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: **CO**
(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 Strunk

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

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 Strunk/Statistical Analyst**

Address: **1570 Grant Street**

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Submission Date: **1/31/2007**

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

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

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

Is retroactive eligibility available?	☐	No	☒	No
	☐	Yes, for whom and how long?	☐	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	3
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
			A child is contiously eligible for 12 months of coverage unless he or she moves out of the State or receives private insurance.	

	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☐	No	☐	No
	☐	Yes	☒	Yes
	Enrollment fee amount		Enrollment fee amount	25
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
			$25/year for one child or $35/year for two or more children. Children in families with incomes below 151% of the federal poverty level pay no annual enrollment fee. Children in fmailies with incomes between 151% and 200% of the federal poverty level pay $25 for one child and $35 for two or more children annually.	
	☐	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	

			The State's income disregards include: day and elder care expenses; child support payments; alimony payments; health insurance premiums; and, expenses for medical services, prescriptions, or durable medical equipment incurred within 90 days of application.	
	☐	N/A	☐	N/A

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

Enter any Narrative text below.

~~2.~~ Is there an assets test for children in your Medicaid program?	☐ Yes	☒ No	☐ N/A
~~3.~~ Is it different from the assets test in your separate child health program?	☐ Yes	☐ No	☒ N/A
~~4.~~ Are there income disregards for your Medicaid program?	☒ Yes	☐ No	☐ N/A
~~5.~~ Are they different from the income disregards in your separate child health program?	☒ Yes	☐ No	☐ N/A
~~6.~~ Is a joint application used for your Medicaid and separate child health program?	☒ Yes	☐ No	☐ N/A

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

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

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

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

8. For each topic you responded yes to above, please explain the change and why the change was made, below:

~~a)~~ Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
~~b)~~ Application	The SCHIP application was made avaliable online beginning January 2006.
~~c)~~ Application documentation requirements	During the 2006 Colorado State Special legislative session, H.B. 06S-1023 was created to require all Colorado State agencies and political subdivisions to verify the lawful presence in the United States of each person 18 years of age and older who apply for State and Federal public benefits, including SCHIP beginning August 1, 2006.
~~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	On July 1, 2006, the Department lifted the Medicaid asset test for children and families.
~~k)~~ Income disregards in Medicaid and/or SCHIP	
~~l)~~ Eligibility redetermination process	
~~m)~~ Enrollment process for health plan selection	
~~n)~~ Family coverage	
~~o)~~ Outreach	Marketing and community outreach was re-implemented in April 2006.
~~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*: No contract and no vendor.	**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*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005 HEDIS Aggregate Report for Child Health Plan Plus Division	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2006 HEDIS Aggregate Report for Child Health Plan Plus Division.
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: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.	**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 in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.
Year of Data:	**Year of Data:** 2004	**Year of Data:** 2005

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

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 21 Denominator: 244 Rate: 8.6 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: 69 Denominator: 244 Rate: 28.3 3 visits Numerator: Denominator: Rate: Additional notes on measure: Only reported for 0 and 6+ visits.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 36 Denominator: 278 Rate: 12.9 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: 73 Denominator: 278 Rate: 26.3 3 visits Numerator: Denominator: Rate: Additional notes on measure: Only reported for 0 and 6+ visits.
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 number of Well-Child Visits for the First 15 Months of Life by 3% over the next year and to decrease the number of children with 0 visits by 3% over the next year.

Annual Performance Objective for FFY 2008: To increase the number of Well-Child Visits for the First 15 Months of Life by 5% over the next year and to decrease the number of children with 0 visits by 5% over the next two years.

Annual Performance Objective for FFY 2009: To increase the number of Well-Child Visits for the First 15 Months of Life by 6% over the next year and to decrease the number of children with 0 visits by 6% over the next three years.

Explain how these objectives were set: The baseline data year for the Colorado SCHIP HEDIS measures is 2005, employing data collected over calendar year 2004. This is the first year in which the Colorado SCHIP program has reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 HEDIS report.

Other Comments on Measure: The National Medicaid rate for zero visits was 2.1%, a 6.5% decrease compared with the 8.6% zero visits rate for Colorado CHP+.Furthermore,the National Medicaid rate for six or more visits was 46.4%, a 18.1% increase compared with the 28.3% reported for the Colorado CHP+ 2005 average rate.Overall, the 2007, 2008, and 2009 performance objective is to decrease the number of zero visits rate and increase the number of six or more visits rate.

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*: No contract and no vendor.	**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*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005 HEDIS Aggregate Report Child Health Plan Plus Division.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2006 HEDIS Aggregate Report for Child Health Plan Plus Division.
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: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.	**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 in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.
Year of Data:	**Year of Data:** 2004	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 2370 Denominator: 4896 Rate: 48.4	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 1418 Denominator: 4216 Rate: 33.6

FFY 2004	FFY 2005	FFY 2006
Additional notes on measure:	Additional notes on measure: Percent with 1+ visits (adolescents) is numerator 3022 and the denominator is 9044 with a corresponding rate of 33.4.	Additional notes on measure: Percent with 1+ visits (adolescents) is numerator 1640 and the denominator is 7736 with a corresponding rate of 21.2.

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: To continue increasing Well-Care Visits in Children the 3rd, 4th, 5th, and 6th Years of Life, and Adolescent Well-Care by 3% over the next year.

Annual Performance Objective for FFY 2008: To continue increasing Well-Care Visits in Children the 3rd, 4th, 5th, and 6th Years of Life, and Adolescent Well-Care by 5% over the next two years.

Annual Performance Objective for FFY 2009: To continue increasing Well-Care Visits in Children the 3rd, 4th, 5th, and 6th Years of Life, and Adolescent Well-Care by 7% over the next three years.

Explain how these objectives were set: The baseline data year for the Colorado SCHIP HEDIS measures is 2005, employing data collected over calendar year 2004. This is the first year in which the Colorado SCHIP program has reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 HEDIS report.

Other Comments on Measure: The National HEDIS 2005 Medicaid 50th Percentile can be compared with the 2005 Colorado CHP+ average rates. The National Medicaid rate for one or more visits for the third through sixth years of life was 64.1%, a 15.7% increase compared with the 48.4% one or more visits for the third through sixth years of life rate for Colorado CHP+. Overall, the 2007, 2008, and 2009 performance objective is to decrease the number of zero visits rate and increase the number of six or more visits rate.

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*: No contract and no vendor.	**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*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005 HEDIS Aggregate Report for Child Health Plan Plus Division.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2006 HEDIS Aggregate Report for Child Health Plan Plus Division.
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: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.	**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 in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.
Year of Data:	**Year of Data:** 2004	**Year of Data:** 2005

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 108 Denominator: 140 Rate: 77.1 10-17 years Numerator: 180 Denominator: 250 Rate: 72 Combined rate (5-17 years) Numerator: 300 Denominator: 406 Rate: 73.9 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 139 Denominator: 173 Rate: 80.3 10-17 years Numerator: 240 Denominator: 344 Rate: 69.8 Combined rate (5-17 years) Numerator: 398 Denominator: 551 Rate: 72.2 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: continue increasing Use of Appropriate Medications for Children with Asthma for ages 5 to 9 and ages 10 to 17 by 3% over the next year.

Annual Performance Objective for FFY 2008: To continue increasing Use of Appropriate Medications for Children with Asthma for ages 5 to 9 and ages 10 to 17 by 3% over the next year.

Annual Performance Objective for FFY 2009: To continue increasing Use of Appropriate Medications for Children with Asthma for ages 5 to 9 and ages 10 to 17 by 3% over the next year.

Explain how these objectives were set: The baseline data year for the Colorado SCHIP HEDIS measures is 2005, employing data collected over calendar year 2004. This is the first year in which the Colorado SCHIP program has reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 HEDIS report.

Other Comments on Measure: The 2006 CHP+ weighted averages for each age group almost mirrored the MCN's rates, as expected, improving in the cohort of people 5 to 9 years of age, but decreasing for those 10 to 17 years of age and for the combined rate. Overall, the 2007, 2008, and 2009 performance objective is to continue increasing the Use of Appropriate Medications for People with Asthma.

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*: No contract and no vendor.	**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*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005 HEDIS Aggregate Report for Child Health Plan Plus Division.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2006 HEDIS Aggregate Report for Child Health Plan Plus Division.
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: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.	**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 in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.
Year of Data:	**Year of Data:**	**Year of Data:**

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: Denominator: Rate: 7-11 years Numerator: Denominator: Rate: 25 months-6 years Numerator: Denominator: Rate: 12-19 years Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 625 Denominator: 691 Rate: 90.4 7-11 years Numerator: 3000 Denominator: 3397 Rate: 88.3 25 months-6 years Numerator: 4610 Denominator: 5902 Rate: 78.1 12-19 years Numerator: 4005 Denominator: 4489 Rate: 89.2 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 366 Denominator: 502 Rate: 72.9 7-11 years Numerator: 3452 Denominator: 4235 Rate: 81.5 25 months-6 years Numerator: 3594 Denominator: 5815 Rate: 61.8 12-19 years Numerator: 4831 Denominator: 5884 Rate: 82.1 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: To increase both Children's and Adolescent's Access to Primary Care Practitioners for ages 12 to 24 months and ages 25 months to 6 years by 4% over the next year, and to increase access to primary care practitioners for ages 7 to 11 and ages 12 to 19 years of age by 3% over the next year.

Annual Performance Objective for FFY 2008: To increase both Children's and Adolescent's Access to Primary Care Practitioners for ages 12 to 24 months and ages 25 months to 6 years by 6% over the next two years, and to increase access to primary care practitioners for ages 7 to 11 and ages 12 to 19 years of age by 4% over the next two years.

Annual Performance Objective for FFY 2009: To increase both Children's and Adolescent's Access to Primary Care Practitioners for ages 12 to 24 months and ages 25 months to 6 years by 8% over the next three years, and to increase access to primary care practitioners for ages 7 to 11 and ages 12 to 19 years of age by 5% over the next three years.

Explain how these objectives were set: The baseline data year for the Colorado SCHIP HEDIS measures is 2005, employing data collected over calendar year 2004. This is the first year in which the Colorado SCHIP program has reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 HEDIS report.

Other Comments on Measure: The largest opportunity for improvement was within the group of people 25 months to 6 years of age. The weighted average for this group fell below the national Medicaid 10th percentile and the HMO rates were close to the national Medicaid 50th percentile. Overall, the 2007, 2008, and 2009 performance objective is to continue increasing Children's and Adolescents' Access to Primary Care Practitioners.

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2005	FFY 2006	Percent change FFY 2005-2006
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	59530	69997	17.58

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

A number of factors have contributed to enrollment increases from FFY 2005 to FFY 2006. On July 1, 2005, coverage for Colorado's SCHIP program was expanded from 185% federal poverty level to 200% of federal poverty level. In addition to this increase in enrollment, marketing and community outreach began in April 2006 including advertising, media relations, outreach, training, development of marketing materials, and program evaluation. During Colorado's state fiscal year 2006 (July 2005 through June 2006), significant improvements through design changes implemented in both Colorado Benefits Management System (CBMS) and Medicaid Management Information System (MMIS) improved the overall efficiency and accuracy of the enrollment data. These factors have contributed to the overall 17.58% increase in enrollment.

~~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	87	18.5	8.2	1.7
1998 - 2000	92	19.2	7.9	1.6
2000 - 2002	106	14.3	8.8	1.1

2002 - 2004	114	14.7	9.5	1.2
2003 - 2005	110	17.9	9.0	1.4
Percent change 1996-1998 vs. 2003-2005	26.4%	NA	9.8%	NA

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

Colorado employment dynamics have a direct impact on health insurance coverage as most people obtain their health insurance through their employer. Since 2003, Colorado's overall employment level has risen from 2.1 million jobs in 2003 to 2.2 million jobs in 2005, a 3.5% increase. Additionally, most of this employment growth is contributed to strong growth in the high-end, service-sector employment. As a result, these people receiving benefits from their employers are more likely to have health insurance coverage and benefits coverage. In addition to static population growth, Colorado's employment growth is contributing to the decline in the uninsured population. There has also been a shift in the number of children living in working poor or low-income families. The numbers of children living in working poor families fell from 77,250 in 2003 to 69,479 in 2004. The current 2004 rate of 6.9% is lower than the national 2004 average of 9.7%. Also, approximately 20,000 fewer children in 2004 are living in working low-income families with a current rate of 25.8% in 2004 compared to the national average of 26.8%. The combinations of these factors listed above are contributing to the trends Colorado's uninsured children.

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

The State would like to note two limitations with the CPS data that might affect the reliability or precision of the estimates. First, to calculate uninsured children by federal poverty level, CPS data counts the income of everyone in the primary or extended family. For example, when two related families live in the same household, the CPS data includes the income of the extended family. However, when determining Medicaid and CHP+ eligibility, the State only counts the income of the primary family. The State is concerned that this difference in methodology may skew the data and underestimate the uninsured. Second, the State is concerned that the clustering of data, as a result of sampling entire households, may lead to underestimated standard errors. When CPS samples by household instead of sampling one person per household, clustering occurs since people in the household are more likely to have the same insurance.

~~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)	CPS (1997-2005 data)
Reporting period (2 or more points in time)	3 year averages for calendar years: 1997-1999,1998-2000,1999-2001,2000-2002,2001-2003,2002-2004,2003-2005

Methodology	The State extracted the Colorado data from CPS files and calculated the number of children under age 19 and the number of children under age 19 under 200% FPL with and without health insurance for individual calendar years 1997-2005. The State then employed these values to calculate the three-year averages for the number of uninsured children, rate of uninsured children as a percentage of all children, the rate of uninsured children below 200% FPL as a percentage of children below 200% FPL, and the standard errors for the numerical and percentage estimate averages. To calculate the uninsured rate, the State divided the number of uninsured children from 0% to 200% of the FPL by the total number of children from 0% to 200% of the FPL. Calculating the uninsured rate by the State's method ensures the same units on the numerator and denominator, and is thus preferable for percentage comparison purposes of children without insurance who are also below 200% of the FPL.
Population (Please include ages and income levels)	(1997: 4,018,293), (1998: 4,116,639), (1999: 4,226,018), (2000: 4,326,926), (2001: 4,427,016), (2002: 4,498,407), (2003: 4,548,071), (2004: 4,601,821), (2005: 4,665,177)
Sample sizes	(1997: n=695), (1998: n=709), (1999: n=786), (2000: n=771), (2001: n=726), (2002: n=1,076), (2003: n=1,180), (2004: n=1,154), (2005: n=1,198)
Number and/or rate for two or more points in time	1997-1999: 27.3%, 1998-2000: 28.2%, 1999-2001: 27.9%, 2000-2002: 27.5%, 2001-2003: 26.3%, 2002-2004: 28.8%, 2003-2005: 27.7%
Statistical significance of results	As the State employed CPS data as favored by CMS, the statistical significance of the results are commensurate with the CPS results. This is true at both the 10%, 5%, and 1% level of significance for

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

The State divided the number of uninsured children from 0% to 200% of the FPL by the total number of children from 0% to 200% of the FPL. The CPS uninsured rates from question 2 divided the number of uninsured children from 0% to 200% FPL by the total number of children in the population. Calculating the uninsured rate by the State's method ensures the same units in both the numerator and the denominator which is a preferable method for comparison purposes.

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

The State believes the methodology described above is a more accurate portrayal of the uninsured rate in Colorado since the assumptions of the methodology are tailored to State eligibility rules and the standard errors are adjusted appropriately. Additionally, the State used the appropriate CPS formulas for calculating the standard errors for both the uninsured numbers and the uninsured rates for each individual data years.

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

The State believes that this is an appropriate way to determine the uninsured population and uninsured rates for children less than 19 years of age and under 200% of the FPL. However, the data must be interpreted with caution as the Census Bureau has acknowledged that the uninsured number could be inflated because the Bureau reports as "uninsured" those adults and children who are eligible for Medicaid and SCHIP, but are not enrolled. Additionally, many people may not be aware that they or their children are covered by a health insurance program, either private or government, if they have not used covered services recently. As a result, they may fail to properly report their insurance coverage. Thus, the Census Bureau survey data must be interpreted with caution as a result of the issues stated above.

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

It is difficult for the State to estimate the number of children enrolled in Medicaid as a result of SCHIP outreach and enrollment activities, as eligibility for both programs are determined at a single point in time via the Colorado Benefits Management System (CBMS). CBMS is an information technology system which replaced six existing systems that collected data and determined eligibility for cash assistance, social services, and health-related programs including Medicaid and SCHIP. This system employs a uniform, rules-based system to determine eligibility, and eligible clients are immediately placed into their respective programs as opposed to having to reapply on differing forms or at differing locations. It is also difficult to determine what portion of clients seeking direct medical assistance that are directed from SCHIP to Medicaid, as the medical assistance site that enrolls walk-in clients employs CBMS for eligibility determination purposes as well and client eligibility for Medicaid is determined before SCHIP eligibility in accordance with federal law.

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) To decrease the number of uninsured children from families with incomes up to 200% of the federal poverty level by 50%.	**Goal #1 (Describe)** To decrease the number of uninsured children from families with incomes up to 200% of the federal poverty level by 50%.	**Goal #1 (Describe)** To decrease the number of uninsured children from families with incomes up to 200% of the federal poverty level by 50%.
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*: CPS Survey data is used in this measure.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: CPS Survey data is used in this measure.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: CPS survey data is used for this measure.
Definition of Population Included in the Measure: Definition of denominator: Total number of eligible children who are uninsured under 19 years of age. Definition of numerator: This is the unduplicated number of children ever enrolled during the year.	**Definition of Population Included in the Measure:** Definition of denominator: Total number of eligible children who are uninsured under 19 years of age. Definition of numerator: This is the unduplicated number of children ever enrolled during the year.	**Definition of Population Included in the Measure:** Definition of denominator: Total number of eligible children who are uninsured under 19 years of age. Definition of numerator: This is the unduplicated number of children ever enrolled during the year.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The rate of SCHIP eligible children enrolled in the program. Numerator: 57224 Denominator: 98173 Rate: 58.3 Additional notes on measure: Due to State budget constraints, the appropriated SCHIP average monthly enrollment did not allow for "natural growth" of enrollment in the program. To manage enrollment, SCHIP instituted an enrollment cap for children from November 1, 2003 through June 30, 2004. During this period, new enrollments into the program were suspended,	**Performance Measurement Data:** Described what is being measured: The rate of SCHIP eligible children enrolled in the program. Numerator: 59530 Denominator: 110891 Rate: 53.7 Additional notes on measure: The enrollment cap was removed on June 30, 2004 and new enrollments into the program were suspended and the rate of SCHIP eligible children enrolled in the program fell to 53.7%. On July 1, 2006, the Department lifted the Medicaid asset test for children and families.Those children who are enrolled in the SCHIP program solely because of the asset test will continue	**Performance Measurement Data:** Described what is being measured: The rate of SCHIP eligible children enrolled in the program. Numerator: 69997 Denominator: 116342 Rate: 60.2 Additional notes on measure: The program began a comprehensive marketing and outreach strategy in April 2006. The ultimate goal of the marketing and outreach strategy is to increase SCHIP program enrollment and to promote statewide awareness of the program. The SCHIP program also had data reporting program changes beginning in September 2004. As a result, a number of enrollment

FFY 2004	FFY 2005	FFY 2006
although clients enrolled at the time were allowed to renew their membership and keep continuous health care coverage.	to move to the Medicaid program as their participation becomes available for renewal which creates a gradual change in membership.	reports were generated beginning in February 2006.

Explanation of Progress:

Annual Performance Objective for FFY 2007: To continue decreasing the number of uninsured children from families with incomes up to 200% of the FPL by 8% during the year.

Annual Performance Objective for FFY 2008: To continue decreasing the number of uninsured children from families with incomes up to 200% of the FPL by 10% during the next two years.

Annual Performance Objective for FFY 2009: To continue decreasing the number of uninsured children from families with incomes up to 200% of the FPL by 12% during the next three years.

Explain how these objectives were set: These objectives were set using baseline data from 2004 and estimating annual percentage increases from the baseline estimate.

Other Comments on Measure: From 2004 to 2005 enrollment, Colorado SCHIP grew 4.0% and estimated eligibility increased 13%. During this time period, the percentage of total SCHIP eligible children enrolled in the program fell as a result of State budget constraints. Since FFY 2003, the Colorado SCHIP program was also forced to cease marketing efforts over this period. The enrollment cap was lifted on June 30, 2004. From 2005 to 2006, Colorado SCHIP enrollment grew 17.6% and estimated eligibility increased 4.9%.

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:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe)	**Goal #1 (Describe)**	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe)	**Goal #1 (Describe)**	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe)	**Goal #1 (Describe)**	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
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: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**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)	**Goal #1 (Describe)** To increase well-child visits in the first 15 months of life.	**Goal #1 (Describe)** To increase well-child visits in the first 15 months of life.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: No contract and no vendor.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Began as a result of HEDIS measures.	**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*: 2005 HEDIS Aggregate Report for Child Health Plan Plus Division.	**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: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.	**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 in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.
Year of Data:	**Year of Data:** 2004	**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: 21 Denominator: 244 Rate: 8.6 Additional notes on measure: The above rate is reported for 0 visits. The numerator for 6 or more visits is 69 and the	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 36 Denominator: 278 Rate: 12.9 Additional notes on measure: The above rate is reported for 0 visits. The numerator for 6 or more visits is 73 and the

FFY 2004	FFY 2005	FFY 2006
	corresponding denominator is 244 with an appropriate rate of 28.3%.	corresponding denominator is 278 with an appropriate rate of 26.3%.
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 number of Well-Child Visits in the first 15 months of life by 3% over the next year and to decrease the number of children with 0 visits by 3% over the next year.

Annual Performance Objective for FFY 2008: To increase the number of Well-Child Visits in the first 15 months of life by 5% over the next year and to decrease the number of children with 0 visits by 5% over the next two years.

Annual Performance Objective for FFY 2009: To increase the number of Well-Child Visits in the first 15 months of life by 6% over the next year and to decrease the number of children with 0 visits by 6% over the next three years.

Explain how these objectives were set: The baseline data year for the Colorado SCHIP HEDIS measures is 2005, employing data collected over calendar year 2004. This is the first year in which the Colorado SCHIP program has reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 HEDIS report.

Other Comments on Measure: The National Medicaid rate for zero visits was 2.1%, a 6.5% decrease compared with the 8.6% zero visits rate for Colorado CHP+. The National Medicaid rate for six or more visits was 46.4%, a 18.1% increase compared with the 28.3% reported for the Colorado CHP+ 2005 average rate. The 2007, 2008, and 2009 performance objective is to decrease the number of zero visits rate and increase the number of six or more visits rate.

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)** To increase well-child visits in the third, fourth, fifth, and sixth years of life, and adolescent well-care visits.	**Goal #2 (Describe)** To increase well-child visits in the third, fourth, fifth, and sixth years of life, and adolescent well-care visits.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: No contract and no vendor.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Began as a result of HEDIS measures.	**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*: 2005 HEDIS Aggregate Report for Child Health Plan Plus Division.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2006 HEDIS Aggregate Report for Child Health Plan Plus Division.
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: The numerator in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.	**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 in the HEDIS rate measures are those clients who received the particular medical service or office visit criterion as reported by the State's Managed Care Network and the participating HMOs.
Year of Data:	**Year of Data:** 2004	**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: 2370 Denominator: 4896 Rate: 48.4 Additional notes on measure: Adolescents have a numerator	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 1418 Denominator: 4216 Rate: 33.6 Additional notes on measure: Adolescents have a numerator

FFY 2004	FFY 2005	FFY 2006
	of 3022 and a denominator of 9044 with a corresponding rate of 33.4. These measures (both children and adolescents) are included in the third through sixth years of life.	of 1640 and a denominator of 7736 with a corresponding rate of 21.2. These measures (both children and adolescents) are included in the third through sixth years of life.
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 continue increasing Well-Care Visits for the 3rd, 4th, 5th, and 6th years of life, and adolescent well-care by 3% over the next year.

Annual Performance Objective for FFY 2008: To continue increasing Well-Care Visits for the 3rd, 4th, 5th, and 6th years of life, and adolescent well-care by 5% over the next two years.

Annual Performance Objective for FFY 2009: To continue increasing Well-Care Visits for the 3rd, 4th, 5th, and 6th years of life, and adolescent well-care by 7% over the next three years.

Explain how these objectives were set: The baseline data year for the Colorado SCHIP HEDIS measures is 2005, employing data collected over calendar year 2004. This is the first year in which the Colorado SCHIP program has reported HEDIS measures as collected and calculated by the program's EQRO and can now be compared with the 2006 HEDIS report.

Other Comments on Measure: Most rates were calculated using the administrative reporting method, as opposed to the hybrid review method, which used claims data as opposed to encounter data. It was the conclusion of the Department's EQRO (HSAG) that although some inferences about the Colorado SCHIP program could be made employing their 2005 HEDIS Aggregate Report, the performance measure results should not be considered a true baseline measurement.

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?

After issuing a request for proposals for an External Quality Review Organization (EQRO), the State entered into a contract with the Health Services Advisory Group (HSAG) in December 2004. The contract requires HSAG to collect and calculate HEDIS measures for the State's self-funded network. The contractor also collected HEDIS measures from the participating HMOs in Colorado's SCHIP+ program. A compilation report from HSAG was sent to the State in November 2005.

The following HEDIS performance measures were calculated:

- Well-Child Visits in the First 15 Months of Life,
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life, and Adolescent Well-Child Visits,
- Use of Appropriate Medications for People with Asthma,
- Children's and Adolescent's Access to Primary Care Practitioners,
- Appropriate Treatment of Children with Upper Respiratory Infection, and
- Appropriate Testing for Children with Pharyngitis.

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

The State continues to generate and collect an improved and larger sample size for future HEDIS measurement purposes. With the comprehensive marketing and outreach strategy beginning in April 2006, the State anticipates the ability to collect more consistent and larger data sets based on a stable enrolled SCHIP population with a natural growth and attrition rate.

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

N/A

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

N/A

Enter any Narrative text below.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

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

A cornerstone of the Colorado SCHIP enrollment strategy is marketing and community outreach. With the passage of House Bill 05-1262, the SCHIP program was appropriated $1.3 million for marketing and outreach in order to continue building and maintaining community partnerships. Marketing began in April 2006 and includes marketing, outreach, and training with the objectives of increasing awareness of the SCHIP program, and application submissions and retention. Television, radio, and print advertising are tenets of the campaign reaching over 97,000 estimated eligibles in SFY 2006. A central focus of the marketing and outreach plan is the existence of six Regional Outreach Coordinators (ROCs) stationed around the State. They act as liaisons between the community organizations and the Colorado SCHIP program. New marketing and training materials have been developed updating program information and assuring literacy appropriateness.

~~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 State has found that community health centers, school districts, churches, and child care centers have been effective forms of outreach to low-income, uninsured children. The outreach strategy will continue to provide and promote training for professionals to help families with the application, present to other community-based organizations to promote membership for various coalitions and committees. The State has measured the marketing and outreach strategy by tracking enrollment, incoming SCHIP applications, and application downloads monitored on the SCHIP website. Through these measures, the State has the ability to measure the effectiveness of the marketing and outreach strategy.

~~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 State utilizes the six Regional Outreach Coordinators (ROCs) stationed around the State to reach hard-to-reach populations. They act as liaisons between the community organizations and the SCHIP program, work with organizations to increase their understanding of the program, and provide training to various organizations to enroll children and pregnant women. The State has measured the marketing and outreach strategy by tracking incoming SCHIP applications, enrollment, and application downloads monitored on the SCHIP website. Through these measures, the State has the ability to measure the effectiveness of the marketing and outreach strategy.

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.

An applicant must be without insurance for three months unless the employer paid less than 50 percent of the cost of coverage or coverage was lost due to a change in or loss of employment. All applicants are asked a series of questions to assess current coverage and previous employer coverage and cost. Currently, we coordinate with the State Managed Care Network and our four HMOs to monitor and measure the effectiveness of our policies.

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

This data it not currently available.

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

This data it not currently available.

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, the same redetermination/renewal form is used for both SCHIP and Medicaid, and is mailed to clients enrolled in the program prior to the end of their coverage (80 days for SCHIP).

~~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.

The eligible children are moved from one program to the other via the Colorado Benefits Management System (CBMS), a rules-based eligibility computer program.

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

No, SCHIP is a managed care based program consisting of the State Managed Care Network, and four participating HMOs. Medicaid is a fee-for-service based program with two participating HMOs.

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?
  One notice is sent.
- 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?)
  One notice is sent (a pre-printed reenrollment form) 80 days prior to the end of their coverage.

☐ Sends targeted mailings to selected populations

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

☒ Holds information campaigns

☒ Provides a simplified reenrollment process,

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

A pre-printed reenrollment package is sent to the client; it is a combined Medicaid and SCHIP application.

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

☐ Other, *please explain*:

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

The most effective strategy for client retention and reenrollment has been simplified reenrollment via pre-printed forms mailed to the enrollees 80 days prior to the end of their coverage, coupled with the use of CBMS for eligibility determination.

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

☐ Yes

☒ No
☐ N/A

When was the monthly report or assessment last conducted?

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

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

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

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

COST SHARING

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

No

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

No

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

N/A

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

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

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

Children

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

☐ Premium Assistance under the State Plan

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

Adults

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

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

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

- ☐ Parents and Caretaker Relatives
- ☐ Childless Adults

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

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

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

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

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

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

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

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

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

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

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

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

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

1. Does your state have a written plan that has safeguards and establishes methods and procedures for prevention, investigation and referral of cases of fraud and abuse? Please explain.
Yes, the Colorado SCHIP program has developed a program integrity statement in the SCHIP State Plan. Additionally, the program integrity provisions are also outlined in both the joint SCHIP application and our provider contracts.

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 7

Number of cases referred to appropriate law enforcement officials 0

~~b)~~ Provider billing

Number of cases investigated 0

Number of cases referred to appropriate law enforcement officials 0

~~c)~~ Beneficiary eligibility

Number of cases investigated 7

Number of cases referred to appropriate law enforcement officials 0

3. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors?
Each contractor's responsibilities are outlined in their contract. A contract manager in SCHIP is assigned to each contractor and is responsible for managing the corresponding contract and verifying that they are complying according to their specified contract.

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	76,758,090	91,064,834	104743483
per member/per month rate @ # of eligibles	111	116	124
Fee for Service	0	0	0
Total Benefit Costs	76,758,090	91,064,834	104,743,483
(Offsetting beneficiary cost sharing payments)	(191,726)	(218,700)	(239,559)
Net Benefit Costs	$ 76,566,364	$ 90,846,134	$ 104,503,924

Administration Costs			
Personnel	621,983	635,829	635,829
General Administration	0	0	0
Contractors/Brokers (e.g., enrollment contractors)	969,152	961,552	961,552
Claims Processing	0	0	0
Outreach/Marketing costs	1,004,900	1,004,900	1,004,900
Other HIPAA compliance, Colorado Benefits Management System (eligibility determination system), Colorado SCHIP internal cost allocation, State wide internal cost allocation, Colorado SCHIP legal fund, SCHIP percent of CBMS fund, Rose Community Foundation grant for admin. Costs, and Tobacco settlement oversight	861,040	1,872,894	1,872,894
Health Services Initiatives	0	0	0
Total Administration Costs	3,457,075	4,475,175	4,475,175
10% Administrative Cap (net benefit costs ÷ 9)	8,507,374	10,094,015	11,611,547

Federal Title XXI Share	52,015,235	61,958,851	70,836,414
State Share	28,008,204	33,362,458	38,142,685

TOTAL COSTS OF APPROVED SCHIP PLAN	80,023,439	95,321,309	108,979,099

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.
It is important to note that the figures reported in the table above represent Title XXI funds only and in the previous year, both Title XIX and Title XXI were reported. Also, the Other Indirect Cost line has a large increase in FFY 2007 as a result of increases to Colorado Benefits Managed System. Additionally, the per member/per month rate includes the dental benefit of the SCHIP caseload.

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	0	% of FPL to	200	% 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

2625 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?

The children of pregnant women enrolled in the Colorado SCHIP program are automatically enrolled in SCHIP at birth. Having pregnant women in SCHIP not only increases expected prenatal care, but ensures that their children have at least 12 months of health insurance coverage. At the end of their first year, the children can renew their coverage if still eligible.

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

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2006	2007	2008	2009	2010
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments	0	0	0	0	0
Managed care	13358647	21059683	25420964	32712680	39836712
per member/per month rate @ # of eligibles	817	1045	865	606	998
Fee for Service	0	0	0	0	0
Total Benefit Costs for Waiver Population #1	13358647	21059683	25420964	32712680	39836712
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	0	0	0	0	0

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	0	0	0	0	0

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

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3	0	0	0	0	0

Total Benefit Costs	13358647	21059683	25420964	32712680	39836712
(Offsetting Beneficiary Cost Sharing Payments)	0	0	0	0	0
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)	13358647	21059683	25420964	32712680	39836712

Administration Costs

Personnel	148281	151582	151582	151582	151582
General Administration	0	0	0	0	0
Contractors/Brokers *(e.g., enrollment contractors)*	231046	229234	229234	229234	229234
Claims Processing	0	0	0	0	0
Outreach/Marketing costs	239568	239568	239568	239568	239568
Other *(specify)*	205272	446498	446498	446498	446498
Total Administration Costs	824167	1066882	1066882	1066882	1066882
10% Administrative Cap (net benefit costs ÷ 9)	1484294	2339965	2824552	3634742	4426301

Federal Title XXI Share	9218829	14382267	17217100	21956715	0
State Share	4963985	7744298	9270746	11822847	40903594

TOTAL COSTS OF DEMONSTRATION	14182814	22126565	26487846	33779562	40903594

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

November 1, 2006

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

It is important to note that the figures reported in the table above represent Title XXI funds only and in the previous year, both Title XIX and Title XXI were reported. Also, the Other Indirect Cost line has a large

increase in FFY 2007 as a result of increases to Colorado Benefits Managed System. Additionally, the per member/per month rate includes the dental benefit of the SCHIP caseload.

Other notes relevant to the budget:

Changes to the benefit costs for children and pregnant women are the net result of projected caseload changes and rate changes.

Caseload:

1. Marketing for the Colorado Children's Basic Health Plan began in April 2006. The Department assumed that this would increase the rate of enrollment of children in the program by approximately 200 members per month by June of 2007.

2. The Department's Medicaid asset test was removed July 2006 which will cause some children currently enrolled in the Children's Basic Health Plan to become eligible for Medicaid upon re-determination. As a result, the Children's Basic Health Plan enrollment is projected to decline over the course of State Fiscal Year 2006-2007.

3. Enrollment in the Prenatal Program has increased steadily since the program was reopened in July 2004.

Rates:

1. The Department uses a contracted actuary to recommend new rates for each State Fiscal Year.

2. Rate adjustments for State Fiscal Year 2007-2008 have been requested by the Department based on the contracted actuary's recommendations. These rate adjustments represent a 3.1% increase for children's self-funded benefit costs, a 9.4% increase for children's HMO capitation rates, and a 17.3% decrease for Prenatal and Delivery benefits costs above the approved rates for State Fiscal Year 2006-2007. The reason for this decrease is a result of the elimination of the Medicaid asset test and distorted historical data.

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.

Over the course of Federal fiscal year 2006, Colorado's budgetary conditions continued to have an impact on health care for low income children and families. Simultaneously, due to the continuing increase in health care and health insurance costs, the number of eligible SCHIP children increased 3.8% compared with the number of estimated eligible children in Federal fiscal year 2005. According to both Current Population Survey (CPS) data and Colorado SCHIP eligibility parameters, the number of estimated eligible children in SCHIP is a result of steady population growth and healthy economic conditions in the State. During the 2005 Colorado State legislative session, the General Assembly passed H.B. 05-1262 which enacted Amendment 35's provisions to remove the Medicaid asset test for both children and families in the State. This included expanded eligibility for both children and pregnant women from 185% to 200% of the federal poverty level in SCHIP and allocated $1.3 million for marketing and outreach to continue building and maintaining community partnerships.

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

For Federal fiscal year 2006, the Colorado CHP+ program has continued to be challenged with data integrity and reporting resulting from systemic issues between the eligibility determination system and the capitation payment and reporting system. While we continue to make improvements in accuracy and timeliness of the processing of enrollment data, we are still reliant on manual processes to reconcile both enrollment and capitation data with our participating providers for those records that are impacted by these issues.

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

The largest accomplishment achieved by the Colorado SCHIP program in Federal fiscal year 2006 was the re-implementation of marketing and community outreach with a private vendor using funding from H.B. 05-1262. The ultimate goal of the marketing and outreach strategy is to increase SCHIP program enrollment and to promote statewide program awareness. Additionally, the program expects an increase in application submissions, application downloads, and increasing community partnerships.

~~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.

Changes and events in the SCHIP program that occurred in Federal fiscal year 2006 will continue to affect SCHIP in Federal fiscal year 2007. On July 1, 2006, the Department lifted the Medicaid asset test for children and families. As a result of changes to welfare reform in 1996, states had new flexibility in Medicaid to determine eligibility. In Colorado, applicants were required to count the assets that they had available to them beyond their earnings such as vehicles, bank accounts, property, etc. During the 2005 Colorado State legislative session, the General Assembly passed H.B. 05-1262 which enacted Amendment 35's provisions which removed the asset test for both children and families. Those children who are enrolled in SCHIP solely because of the asset test will continue to move to the Medicaid program as their participation becomes available for renewal, creating a gradual change in membership throughout the new fiscal year. Conversely, because of SFY 2006 marketing and outreach strategies, SCHIP expects new members to enroll as others are moved to Medicaid. Additionally, the Department looks forward to beginning enrollment in its new premium assistance program that will provide assistance to families with SCHIP eligible children who are enrolled in their employer's health plan. Colorado's established goals to provide further focus and direction of the premium assistance program includes improving access to and enrollment in employer-sponsored health insurance, developing a partnership between employers, health insurers,

and the State to maximize public and private resources, and designing and implementing efficient and effective solutions. Federal fiscal year 2007 is the final year of State Children's Health Insurance Plan's original ten-year authorization. As Congress prepares to reauthorize the program, the Department is focusing on areas for improvement and reform in its SCHIP program.

Enter any Narrative text below.