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

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

Signature:

Andrew Allison, Ph.D., Acting Medicaid Director

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

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: **Chris English, HealthWave 21 Program Manager**

Address: **900 SW Jackson, Suite 900 North**

City: **Topeka** State**:** **KS** Zip**:** **66612**

Phone: **785-291-3007** Fax: **785-296-4813**

Email: **Chris.English@khpa.ks.gov**

Submission Date: **1/11/2007**

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						From	0	% of FPL conception to birth	0	% of FPL
	From		% of FPL for **infants**		% of FPL	From	151	% of FPL for **infants**	200	% of FPL
	From		% of FPL for children ages **1 through 5**		% of FPL	From	134	% of FPL for 1 **through 5**	200	% of FPL
	From		% of FPL for children ages **6 through 16**		% of FPL	From	101	% of FPL for children ages **6 through 16**	200	% of FPL
	From		% of FPL for children ages **17 and 18**		% of FPL	From	101	% 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? Beneficiaries ages 0 through 18 are allowed one presumptive coverage period in a twelve-month time frame on a pilot basis at 3 sites. Presumptive Eligibility begins on the date the determination is made and ends on the date the agency makes a decision about formal eligibility. On average, beneficiaries receive presumptive coverage for 30 – 60 days.
	☐	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	
	☐	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	

			The child's eligibility would change if they are determined to be Medicaid eligible. The child would lose eligibility if they are no longer a Kansas resident or turn age 19.	
	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☐	No	☐	No
	☐	Yes	☒	Yes
	Enrollment fee amount		Enrollment fee amount	0
	Premium amount		Premium amount	30
	Yearly cap		Yearly cap	0
	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)	
			HealthWave 21 families may be required to pay a monthly premium at the following rates: 101-150%=$0; 151-175%=$20; 176-200%=$30 per family. Eligibility during the 12 month continuous eligibility period is not contingent upon the payment of premium, however at the time of renewal if there is an outstanding balance the member will not be allowed to continue in the program until the debt is paid in full.	
	☐	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	☐	No	☐	No

require income disregards?	☐	Yes	☒	Yes
	If Yes, please describe below		If Yes, please describe below	
			The earned and unearned income of the child and his or her parents must be considered. This includes wages, unemployment benefits, Social Security (except SSI) and VA benefits, and child support in excess of $50/month. Unearned income is counted in full. Earned income is reduced by a $200/month work expense deduction for each employed person.	
	☐	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	Changes were made to the application to make it easier for a potential beneficiary to follow and provide information necessary for processing. In addition, the SSN is now required for anyone requesting benefits.
~~c)~~ Application documentation requirements	The documentation to prove citizenship and identity were required effective July 1, 2006. These documentation requirements are consistent with the Deficit Reduction Act. Due to the negative impact to enrollment of SCHIP members, this requirement was removed November 20, 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	
~~k)~~ Income disregards in Medicaid and/or SCHIP	
~~l)~~ Eligibility redetermination process	
~~m)~~ Enrollment process for health plan selection	
~~n)~~ Family coverage	
~~o)~~ Outreach	A presumptive eligibility pilot was instituted July 1, 2006 as an outreach initiative developed to identify and assist potential SCHIP children in securing medical coverage. During 2006 it was also decided to reallocate the marketing budget, which supported outreach efforts across the state.
~~p)~~ Premium assistance	
~~q)~~ Prenatal Eligibility Expansion	
~~r)~~ Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
~~t)~~ Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

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

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 5 Denominator: 240 Rate: 2.1 4 visits Numerator: 49 Denominator: 240 Rate: 20.4 1 visit Numerator: 5 Denominator: 240 Rate: 2.1 5 visits Numerator: 55 Denominator: 240 Rate: 22.9 2 visits Numerator: 19 Denominator: 240 Rate: 7.9 6+ visits Numerator: 92 Denominator: 240 Rate: 38.3 3 visits Numerator: 15 Denominator: 240 Rate: 6.3 Additional notes on measure: Our contracted MCO had increased their outreach efforts to their members as reflected in the 3.08% decrease in members with no PCP visits as well as the 4.94% increase to members that received 4 visits.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 9 Denominator: 302 Rate: 3 4 visits Numerator: 62 Denominator: 302 Rate: 20.5 1 visit Numerator: 9 Denominator: 302 Rate: 3 5 visits Numerator: 75 Denominator: 302 Rate: 24.8 2 visits Numerator: 10 Denominator: 302 Rate: 3.3 6+ visits Numerator: 117 Denominator: 302 Rate: 38.7 3 visits Numerator: 20 Denominator: 302 Rate: 6.6 Additional notes on measure: The MCO had focused on outreach and education for its members. These efforts have been reflected in their reporting with continued improvement.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 1 Denominator: 327 Rate: 0.3 4 visits Numerator: 54 Denominator: 327 Rate: 16.5 1 visit Numerator: 11 Denominator: 327 Rate: 3.4 5 visits Numerator: 81 Denominator: 327 Rate: 24.8 2 visits Numerator: 10 Denominator: 327 Rate: 3.1 6+ visits Numerator: 143 Denominator: 327 Rate: 43.7 3 visits Numerator: 27 Denominator: 327 Rate: 8.3 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: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2008: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2009: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Explain how these objectives were set: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Other Comments on Measure:

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 1820 Denominator: 3257 Rate: 55.9 Additional notes on measure: This is a decrease of 3.42% of children with Well Child Visits compared to 2003. The MCO was notified of this slight change and will work to	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 2473 Denominator: 3856 Rate: 64.1 Additional notes on measure: This progress was a direct result of the MCOs educational initiative. Compared to the results from 2004 at 55.88%, there was an 8.25% increase	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 2446 Denominator: 4278 Rate: 57.2 Additional notes on measure: The MCO had a significant decrease in this measure compared to 2005 report. Effective January 1, 2007, this MCO will no longer serve the

FFY 2004	FFY 2005	FFY 2006
increase their levels.	from 2004 - 2005.	HealthWave 21 population.

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: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2008: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2009: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Explain how these objectives were set: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Other Comments on Measure:

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☒ Other. *Explain*: The MCO was not contractually required to report this measure.	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**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:** 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: The 2005 report is the first year of report for this measure and will be considered the baseline.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 176 Denominator: 225 Rate: 78.2 10-17 years Numerator: 368 Denominator: 476 Rate: 77.3 Combined rate (5-17 years) Numerator: 13 Denominator: 24 Rate: 54.2 Additional notes on measure: The 2005 report is the first year of report for this measure and will be considered the baseline.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 34 Denominator: 36 Rate: 94.4 10-17 years Numerator: 39 Denominator: 42 Rate: 92.9 Combined rate (5-17 years) Numerator: 73 Denominator: 78 Rate: 93.6 Additional notes on measure: There was a large reduction in sample size with no explanation provided by the plan.
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: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2008: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2009: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Explain how these objectives were set: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: HEDIS 2005
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2004

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: 546 Denominator: 564 Rate: 96.8 7-11 years Numerator: 3437 Denominator: 3708 Rate: 92.7 25 months-6 years Numerator: 3609 Denominator: 4028 Rate: 89.6 12-19 years Numerator: 4161 Denominator: 4510 Rate: 92.3 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 597 Denominator: 611 Rate: 97.7 7-11 years Numerator: 3892 Denominator: 4219 Rate: 92.2 25 months-6 years Numerator: 4289 Denominator: 4722 Rate: 90.8 12-19 years Numerator: 4569 Denominator: 4949 Rate: 92.3 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 674 Denominator: 705 Rate: 95.6 7-11 years Numerator: 4635 Denominator: 5109 Rate: 90.7 25 months-6 years Numerator: 4574 Denominator: 5216 Rate: 87.7 12-19 years Numerator: 5334 Denominator: 5950 Rate: 89.6 Additional notes on measure: In 2005 the MCO members experienced significant decreases in access to primary care as compared to the two previous years.
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: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2008: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2009: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Explain how these objectives were set: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide HEDIS data in 2007. For this reason, Kansas will not be able to report HEDIS data in 2007. HEDIS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Other Comments on Measure:

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2005	FFY 2006	Percent change FFY 2005-2006
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	47323	48934	3.4

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

N/A

~~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	42	10.8	5.5	1.4
1998 - 2000	50	11.9	7.0	1.6
2000 - 2002	39	7.1	5.5	1.0
2002 - 2004	38	7.1	5.2	.9
2003 - 2005	34	7.9	4.8	1.1
Percent change 1996-1998 vs. 2003-2005	-19.0%	NA	-12.7%	NA

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

Kansas has seen a slight decline in recent years to growth rate of HealthWave 21. In July, Kansas instituted the citizenship and identity verifications required under the Deficit Reduction Act (DRA). These requirements had an immediate negative impact on newly eligible beneficiaries as well as those reapplying upon their review date. This is reflected in the loss 3,000 members from June – October of 2006. Due to the negative impact to enrollment of SCHIP members, this requirement was removed November 20, 2006.

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

The CPS data is not statistically valid for Kansas.

~~3.~~ Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☐ Yes (please report your data in the table below)

☒ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

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

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

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

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

~~4.~~ How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

This estimate is no longer possible for Kansas, due to a change in responsibilities between our fiscal agent, and the contractor responsible for the eligibility clearinghouse. This change took place in

October 2003. Prior to September 2003 an additional 70,988 Medicaid children had received eligibility as a result of SCHIP outreach and enrollment simplification.

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) Enrollment in HealthWave 21 continues to increase by 4,000 to 5,000 children per federal fiscal year until enrollment reaches 40,000. At such time, the insurance rate is re-evaluated.	**Goal #1 (Describe)** Enrollment in HealthWave 21 continues to increase by 4,000 to 5,000 children per federal fiscal year until enrollment reaches 40,000.	**Goal #1 (Describe)** Enrollment in HealthWave 21 continues to increase by 4,000 to 5,000 children per federal fiscal year until enrollment reaches 40,000.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**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: The final number of eligible members in September 2003 (30,130) Definition of numerator: Growth during 2004 (3448 members). Growth was established by subtracting September 2003 from September 2004.	**Definition of Population Included in the Measure:** Definition of denominator: The final number of eligible members in September 2004 (33,578) Definition of numerator: Growth during 2005 (2,134 members) Growth was established by subtracting September 2004 from September 2005 (35,712 - 33,578 = 2,134).	**Definition of Population Included in the Measure:** Definition of denominator: The final number of eligible members in September 2005 (35712) Definition of numerator: Growth during 2006 (401 members) Growth was established by subtracting September 2005 from September 2006 (36,113 - 35,712 = 401).
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The percentage of growth from 2003 to 2004. Numerator: 3448 Denominator: 30130 Rate: 11.4 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of growth from 2004 to 2005. Numerator: 2134 Denominator: 33578 Rate: 6.4 Additional notes on measure: Growth continues to decrease as the State gets closer to the stated enrollment goal of 40,000 members. Outreach staff across the state increased their efforts with school enrollments this year. A slight increase in growth rate is expected during the next reporting period.	**Performance Measurement Data:** Described what is being measured: Numerator: 401 Denominator: 35712 Rate: 1.1 Additional notes on measure: During 7/06 Kansas began processing eligibility using the citizenship and identity criteria outlined in the DRA. Eligibility from 6/06-10/06 changed from 37,631 to 34,685 a reduction of 2,946. If you adjust this measure using June data, (37,631 - 35,712 = 1,919

FFY 2004	FFY 2005	FFY 2006
		1,919/35712 = 5.37), Kansas experienced a 5.4% growth. Due to the negative impact to enrollment of SCHIP members, this requirement was removed 11/20/2006. This goal will be reviewed during 2007 to determine if adjustment is necessary.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Continued growth of the HealthWave Population by at least 10%.

Annual Performance Objective for FFY 2008: Continued growth of the HealthWave Population by at least 10%.

Annual Performance Objective for FFY 2009: Continued growth of the HealthWave Population by at least 10%.

Explain how these objectives were set: This objective was developed at the onset of HealthWave 21 in Kansas. When the goal of 40,000 members is reached they will be reviewed.

Other Comments on Measure:

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

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) N/A as there is only one goal for this objective.	**Goal #3 (Describe)** N/A There is only one goal for this objective.	**Goal #3 (Describe)** N/A There is only one goal for this objective.
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) Children that are identified as Title V children receive specialty care.	**Goal #1 (Describe)** Children that are identified as Title V children receive specialty care.	**Goal #1 (Describe)** Children that are identified as Title V children receive specialty care.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☒ Survey data. ☐ Other. *Specify*: HealthWave 21 MCOs are required to complete a CAHPS survey specifically for the Children with Special Health Care Needs (CSHCN) population. CSHCN population is identified by the Kansas Department of Health and Environment as being eligible for Title V services.	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. ☐ Other. *Specify*: HealthWave 21 MCOs are required to complete a CAHPS survey specifically for the Children with Special Health Care Needs (CSHCN) population.	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. ☐ Other. *Specify*: HealthWave 21 MCOs are required to complete a CAHPS survey specifically for the Children with Special Health Care Needs (CSHCN) population.
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: The CAHPS ratings of Personal Doctor, Specialist, Health Care, and Health Plan are compared to baseline scores to assess if the plan is within an acceptable range and/or making improvement. Numerator: Denominator: Rate: Additional notes on measure: 2004 ratings: Rating of Personal Doctor: 79% Rating of Specialist: 76% Rating of Health Care: 79% Rating of Health Plan: 80% Comparison of 2004 to 2003 data: Personal Doctor: 79%-62%=+17% Specialist: 76%-55%=+21% Health Care: 79%-65%=+14% Health Plan: 80%-63%=+17%	**Performance Measurement Data:** Described what is being measured: The CAHPS ratings of Personal Doctor, Specialist, Health Care, and Health Plan are compared to baseline scores to assess if the plan is within an acceptable range and/or making improvement. Numerator: Denominator: Rate: Additional notes on measure: 2005 Rating: Rating of Personal Doctor: 81% Rating of Specialist: 78% Rating of Health Care: 83% Rating of Health Plan: 81% Comparison of 2005 - 2003 Rating of Personal Doctor: 81% - 62% = +19% Rating of Specialist: 78% - 55% = +23% Rating of Health Care: 83% - 65% = +18% Rating of Health Plan: 81% - 63% = +18%	**Performance Measurement Data:** Described what is being measured: The CAHPS ratings of Personal Doctor, Specialist, Health Care, and Health Plan are compared to baseline scores to assess if the plan is within an acceptable range and/or making improvement. Numerator: Denominator: Rate: Additional notes on measure: 2006 Rating: Rating of Personal Doctor:63% Rating of Specialist:58% Rating of Health Care:69% Rating of Health Plan:68% Comparison of 2006 - 2003 & 2006 - 2005 Rating of Personal Doctor:63% - 62% = +1% Rating of Personal Doctor:63% - 81% = -18% Rating of Specialist:58% - 55% = +3% Rating of Specialist:58% - 76% = -18% Rating of Health Care:69% - 65% = +4% Rating of Health Care:69% - 83% = -14% Rating of Health Plan:68% - 63% = +5% Rating of Health Plan:68% - 81% = -13%

Explanation of Progress:

Annual Performance Objective for FFY 2007: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide CAHPS data in 2007. For this reason, Kansas will not be able to report CAHPS data in 2007. CAHPS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2008: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide CAHPS data in 2007. For this reason, Kansas will not be able to report CAHPS data in 2007. CAHPS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2009: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide CAHPS data in 2007. For this reason, Kansas will not be able to report CAHPS data in 2007. CAHPS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Explain how these objectives were set: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide CAHPS data in 2007. For this reason, Kansas will not be able to report CAHPS data in 2007. CAHPS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Annually, a minimum of 80% of children enrolled in SCHIP report overall satisfaction with their health plan.	**Goal #2 (Describe)** Annually, a minimum of 80% of children enrolled in SCHIP report overall satisfaction with their health plan.	**Goal #2 (Describe)** Annually, a minimum of 80% of children enrolled in SCHIP report overall satisfaction with their health plan.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☒ Survey data. ☐ Other. *Specify*: CAHPS survey completed in 2004.	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. ☐ Other. *Specify*: CAHPS Survey completed in 2005	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. ☐ Other. *Specify*: HealthWave 21 MCOs are required to complete a CAHPS survey.
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data: 2004	**Year of Data:**	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: The CAHPS ratings of Personal Doctor, Specialist, Health Care, and Health Plan are compared to baseline scores to assess if the plan is within an acceptable range and/or making improvement. Numerator: Denominator: Rate: Additional notes on measure: 2004 ratings: Rating of Personal Doctor: 82% Rating of Specialist: 77% Rating of Health Care: 86% Rating of Health Plan: 84% Comparison of 2004 to 2003 data: Personal Doctor: 82%-61%=+21% Specialist: 77% -53%=+24% Health Care: 86%-65%=+21% Health Plan: 84%-63%=+21%	**Performance Measurement Data:** Described what is being measured: The CAHPS ratings of Personal Doctor, Specialist, Health Care, and Health Plan are compared to baseline scores to assess if the plan is within an acceptable range and/or making improvement. Numerator: Denominator: Rate: Additional notes on measure: 2005 Rating Rating of Personal Doctor: 82% Rating of Specialist: 76% Rating of Health Care: 86% Rating of Health Plan: 85% Comparison of 2005 to 2003 data: Rating of Personal Doctor: 82% - 61% = +21% Rating of Specialist: 76% - 53% = +23% Rating of Health Care: 86% - 65% = +21% Rating of Health Plan: 85% - 63% = +22%	**Performance Measurement Data:** Described what is being measured: The CAHPS ratings of Personal Doctor, Specialist, Health Care, and Health Plan are compared to baseline scores to assess if the plan is within an acceptable range and/or making improvement. Numerator: Denominator: Rate: Additional notes on measure: 2006 Rating: Rating of Personal Doctor:62% Rating of Specialist:62% Rating of Health Care:70% Rating of Health Plan:70% Comparison of 2006 - 2003 & 2006 - 2005 Rating of Personal Doctor:62% - 62% = 0% Rating of Personal Doctor:62% - 81% = -19% Rating of Specialist:62% - 55% = +7% Rating of Specialist:62% - 76% = -14% Rating of Health Care:70% - 65% = +5% Rating of Health Care:70% - 83% = -13% Rating of Health Plan:70% - 63% = +7% Rating of Health Plan:70% - 81% = -11%

Explanation of Progress:

Annual Performance Objective for FFY 2007: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide CAHPS data in 2007. For this reason, Kansas will not be able to report CAHPS data in 2007. CAHPS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2008: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide CAHPS data in 2007. For this reason, Kansas will not be able to report CAHPS data in 2007. CAHPS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Annual Performance Objective for FFY 2009: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide CAHPS data in 2007. For this reason, Kansas will not be able to report CAHPS data in 2007. CAHPS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Explain how these objectives were set: The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide CAHPS data in 2007. For this reason, Kansas will not be able to report CAHPS data in 2007. CAHPS Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.

Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) 80% of enrolled children receive one or more Early and Periodic Screening Diagnostic and Treatment (EPSDT) services.	**Goal #3 (Describe)** 80% of enrolled children receive one or more Early and Periodic Screening Diagnostic and Treatment (EPSDT) services.	**Goal #3 (Describe)** 80% of enrolled children receive one or more Early and Periodic Screening Diagnostic and Treatment (EPSDT) services.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: The MCO reports EPSDT rates using the HCFA 416 reporting logic	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: The MCO reports EPSDT rates using the HCFA 416 reporting logic	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: The MCO reports EPSDT rates using the HCFA 416 reporting logic
Definition of Population Included in the Measure: Definition of denominator: Number of eligible members birth thru 18 years of age. Definition of numerator: Number of eligible members receiving EPSDT screens birth thru 18 years of age.	**Definition of Population Included in the Measure:** Definition of denominator: Number of eligible members birth thru 18 years of age. Definition of numerator: Number of eligible members receiving EPSDT screens birth thru 18 years of age.	**Definition of Population Included in the Measure:** Definition of denominator: Number of eligible members birth thru 18 years of age. Definition of numerator: Number of eligible members receiving EPSDT screens birth thru 18 years of age.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
Performance Measurement Data: Described what is being measured: All 21 members receiving a EPSDT screen during 2003 Numerator: 13784 Denominator: 23855 Rate: 57.8 Additional notes on measure: The MCO's EPSDT screening rate of 57.8% is well below the 80% participation goal. The MCO was aware of this discrepancy and increased efforts to reach out to the population through newsletters and other outreach opportunities.	**Performance Measurement Data:** Described what is being measured: All 21 members receiving a EPSDT screen during 2004 Numerator: 14769 Denominator: 25461 Rate: 58 Additional notes on measure: The MCO increased outreach efforts to its members focusing on preventive health and made progress toward the stated goal of 80%.	**Performance Measurement Data:** Described what is being measured: All 21 members receiving a EPSDT screen during 2003 Numerator: 15141 Denominator: 27828 Rate: 54.4 Additional notes on measure: The MCO had a reduction in screening rate of 3.6% from 2005 - 2006.

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide 416 report in 2007. For this reason, Kansas will not be able to report EPSDT data in 2007. EPSDT Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report. **Annual Performance Objective for FFY 2008:** The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide 416 report in 2007. For this reason, Kansas will not be able to report EPSDT data in 2007. EPSDT Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report. **Annual Performance Objective for FFY 2009:** The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide 416 report in 2007. For this reason, Kansas will not be able to report EPSDT data in 2007. EPSDT Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report. *Explain how these objectives were set:* The state of Kansas has contracted with two new MCOs to provide care to Kansas members. The current MCO will no longer serve HealthWave 21 members and will not provide 416 report in 2007. For this reason, Kansas will not be able to report EPSDT data in 2007. EPSDT Measurement objectives will be negotiated with the two new MCOs by June 2007 and our objectives will be shared in the 2007 annual report.		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) N/A Kansas as a seperate program.	**Goal #1 (Describe)** N/A Kansas as a seperate program.	**Goal #1 (Describe)** N/A Kansas as a seperate program.
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) N/A Kansas as a seperate program.	**Goal #2 (Describe)** N/A Kansas as a seperate program.	**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) N/A Kansas as a seperate program.	**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) N/A Kansas doesn't use HEDIS as measurement.	**Goal #1 (Describe)** N/A Kansas doesn't use HEDIS as measurement.	**Goal #1 (Describe)** N/A Kansas doesn't use HEDIS as measurement.
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) N/A Kansas doesn't use HEDIS as measurement.	**Goal #2 (Describe)** N/A Kansas doesn't use HEDIS as measurement.	**Goal #2 (Describe)** N/A Kansas doesn't use HEDIS as measurement.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) N/A Kansas doesn't use HEDIS as measurement.	**Goal #3 (Describe)** N/A Kansas doesn't use HEDIS as measurement.	**Goal #3 (Describe)** N/A Kansas doesn't use HEDIS as measurement.
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) N/A Kansas doesn't use HEDIS as measurement.	**Goal #1 (Describe)** N/A Kansas doesn't use HEDIS as measurement.	**Goal #1 (Describe)** N/A Kansas doesn't use HEDIS as measurement.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) N/A Kansas doesn't use HEDIS as measurement.	**Goal #2 (Describe)** N/A Kansas doesn't use HEDIS as measurement.	**Goal #2 (Describe)** N/A Kansas doesn't use HEDIS as measurement.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) N/A Kansas doesn't use HEDIS as measurement.	**Goal #3 (Describe)** N/A Kansas doesn't use HEDIS as measurement.	**Goal #3 (Describe)** N/A Kansas doesn't use HEDIS as measurement.
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?

The State of Kansas utilizes many of the industry standard tools and techniques to measure the care provided to our HealthWave 21 beneficiaries. Some of these are the following: A CAHPS survey is completed annually, two Performance Improvement Projects are completed annually, and a Provider Satisfaction Survey is completed annually. All the above are completed by our contracted MCO and validated by our EQRO contractor. The state of Kansas also receives reports to help gauge the services being provided such as EPSDT and Immunizations, to name a few.

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 MCOs routinely provided a listing of their Hospital, Pharmacy, Primary Care Providers, and Specialty providers for the State of Kansas review. To compliment this, the EQRO completes an annual Geo Mapping to assess access to primary care.

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?

In 2006, our EQRO the Kansas Foundation for Medical Care (KFMC) completed a focused study regarding access to primary care. The results of this study produced some concern with the patterns of assignment to PCP being further than 30 miles from the member's home. There was no corrective action put in place as the MCO in question is no longer going to serve this population effective Jan 1, 2007.

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.

1) HealthWave Enrollment Graph (Jan 1999 to present)

2) FirstGuard Health Plan CMS 416 for HealthWave 21

3) FirstGuard Health Plan Performance Measures Child for 2006

4) FirstGuard Health Plan Perfomance Measures CSHCN for 2006

5) KFMC's FirstGuard Health Plan Performance Measure Validation Report

6) KFMC's Evaluation of MCOs CAHPS Survey 2006

7) KFMC's HealthWave 19 & HealthWave 21 Mapping Focused Study

8) KFMC's FirstGuard Provider Satisfaction Survey Validation.

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?

Kansas has created a pilot project to identify and assist potential SCHIP members through a collaborative relationship with hospitals. KHPA developed an eligibility screening tool for the hospitals to use to determine a child presumptively eligible for SCHIP benefits. The member then is required to complete the application process to continue with coverage. This process is completed, on average, between 30-60 days. Also during 2006, the marketing budget was reallocated to assist the clearinghouse process applications. This has created a "shift" toward those in need seeking out HealthWave coverage. KHPA will continue to stock access points, such as libraries, grocery stores and community buildings with applications.

~~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?

Through a survey completed in 2005, television advertisements were identified as the most memorable/recognized marketing effort. Kansas has traditionally used multiple media approaches including television and radio to supplement face to face outreach contacts at schools and health fairs.

~~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?

KHPA is not targeting outreach to specific populations.

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.

Kansas collects systems data from the Kansas Medical Assistance Programs which reports the number of applications denied due to existing coverage. Medical Program cases include both SCHIP eligible and poverty level eligible Medicaid children. Denial for existing health insurance applies only to the HealthWave SCHIP applicants. This data is limited as the field used only allows for one denial code. There may be more applicants who could have insurance, but are coded as being denied for another reason.

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

7.05% of all applicants during the reporting year were denied due to the existence of other insurance. 21.38% of all SCHIP denials are for other insurance.

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

Data in this area is unreliable as it is tracked through self reporting by the applicant. The State of Kansas has no accurate method to report this data.

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, all persons must complete a new application at their annual review period. There are no interview requirements.

~~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.

Children in SCHIP, by State statute, are mandated to be in a capitated managed care program. The capitated managed care program in Medicaid and SCHIP are served by the same MCO. It is a seamless transition to the families. Medicaid children have the option to enroll in a PCCM program.

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

In the State of Kansas, the medical care is delivered through capitated managed care to Title 21 beneficiaries. Title 19 beneficiaries have the choice of a capitated or PCCM model of managed care. Although there are slight differences between the networks, most providers are in all three models.

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?
  3
- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)
  1 postcard 60 days prior to coverage ending, at 45 days a second letter and application are mailed to the family, then a closure letter is mailed 15 days prior to the coverage end date.

☐ 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)

☐ 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.

Sending notices has proven to be the most effective means of encouraging re-enrollment.

~~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?

Yes. Data was provided to the Kansas Health Institute for a three-state comparative evaluation of the impact of the 2004 premium increase. The project was derected by the Urban Institue and will be published in the journal Inquiry in 2007 under the title "Effects of Premium Increases on Enrollment in SCHIP: Findings from Three States".

~~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?

There are no co-pays or deductible allowed with the HealthWave 21 program.

~~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?

Kansas made no changes in the last year to the premiums for HealthWave 21.

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

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

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

Children

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

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

Adults

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

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

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

☐ Parents and Caretaker Relatives
☐ Childless Adults

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

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

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

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

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

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

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

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

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

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

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

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

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

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

2. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

~~a)~~ Provider credentialing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

~~b)~~ Provider billing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

~~c)~~ Beneficiary eligibility

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

3. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors?

Enter any Narrative text below.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period =Federal Fiscal Year 2005. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)*

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments			
Managed Care	60,931,571	60,706,124	63990326
per member/per month rate @ # of eligibles			
Fee for Service	2,284,825	2,276,371	2,399,523
Total Benefit Costs	63,216,396	62,982,495	66,389,849
(Offsetting beneficiary cost sharing payments)	(1,700,392)	(1,694,101)	(1,785,751)
Net Benefit Costs	$ 61,516,004	$ 61,288,394	$ 64,604,098

Administration Costs			
Personnel			
General Administration	5,728,356	5,814,281	6,128,834
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other			
Health Services Initiatives			
Total Administration Costs	5,728,356	5,814,281	6,128,834
10% Administrative Cap (net benefit costs ÷ 9)	6,835,112	6,809,822	7,178,233

Federal Title XXI Share	48,610,948	48,434,711	50,644,779
State Share	18,633,412	18,667,964	20,088,153

TOTAL COSTS OF APPROVED SCHIP PLAN	67,244,360	67,102,675	70,732,932

2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☒ Tobacco settlement

☐ Other (specify)

Enter any Narrative text below.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

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

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

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

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

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

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

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

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

Fee for Service					
Total Benefit Costs for Waiver Population #2					

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

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

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

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

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

Administration Costs

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

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

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

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

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

In Kansas, there have been a number of changes to the landscape that affect SCHIP. Most notable, is the creation of the Kansas Health Policy Authority (KHPA). Through the legislative process, KHPA was created and joined the SCHIP, Medicaid, and State Employee Health Insurance programs with a wide range of public and private health data into one entity whose main focus is to advance a coordinated health policy agenda for Kansas. Governor Sebelius continues to promote the Healthy Kansas initiatives which are innovative approaches to providing health care coverage for more Kansans. Finally, Marcia Nielsen, PH.D. has been appointed the Executive Director of the Kansas Health Policy Authority and brings with her a wealth of experience in public health and a fresh approach to covering Kansas families.

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

The greatest challenge during 2006 has been the effects citizenship and identity requirements of the Deficit Reduction Act to the eligibility determination process. After review of the impact, the verification of citizenship and identity was removed for SCHIP members on November 20, 2006.

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

During 2006, KHPA contracted with 2 new managed care organizations, Children's Mercy Family Health Partners and UniCare Health Plan to provide medical coverage for the SCHIP population. These new partners will begin providing coverage January 1, 2007. KHPA is excited to offer SCHIP families a choice in the care they receive.

~~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.

KHPA is exploring the expansion of the Medicaid and SCHIP programs by going above the 200% FPL limit. These discussions are in the early stages and will allow us to provide quality medical care to a larger group of children.

Enter any Narrative text below.