general rated an average of 8.2 (KCHIP 8.6) Comparisons confirm ratings remained approximately the same for Medicaid children as for KCHIP children. The Department for Medicaid Services, Medical management and Quality Assurance, began a pilot project involving Medicaid and SCHIP children. The Pediatric Diabetes, Pediatric Asthma and Pediatric Obesity Initiatives target children from birth through 17 years of age. Education is the focus of the initiatives and quarterly newletters are mailed to targeted members that are identified through claims data. The Pediatric Diabetes Initiative has 147 children in the pilot project with 37 children receiving benefits through KCHIP. The Pediatric Asthma Initiative target audience has approximately 544 members of which 141 received benefits through KCHIP. The Pediatric Obesity Initiative is working with the Obesity Coalition Group to reach a targeted group of 278 children.

FFY 2004	FFY 2005	FFY 2006
	is currently working with AHRQ to build a program to more easily get the info to kids, most likely through public schools. In addition, the Kentucky Youth Risk Behavior Survey is administered by the University of Kentucky Center of Prevention Research. The Kentucky Department of Education, the Kentucky Department for Public Health, local health departments and local school systems also collaborated on this survey. The survey is administered every two years and was completed anonymously by more than 1,600 Kentucky high school students in 65 Kentucky public schools. This is the first time since 1997 that the survey has presented weighted data. The survey shows fewer Kentucky high school students are smoking, but there are a number of students risking increased health issues due to obesity. The survey reported thirty-three percent of the students had smoked a cigarette in the past 30 days. This was a fourteen percent decrease from 1997. Also fourteen percent of the students reported they have ever sniffed glue or paint to get high, compared to twenty-five percent in 1997. The survey reported one-third of respondents are overweight. Ten percent of the students reported no physical activity during the week prior to the survey. Thirty-five percent of students attend physical education classes during an average week. Another area of concern was nutrition. Only thirteen percent of the students ate the recommended five or more servings of fruit and vegetables per day. Most students reported they had access to vending machines at their schools and thirty percent of students ate lunch one ore more times a week from snacks bought from the vending machines. Also of concern is the number of students who report being diagnosed with diabetes. Four percent of the students have been diagnosed with diabetes and thirteen percent are at risk for developing diabetes. 2003 YOUTH RISK BEHAVIOR SURVEY AREAS FOR LIKELY IMPROVEMENT Smoked a cigarette in the past 30 days: 1997: 47%; 2003:	

FFY 2004	FFY 2005	FFY 2006
	33%; Change: -14% Ever sniffed glue or paint to get high: 1997: 25%; 2003: 14%; Change: -11%. Ever smoked a cigarette; 1997: 77%; 2003: 71%; Change: -6% Smoked a cigarette on school property in the past 30 days; 1997: 25%; 2003: 14% Change: -11% Used marijuana in the past 30 days: 1997: 29%; 2003 21%; Change: -8% Ever used any form of cocaine: 1997: 8%: 2003: 4%: Change: -4% 2003 YOUTH RISK BEHAVIOR SURVEY AREAS OF WORSENING BEHAVIOR Exercised or participated in vigorous physical activities for at least 20 minutes on at least three days: 1997: 60%: 2003: 44%; Change: -16% Ever Pregnant or gotten someone pregnant: 1997: 6%; 2003: 8%; Change: +2% Attempted suicide n the past 12 months: 1997: 7%; 2003: 11%; Change: +4% Attachments are: 2005 CAHPS Survey, KCHIP Annual Participation Report, KCHIP Enrollment Tracking, KCHIP Hotline Calls, KCHIP Premium Payment Disqualification Study	
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*: 2004 CAHPS Survey	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*: As of September 30, 2005 – preleminary figures show 22,375 enrolled in the Separate Insurance Program and 40,993 enrolled in the Medicaid Expansion Program.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Annual KCHIP Participation Report MCO's (Passport Health Plan's) 2005 Health Outcomes Member Satisfaction results Annual Report Kentucky Department for Medicaid Services CAHPS Survey.

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: 2005 CAHPS Survey (statewide data) – Surveys were mailed to adult and parents or guardians of child recipients in all 120 counties.	**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: As of September 30, 2006 – preliminary figures show 23,140 enrolled in the Separate Insurance Program and 42,132 enrolled in the Medicaid Expansion Program
Year of Data: 2004	**Year of Data:** 2004	**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: Percentage of children receiving recommended services remain above average for the MCO region as well as statewide. *The percentage of children who will receive an eye exam by an eye care specialist between 3 – 6 years is not available at this time. *U.S. Immunization Survey 2004 Shows Kentucky's Immunization rate to be 82.7% (4:3:1 series) and 79% (4:3:1:3:3:1 series)	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like 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:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: *Percentage of children receiving recommended services remain above average for the MCO region as well as statewide.

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** To maintain an above average rate of recommended services for children statewide. **Annual Performance Objective for FFY 2008:** To maintain an above average rate of recommended services for children statewide. **Annual Performance Objective for FFY 2009:** To maintain an above average rate of recommended services for children statewide. *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

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

For the ninth year, the Kentucky Department of Medicaid Services has commissioned researchers at the Martin School of Public Policy and Administration at the University of Kentucky (UK) to implement a satisfaction survey of Medicaid recipients in the Commonwealth, including KCHIP children. It is based on the CAHPS survey (Consumer Assessment of Health Plans) which was developed by the Agency for Healthcare Research and Quality. It is now a part of the HEDIS measures and consists of a set of standardized questions that assess Medicaid recipients' satisfaction with the health care they have experienced.

The survey was designed to provide information about the satisfaction with services, health status, access to care, and utilization of health care of participants enrolled in Medicaid. The results are based on mail questionnaires for adult and child Medicaid and KCHIP recipients with about 100 items on each questionnaire. The survey results indicate that child Medicaid Recipients are generally satisfied with their care across the state. Questions asked respondents to rate their personal providers, specialists, health care in general and experiences with their health plan on a 0 – 10 scale, where 0 is "worst possible" and 10 is "best possible." Providers were rated an average of 846 from the child survey, specialists were rated an average of 8.7 and health services in general rated an average of 8.2. When those same items were examined for KCHIP children the ratings remained approximately the same. The average rating of the health plan is comparable for all members.

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?

KY Health Choices has developed and implemented a utilization management program that will ensure that appropriate medical care services are provided to eligible KCHIP members, in the appropriate setting, at the appropriate time, and by an appropriate provider. Review criteria will be established for prospective, concurrent, and retrospective utilization reviews and as well as conducting prospective, concurrent, and retrospective reviews for eligible members. Data will be available at regular intervals and on an on-demand basis as needed.

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?

KCHIP continues to work with the University of KY, Martin Schol for Public Policy, to distribute video programs concerning childhood obesity focusing on nutrition and exercise. U.K. continues to work with AHRQ to build a program to more easily get the info to kids, most likely through public schools.

Initiatives for Pediatric Obesity, Pediatric Asthma and Pediatric Diabetes are currently being conducted by KyHealth Choices, Division of Medical Management and Quality Assurance. Although the initiative is a pilot project, focused on education, it will target children birth through 17 years of age

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.

2006 CAHPS Survey, KCHIP Annual Participation Report, KCHIP Enrollment Tracking, KCHIP Hotline Calls,

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?

Statewide outreach initiatives have continued to focus on the retention and recertification of eligible children and support of local community-based activities by providing educational information and training. Some of the grassroots efforts have included the annual Back to School campaigns, Family Resources/Youth Services Centers' Readifests and local health department events in the community. KCHIP continues to contract with the Department for Public Health to provide local outreach and technical assistance to KCHIP recipients and the general public. Also, the statewide toll free KCHIP line mails materials and updated information upon request. KCHIP has continued relationships with the community advocates of the Robert Wood Johnson Foundation Covering Kids and Families, Kentucky Kids Now and KY Youth Advocates. By working together with these coalitions, KCHIP continues to develop local partnerships with schools and community health centers. These partnerships have helped with outreach success and improving the enrollment process. Community organizations and schools can refer uninsured families to the Department for Community Based Services Office in their area.

~~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?

The branding of KCHIP at the community level has largely contributed to the success of the program. Many outreach strategies have been used at the grassroots level by a wide variety of health and human services agencies, civic organizations, churches, labor and the business community and other groups. The KCHIP monthly hotline reports an average of 246 calls per month during FFY 2006. In addition, the Insure Kids Now national toll free number reported an average of 112 calls per month with a completion rate of 92%.

The University of Kentucky Farmworker Program provides translation services via a toll free help line. In addition, they provide application and re-application assistance and member information. A complaint tracking system identifies customer service related problems and enables the various agencies to troubleshoot before problems become systemic.

~~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?

The Department for Medicaid Services continues to contract with the University of Kentucky Farmworkers Program for outreach to Spanish speaking populations throughout the state. In addition, the Covering KIDS and Families, an initiative of the Robert Wood Johnson Foundation, has funded local projects in urban and rural sites.

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.

When applications and re-certifications are processed, the final element denies or discontinues applicants who have existing creditable coverage. The number of denied or discontinued is compared to the number of applications and recertifications processed.

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

Approximately 10% of applicants are found to have creditable health insurance at the time of applications.

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

It is difficult to assess the effectiveness of KCHIP's six month waiting period from the time families drop health insurance until the time they are eligible to enroll their children in the KCHIP Separate Insurance Program. As health insurance premiums increase for families or as employers change health insurance policies, more families enroll in KCHIP.

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.

Yes, both SCHIP and poverty level Medicaid children recertify through a mail in process. If either group received food stamps, they recertify for Medicaid and SCHIP at the time of the Food Stamp Recertification appointment.

~~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.

SCHIP and Medicaid application and recertification are completed by the same eligibility determination system. When a child's eligibility status changes, a new eligibility code is assigned. This file is updated daily and updates with the other interfacing systems seamlessly. This helps achieve continuity of care for members who move between programs.

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

Yes, the same delivery system and provider networks are used. The local Department for Community Based Services office in the county of the recipient's residence processes all applications and recertification forms and works with the recipient to select a primary care provider.

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?
  2
- 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?)
  A notice is sent to the household prior to the 1st day of the recertification month. The recipient has until the 10th of the month to return the recertification application with all verification. If the recertification is not returned, a second notice is sent allowing the recipient 10 additional days to complete the recertification. If the recertification application isn't returned by close of business on the 20th day, the case is discontinued.

☐ 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)

Recipients are sent a mail-in recertification packet when they are due to be recertified. The recipients are required to complete the recertification application and attach requested verification and return to the local DCBS office the 10th day of the recertification month.

☒ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment

please describe:

Kentucky works closely with the Covering Kids and Families Coalition. One of the primary objectives is to retain eligible children.

☐ 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.

Working with our outreach partners who have workers in every county is our most effective tool in maintaining our enrollment that has remained stable in the past year.

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

☐ Yes
☒ No
☐ N/A

When was the monthly report or assessment last conducted?

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

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

Total Number of Dis-enrollees	**Obtain other public or private coverage**		**Remain uninsured**		**Age-out**		**Move to new geographic area**		**Other**	
	Num ber	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

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

COST SHARING

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

Kentucky Child Health Insurance Program

Premium Payment Disqualification Study

James Marton, Ph.D.

Martin School of Public Policy, University of Kentucky

Statement of Problem: To update our study from 6/29/04 on the impact of the implementation of premiums for the KCHIP III population.

Background: Beginning December 1, 2003, families enrolled in KCHIP III (.150% FPL) were required to pay a monthly premium. Our goal here is to update our initial study that analyzed the inntroduction of these premiums. This was done by extending the timeframe of the previous analysis and by refining our approach to defining which children were disqualified due to non-payment of the premiums.

Study Design: initially, the KCHIP III population in July 2004 (10,625 children) was followed over a 9 month period. We have extended that timeframe to 15 months. Children were put into different categories that described their initial exit route from KCHIP III (moved into KCHIP II, moved into Medicaid, aged out of the premium, disqualified due to non-payment of premiums, or no longer covered by the state due to other reasons). The biggest change to our study design is that we refined our definition of "non-payers" to include children with a drop date of December 15, 2003. We previously did not treat these children as dropping due to non-payment.

Results: the overall impact of the premium was larger than our original report indicated.

Extending the timeframe of analysis allowed us to observe the exit of an aditional 10% of the children (the number remaining fell from 31% to 21%). The biggest difference between the two sets of results is that our updated results suggest that 12% of the children enrolled in KCHIP III in July 2003 lost coverage because they did not pay their premium. This is much larger than the 2% estimate we previously reported.

The big change is primarily driven by the fact that in our initial study we treated children with a December 15, 2003 disqualifcaiton date as if they did not have a disqualification date. This was because there were some issues with the first set of bills that were sent out and wer were not sure if the children in our study with a December 12, 2003 drop date were really dropped due to nonpayment or if they were mistakely dropped.

Among the 19,625 children in our study, 1,737 had a disqualification date of December 15, 2003. If they were not dropped, or were dropped by mistake and re-instated, then we would expect to see them enrolled in subsequent months. In January 2003, 87% of these children were not

enrolled in KCHIP or Medicaid. THis percentage falls gradully over time. In August 2004, 68% of these children were not enrolled in KCHIP or Medicaid. The fact that the vast majority of these children are not covered by either KCHIP or Medicaid in the months following December 15, 2003 suggest that the December 15, 2003 disqualification date is a valid one and should be treated as such.

Upon analyzing the data further in 2006, the study confirms that there is not a persistent effect of kids leaving the program due to premiums. The study confirms that 75%-80% of the children who left picked up some kind of private insurance.

~~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?

Yes, utilization of patterns are monitored on a regular basis with particular emphasis on dates coinciding with cost sharing. No major impacts have been indentified.

~~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?

Yes, July 1, 2006, continue to monitor enrollment utilization to identify areas of concern. To date, utilization and enrollment show no deviations from established patterns.

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.
There are no special procedures for KCHIP cases as KY's SCHIP Program follows Medicaid guidelines. Program violations are treated the same as "regular" Medicaid fraud cases and children under 18 are exempt from disqualification for Medicaid intentional program violation.

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	20,419,587	22,435,373	24291273
per member/per month rate @ # of eligibles	149	161	174
Fee for Service	78,319,197	80,966,483	85,640,345
Total Benefit Costs	98,738,784	103,401,856	109,931,618
(Offsetting beneficiary cost sharing payments)	(2,177,412)	(4,800,472)	(5,268,218)
Net Benefit Costs	$ 96,561,372	$ 98,601,384	$ 104,663,400

Administration Costs			
Personnel	494,700	525,700	566,200
General Administration	160,200	101,700	105,800
Contractors/Brokers (e.g., enrollment contractors)	833,100	906,100	942,400
Claims Processing	0		
Outreach/Marketing costs	0		
Other	0		
Health Services Initiatives	0		
Total Administration Costs	1,488,000	1,533,500	1,614,400
10% Administrative Cap (net benefit costs ÷ 9)	10,729,041	10,955,709	11,629,267

Federal Title XXI Share	76,949,147	78,816,167	83,800,045
State Share	21,100,225	21,318,717	22,477,755

TOTAL COSTS OF APPROVED SCHIP PLAN	98,049,372	100,134,884	106,277,800

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.

During this reporting period, Kentucky Children's Health Insurance Program (KCHIP) operated within its forecasted expenditures and averted the elimination of any services. We were able to maintain enrollment levels throughout the reporting period without instituting a waiting list, lowering eligibility levels, or reducing benefits. As in previous years, both federal and state budgetary issues were of great concern during this reporting period. KCHIP has a match rate of approximately 78% federal funds and 22% state funds. Since 2002, Kentucky's SCHIP expenditures exceeded the available federal funds by an average of 37% per year. According to the Current Population Survey of 2005, Kentucky has approximately 54,000 uninsured children under 200% of the federal poverty level. Due to the uncertainty of redistributed funds and reauthorization of CHIP, Kentucky did not expand services or conduct aggressive outreach campaigns during this reporting period. While current financial projections indicate that KCHIP can continue operating at its current levels of eligibility through the 2007 grant period, the future of the program is contingent upon reauthorization guidelines and funding levels.

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

As with previous years, the greatest challenge has been providing KCHIP coverage to as many eligible children in Kentucky within the available federal and state appropriated funds.

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

KCHIP's major accomplishment during this reporting period was the integration of KCHIP and Medicaid children into one benefit plan using criteria outlined in the Deficit Reduction Act (DRA). KCHIP utilizes the Department for Medicaid Services existing infrastructure and, therefore, mirrors the Medicaid program. Recipients are able to move seamlessly between the two programs. In June 2006, Medicaid began implementing a new initiative called KYHealth Choices. The goal of this new initiative is to make Medicaid more effective and less costly by providing recipients with adequate resources and encouraging them to become more involved in their health care. One of the main components of KYHealth Choices was the creation of four different benefit plans. KCHIP and Medicaid children were enrolled into the Family Choices benefit plan. This plan was specifically designed to meet the health care needs of all children and maintains the seamless transition between programs for recipients. Current enrollment in this plan is approximately 263,000 recipients. The plan requires co-payments of $1, $2 & $3 for prescriptions, $2 co-payment for allergy testing and 5% for non-emergency ER use for children receiving Title XXI benefits. In addition, children in families with annual income between 151 and 200% of the federal poverty level pay a $20 per month per family premium. Total cost sharing does not exceed 5% of the family's annual income. Children receiving benefits under Title XIX are not subject to cost sharing.

~~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.

In addition to the changes and outlined in question 3, KCHIP changed citizenship and identity requirements for our recipients. Changes were implemented to follow requirements outlined in the Deficit Reduction Act. While federal law states SCHIP children can be exempt from the citizenship

and identity requirements as imposed on Title XIX recipients, Kentucky decided to implement the changes so those recipients who move between programs would not lose coverage and would not have to provide additional documentation when moving from KCHIP to Medicaid.

Kentucky is still in the investigation phase regarding selecting an insurer to operate KCHIP on an at-risk basis through a request for proposal (RFP) process. Actuarial analysis is currently being conducted to determine if such a move would be cost effective and beneficial to our recipients.

Enter any Narrative text below.