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

Preamble

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

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

The framework is designed to:

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

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

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

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

Signature:

Monica H. Coury

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

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: **Monica H. Coury/ Assistant Director**

Address: **801 East Jefferson Street, MD 4200**

City: **Phoenix** State**:** **AZ** Zip**:** **85034**

Phone: **602-417-4534** Fax: **602-256-6756**

Email: **monica.coury@azahcccs.gov**

Submission Date: **3/2/2007**

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						**From**		% of FPL conception to birth		% of FPL
	From		% of FPL for **infants**		% of FPL	**From**	140	% of FPL for **infants**	200	% of FPL
	From		% of FPL for children ages **1 through 5**		% of FPL	**From**	133	% of FPL for 1 **through 5**	200	% of FPL
	From		% of FPL for children ages **6 through 16**		% of FPL	**From**	100	% of FPL for children ages **6 through 16**	200	% of FPL
	From		% of FPL for children ages **17 and 18**		% of FPL	**From**	100	% of FPL for children ages **17 and 18**	200	% of FPL

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

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

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

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

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

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

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

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	3
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	

			An eligible child is guaranteed a one time, 12 month period of continuous coverage, beginning with the month the child is initially enrolled, unless a child: 1) attains age 19 2) is no longer a resident of Arizona 3) is an inmate of a public institution 4) is determined to have been ineligible at the time of approval 5) obtains private or group health coverage 6) is adopted and the new household does not meet the qualifications for the program 7) is a patient in an institution for mental diseases 8) has whereabouts that are unknown; or 9) has a head of household who: a. does not pay the premium when one is required b. voluntarily withdraws from the program, or c. fails to cooperate in meeting the requirements of the program	
	☐	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	10
	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)	
			No enrollment fee for child. Enrollment fee for parents = 1 month's premium. No enrollment fee for child. Annual aggregate cost sharing for a family shall not exceed 5% of household's gross income. Continued in comments section	
	☐	N/A	☐	N/A

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

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

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

Does your program require income disregards?	☐	No	☒	No
	☐	Yes	☐	Yes
	If Yes, please describe below		If Yes, please describe below	
	☐	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.

Comments on Responses in Table:

KidsCare does not cover fetuses from conception to birth. Because the software permits only whole numbers, $0 was entered as the lowest enrollment fee, $10 was entered as the lowest premium, and 0 was entered for a cap. Premiums for children are as follows:

1 child enrolled-
Income > 100% and </=150% FPL, $10
Income > 150% and </=175% FPL, $20
Income > 175% and </=200% FPL, $25

2 or more children enrolled-
Income > 100% and </=150% FPL, $15
Income > 150% and </=175% FPL, $30
Income > 175% and </=200% FPL, $35

Premiums for a Parent of a child eligible for KidsCare or SOBRA
Income > 100% and </=150% FPL, $15
Income > 150% and </=175% FPL, $20
Income > 175% and </=200% FPL, $25

The State is in the process of converting cases from the previous eligibility system to the new system. Renewal forms will be sent out using the new system.

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	KidsCare added additional questions to the application for AHCCCS health insurance to help anticipate potentially Medicaid-eligible individuals
c) Application documentation requirements	KidsCare follows Medicaid requirements for citizenship documentation and verification as required by the DRA.
d) Benefit structure	
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	
j) Assets test in Medicaid and/or SCHIP	

k) Income disregards in Medicaid and/or SCHIP	
l) Eligibility redetermination process	
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	
p) Premium assistance	
q) Prenatal Eligibility Expansion	
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☒ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: 24	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS criteria include separate numerators for 0, 1, 2, 3, 4, 5, 6, or >6 visits; AHCCCS reports only one numerator for 6 or more visits. AHCCCS used CPT code 99431 (newborn care, history and examination), which was not included in HEDIS. AHCCCS also used additional Evaluation and Management codes (99201 – 99205, and 99211 – 99215) in conjunction with ICD-9 Diagnosis codes for routine infant or child health check and general medical examination. HEDIS included the same ICD-9-CM codes, but not in conjunction with other codes.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 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*:

FFY 2004	FFY 2005	FFY 2006
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received 6 or more well-child visits during the first 15 months of life Denominator: Children who turned 15 months old during the measurement period and were continuously enrolled with one Acute-care Contractor (health plan) from 31 days of age through their 15-month birthdays	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who had 0, 1, 2, 3, 4, 5, and 6 or more well-child visits during the first 15 months of life. Denominator: Children who turned 15 months old during the measurement period and were continuously enrolled with one Acute-care Contractor (health plan) from 31 days of age through their 15-month birthday	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who had 0, 1, 2, 3, 4, 5, and 6 or more well-child visits during the first 15 months of life. Denominator: Children who turned 15 months old during the measurement period and were continuously enrolled with one Acute-care Contractor (health plan) from 31 days of age through their 15-month birthdays
Year of Data: 2002	**Year of Data:** 2004	**Year of Data:** 2005

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

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 5 Denominator: 657 Rate: 0.8 4 visits Numerator: 13 Denominator: 657 Rate: 2 1 visit Numerator: 1 Denominator: 657 Rate: 0.2 5 visits Numerator: 29 Denominator: 657 Rate: 4.4 2 visits Numerator: 4 Denominator: 657 Rate: 0.6 6+ visits Numerator: 597 Denominator: 657 Rate: 90.9 3 visits Numerator: 8 Denominator: 657 Rate: 1.2 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 4 Denominator: 1407 Rate: 0.3 4 visits Numerator: 37 Denominator: 1407 Rate: 2.6 1 visit Numerator: 6 Denominator: 1407 Rate: 0.4 5 visits Numerator: 46 Denominator: 1407 Rate: 3.3 2 visits Numerator: 8 Denominator: 1407 Rate: 0.6 6+ visits Numerator: 1292 Denominator: 1407 Rate: 91.8 3 visits Numerator: 14 Denominator: 1407 Rate: 1 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: 90%

Annual Performance Objective for FFY 2008: 90%

Annual Performance Objective for FFY 2009: 90%

Explain how these objectives were set: Several years ago, AHCCCS set a Benchmark Standard (i.e., performance goal) in health plan contracts of 90% for six or more well-child visits in the first 15 months of life, based on a Healthy People 2000 objective that 90% of children 18 months and younger receive primary care services at the appropriate intervals. AHCCCS has achieved this goal for children enrolled under SCHIP, and will strive to maintain this rate at or above 90%.

Other Comments on Measure: AHCCCS and its health plans focus on ensuring children under 2 get necessary preventive care visits and immunizations. AHCCCS established minimum standards in their contracts. Contractors not meeting standards must implement corrective action plans. In FFY 2006, AHCCCS implemented a data warehouse to calculate performance measures. AHCCCS eliminated deviations from HEDIS to improve monitoring and comparability with national benchmarks.

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2002 AHCCCS used additional Evaluation and Management codes (99201 – 99205, and 99211 – 99215) in conjunction with ICD-9 Diagnosis codes for routine infant or child health check and general medical examination. HEDIS included the same ICD-9-CM codes, but not in conjunction with other codes.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 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: Children who received one or more well-child visits with a primary care practitioner during the measurement period Denominator: Children who turned 3, 4, 5, or 6 years old	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received one or more well-child visits with a primary care practitioner during the measurement period. Denominator: Children who turned 3, 4, 5, or 6 years old during the measurement period and were continuously	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received one or more well-child visits with a primary care practitioner during the measurement period Denominator: Children who turned 3, 4, 5, or 6 years old during the measurement period and were continuously

FFY 2004	FFY 2005	FFY 2006
during the measurement period and were continuously enrolled with one Acute-care Contractor during the measurement period	enrolled with one Acute-care Contractor during the measurement period	enrolled with one Acute-care Contractor during the measurement period.
Year of Data: 2002	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 2574 Denominator: 4530 Rate: 56.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 3240 Denominator: 5377 Rate: 60.3 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 4080 Denominator: 6206 Rate: 65.7 Additional notes on measure:

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

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

Explanation of Progress:

Annual Performance Objective for FFY 2007: 68%

Annual Performance Objective for FFY 2008: 70%

Annual Performance Objective for FFY 2009: 72%

Explain how these objectives were set: AHCCCS has set a goal that 90% of children 3 through 6 years old enrolled under SCHIP will have an annual well-child visit (see page 46, Goal #2). Annual objectives are designed to "narrow the gap" between this goal and the current AHCCCS rate by approximately 10% per year over the next three years.

Other Comments on Measure: FFY 2006 AHCCCS rate of 65.74% exceeds HEDIS means for Medicaid plans. AHCCCS and its plans focus on ensuring children 3-6 yrs get necessary preventive care visits. AHCCCS established minimum standards in their contracts. Contractors not meeting standards must implement corrective action plans. In FFY 2006, AHCCCS implemented a data warehouse to calculate performance measures. AHCCCS eliminated deviations from HEDIS to improve monitoring and comparability with national benchmarks.

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*: AHCCCS was not measuring this measure in FFY 2004, due to the extensive resources required to implement a Data Warehouse and an anticipated change to fully adopting HEDIS specifications for performance measures over the next two years, AHCCCS did not expend resources to program new performance measures through the existing IS process. This measure was been built into the Data Warehouse to allow monitoring and reporting of rates in the future.	**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*: AHCCCS was not measuring this measure due to the extensive resources required to implement a Data Warehouse and a change to fully adopting HEDIS specifications for performance measures over the next two years, AHCCCS did not expend resources to program new performance measures through the existing IS process. This measure was been built into the Data Warehouse to allow monitoring and reporting of rates in the future.	**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*: AHCCCS was not measuring this measure due to the extensive resources required to implement a Data Warehouse and a change to fully adopting HEDIS specifications for performance measures over the next two years, AHCCCS did not expend resources to program new performance measures through the existing IS process. This measure was been built into the Data Warehouse to allow monitoring and reporting of rates in the future.
Status of Data 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:**

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 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: 82% for children 5-9 and 75% for members 10-17

Annual Performance Objective for FFY 2008: 83% for children 5-9 and 77% for members 10-17

Annual Performance Objective for FFY 2009: 84% for children 5-9 and 78.5% for members 10-17

Explain how these objectives were set: AHCCCS does not currently have performance standards for contracted health plans for this HEDIS measure. These objectives are based on the most recent HEDIS commercial means for the two age groups; i.e., 95.7% for children 5-9 and 91.7% for members 10-17 (NCQA does not report a combined rate for ages 5-9 and 10-17). Annual objectives are designed to "narrow the gap" between the HEDIS commercial means and the AHCCCS baseline rates by approximately 10% per year over the next three years

Other Comments on Measure: In FFY 2006, AHCCCS implemented a data warehouse to, among other things, calculate performance measures and eliminated deviations with HEDIS in order to improve ongoing monitoring and comparability with national benchmarks. The data reported for FFY 2006 (based on the measurement period of FFY 2005) is generated from the new data warehouse process. This is the first year (baseline) for which AHCCCS has measured Use of Appropriate Medications for Children with Asthma.

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: AHCCCS measured PCP visits for members 12 months through 18 years old, while HEDIS only included children up to 12 years old. Thus, AHCCCS used some additional CPT codes to identify PCP visits (99384-99385, 99393-99393). AHCCCS included additional E&M codes in conjunction with ICD-9_CM codes. It also included medical exams performed in pediatric and other clinics, using ICD-9 Revenue codes in conjunction with some ICD-9 Procedure Codes. The HEDIS measure used a two-year enrollment period for members ages 7 through 19 years; AHCCCS used a one-year continuous enrollment period for all members ages 1 through 18 years.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 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*:

FFY 2004	FFY 2005	FFY 2006
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received one or more visits with a primary care practitioner during the measurement period. Denominator: Children who were ages 1 through 18 years old at the end of the measurement period and were continuously enrolled with one Acute-care contractor during the measurement period.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received one or more visits with a primary care practitioner during the measurement period. Denominator: Children who were ages 1 through 18 years old at the end of the measurement period and were continuously enrolled with one Acute-care contractor during the measurement period	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received one or more visits with a primary care practitioner during the measurement period Denominator: Children who were ages 1 through 18 years old at the end of the measurement period and were continuously enrolled with one Acute-care contractor during the measurement period
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 1177 Denominator: 1259 Rate: 93.5 7-11 years Numerator: 5218 Denominator: 7077 Rate: 73.7 25 months-6 years Numerator: 3464 Denominator: 4040 Rate: 85.7 12-19 years Numerator: 5217 Denominator: 7038 Rate: 74.1 Additional notes on measure: Denominators and numerators for each age group were not reported in the FFY 2004 SCHIP Annual Report; however, rates were reported by age group, along with a total rate (all ages combined). The total rate for Children's Access to PCPs by SCHIP members for FFY 2004 was 77.66% (numerator = 15,076; denominator = 19,414).	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 737 Denominator: 790 Rate: 93.3 7-11 years Numerator: 3737 Denominator: 4560 Rate: 82 25 months-6 years Numerator: 5356 Denominator: 6647 Rate: 80.6 12-19 years Numerator: 3809 Denominator: 4640 Rate: 82.1 Additional notes on measure: The total rate for Children's Access to PCPs by SCHIP members for FFY 2005 was 81.98% (numerator = 13,639; denominator = 16,637).	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 1276 Denominator: 1341 Rate: 95.2 7-11 years Numerator: 4618 Denominator: 5464 Rate: 84.5 25 months-6 years Numerator: 6310 Denominator: 7600 Rate: 83 12-19 years Numerator: 4981 Denominator: 5876 Rate: 84.8 Additional notes on measure: The total rate for Children's Access to PCPs by SCHIP members for FFY 2006 was 84.73% (numerator = 17,185; denominator = 20,281)
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: 85% (overall rate)

Annual Performance Objective for FFY 2008: 85.5% (overall rate)

Annual Performance Objective for FFY 2009: 86% (overall rate)

Explain how these objectives were set: The AHCCCS Goal for access to PCPs among children 12 months through 18 years old who are enrolled under SCHIP is 90% (see page 38, Goal #1). The annual performance objectives "narrow the gap" between this goal and the current rate of 84.77% by approximately 10 percent per year over the next three years.

Other Comments on Measure: AHCCCS rates for this measure exceed HEDIS Medicaid means. MCOs focus on educating families re primary/preventive services and use of the health care system- seeing PCPs v. ER. From FFY 2003-FFY 2004, the continuous eligible population declined by 14.3%; overall rate and rates for all age groups except 25 months-6 yrs. remained stable/improved. Total enrollment dropped in FFY 2004, possibly as a result fr premiums as of July 1, 2004.

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	88005	96669	9.84

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

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

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	309	35.6	21.3	2.5
1998 - 2000	213	29.5	14.7	1.9
2000 - 2002	177	25.1	11.4	1.5
2002 - 2004	163	23.9	10.3	1.4
2003 - 2005	187	24.9	11.5	1.5
Percent change 1996-1998 vs. 2003-2005	-39.5*%*	NA	-46.0**%**	NA

* Significant at the .01 level, 2-tailed test

** Significantly different than zero at the .01 level, 2-tailed test

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

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

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

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

☒ No (skip to Question #4)

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

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

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

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

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

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

From October 1, 2005-September 30, 2006, 18,457 children obtained coverage under Medicaid as a result of applying for KidsCare; 15,217 applied and were approved for KidsCare but were later transferred to Medicaid; 3,240 applied for KidsCare but were approved for Title XIX before approval for KidsCare, for a total of 18,457 children. This information is from monthly enrollment reports generated by ADDS

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) Decrease the percentage of children who are uninsured or who do not have a regular source of health care.	**Goal #1 (Describe)** Decrease the percentage of children in Arizona who are uninsured or who do not have a regular source of health care.	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: In the first year of the KidsCare program, decrease the percentage of children with income under 150% of FPL who are uninsured. In subsequent years, decrease the number of children with income under 200% of FPL who are uninsured	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: In the first year of the KidsCare program, decrease the percentage of children with income under 150% FPL who are uninsured. In subsequent years, decrease the number of children with income under 200% FPL who are uninsured.	**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*: Current Population Survey and Monthly PMMIS enrollment reports. During this reporting period, AHCCCS used CPS data for the Number and percent of children under 19 years of age, at or below 200 percent of FPL, based on three year averages for 2001, 2002 and 2003. AHCCCS also used monthly enrollment figures to determine the number of children who currently have creditable coverage.	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*: Current population survey and monthly PMMIS enrollment reports	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: See "Performance Measurement Data" below Definition of numerator: See "Performance Measurement Data" below	**Definition of Population Included in the Measure:** Definition of denominator: See Performance Measurement Data below Definition of numerator: See Performance Measurement Data below	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:**
Performance Measurement Data:	**Performance Measurement Data:**	**Performance Measurement Data:**

FFY 2004	FFY 2005	FFY 2006
Described what is being measured: As of October 1, 2004, 48,171 children were enrolled in the KidsCare Program. This is a decrease of 2,535 children (-5.2%), since October 1, 2003. On October 1, 2004, 491,659 children were enrolled for Medicaid. On October 1, 2003 this figure was 457,700. Numerator: Denominator: Rate: Additional notes on measure: As of October 1, 2004, AHCCCS had insured 214,099 children (165,928 Title XIX and 48,171 Title XXI) in Arizona as a result of KidsCare applications. This is an increase of 23,145 children (12.1%), since October 1, 2003.	Described what is being measured: As of October 1, 2005, 50,672 children were enrolled in KidsCare. This is an increase of 2,758 (5.7%) children since October 1, 2003. On October 1, 2005, 514,384 children were enrolled in Medicaid. On October 1, 2004, this figure was 491,659. Numerator: Denominator: Rate: Additional notes on measure:	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 #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

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

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Decrease the percentage of children in Arizona who are uninsured or do not have a regular source of health care. In the first year of the KidsCare program, decrease the percentage of children with income under 150% of FPL who are uninsured. In subsequent years, decrease the number of children with income under 200% of FPL who are uninsured.	**Goal #1 (Describe)** Decrease the percentage of children in Arizona who are uninsured. In the first year of the KidsCare program, decrease the percentage of children with income under 150% of FPL who are uninsured. In subsequent years, decrease the number of children with income under 200% of FPL who are uninsured.	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 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*: monthly enrollment reports generated from PMMIS.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Current Population Survey and Monthly PMMIS enrollment reports	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: See performance measurement data below Definition of numerator: See performance measurement data below	**Definition of Population Included in the Measure:** Definition of denominator: See performance measurement data Definition of numerator: See performance measurement data	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: As of October 1, 2004, 48,171 children were enrolled in the KidsCare Program. This is a decrease of 2,535 children (-5.2%), since October 1, 2003. On October 1, 2004, 491,659 children were enrolled for Medicaid. On October 1, 2003 this figure was 457,700. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: AHCCCS used CPS data for the Number and percent of children under 19 years of age, at or below 200 percent of FPL. AHCCCS also used monthly enrollment figures to determine the number of children who currently have creditable coverage. Numerator: Denominator: Rate: Additional notes on measure: As of October 1, 2005, 50,672 children were enrolled in KidsCare. This is an increase of 2,758 (5.7%) children since October 1, 2003. On October 1, 2005, 514,384 children were enrolled in Medicaid. On October 1, 2004, this figure was 491,659.	**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 (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Coordinate with other health care programs providing services to children to ensure a seamless system of coverage	**Goal #1 (Describe)** Coordinate with other health care programs providing services to children to ensure a seamless system of coverage.	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 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*: Internal KidsCare eligibility data and Medicaid enrollment data	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Internal KidsCare eligibility data and Medicaid enrollment data	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Total number of children who have creditable coverage because of KidsCare application. Definition of numerator: Number of children enrolled in Medicaid because of KidsCare application.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children who applied for SCHIP but were subsequently enrolled in Medicaid through September 30, 2004. 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:**

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: Record match between SCHIP eligibility data and Medicaid enrollment data performed. Numerator: Denominator: Rate: Additional notes on measure: Through September 2004, approximately 165,928 children were transferred from KidsCare to Title XIX or KidsCare was denied and Title XIX was approved. This is an increase of 25,680 children (18%), since October 1, 2003. From October 2003 through September 2004, KidsCare mailed 27,181 of these forms of which 5,569 (20.4%) were returned.	**Performance Measurement Data:** Described what is being measured: Children who applied for SCHIP and were denied SCHIP and enrolled in Medicaid, children who converted from SCHIP to Medicaid after enrollment in a health plan or direct services, and children who converted from SCHIP to Medicaid before enrollment under SCHIP using a record match between SCHIP eligibility data and Medicaid enrollment data performed. Numerator: 23669 Denominator: 164097 Rate: 14.4 Additional notes on measure: From November 1, 1998 through September 30, 2005, 187,766 children have enrolled in Medicaid as a result of an application for SCHIP.	**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: When the Department of Economic Security denies Medicaid for excess income, a computer interface process sends the children's records to the KidsCare eligibility computer system. KidsCare staff sends a form to the parents asking for the additional information needed for SCHIP, if they are willing to pay a premium and whether they want to apply as HIFA Parents. When the completed forms are received, the KidsCare staff determines eligibility for the program.

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Ensure that KidsCare-enrolled children have access to a regular source of care: 90% of KidsCare members will have a PCP visit within a 12 month period.	**Goal #1 (Describe)** Ensure that KidsCare-enrolled children have access to a regular source of care: 90% of KidsCare members will have a PCP visit within a 12 month period.	**Goal #1 (Describe)** Ensure that KidsCare-enrolled children have access to a regular source of care: 90% of KidsCare members will have a PCP visit within a 12 month period.
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:*	**Status of Data 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*: There are some minor variations in administrative codes used to identify PCP visits; e.g., AHCCCS included medical exams performed in pediatric and other clinics, using ICD-9 Revenue codes in conjunction with some ICD-9 Procedure Codes. The HEDIS measure used a two-year enrollment period for members ages 7 through 19 years; AHCCCS used a one-year continuous enrollment period for all members ages 1 through 18 years.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 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: Children who received one or more visits with a primary care practitioner during the measurement period. Denominator: Children who were ages 1 through 18 years old at the end of the measurement period and were continuously enrolled with one Acute-care contractor during the measurement period.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received one or more visits with a primary care practitioner during the measurement period. Denominator: Children who were ages 1 through 18 years old at the end of the measurement period and were continuously enrolled with one Acute-care contractor during the measurement period.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received one or more visits with a primary care practitioner during the measurement period. Denominator: Children who were ages 1 through 18 years old at the end of the measurement period and were continuously enrolled with one Acute-care contractor during the measurement period.

FFY 2004	FFY 2005	FFY 2006
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 15076 Denominator: 19414 Rate: 77.7 Additional notes on measure: In FFY 2006, AHCCCS implemented a data warehouse and eliminated deviations fr HEDIS. AHCCCS plans focus on educating parents on primary and preventive services and education on health care system-i.e. PCPs vs. ER. Fr. measurement period FFY 2003-FFY 2004, the continuously eligible population declined 14.3%; the overall rate for all age groups except 25 months-6 yrs remained stable/improved. Total enrollment dropped in FFY 2004, partially due to premiums.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 13639 Denominator: 16637 Rate: 82 Additional notes on measure: In FFY 2006, AHCCCS implemented a data warehouse and eliminated deviations fr HEDIS. AHCCCS plans focus on educating parents on primary and preventive services and education on health care system-i.e. PCPs vs. ER. Fr. measurement period FFY 2003-FFY 2004, the continuously eligible population declined 14.3%; the overall rate for all age groups except 25 months-6 yrs remained stable/improved. Total enrollment dropped in FFY 2004, partially due to premiums.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 17185 Denominator: 20281 Rate: 84.7 Additional notes on measure: In FFY 2006, AHCCCS implemented a data warehouse and eliminated deviations fr HEDIS. AHCCCS plans focus on educating parents on primary and preventive services and education on health care system-i.e. PCPs vs. ER. Fr. measurement period FFY 2003-FFY 2004, the continuously eligible population declined 14.3%; the overall rate for all age groups except 25 months-6 yrs remained stable/improved. Total enrollment dropped in FFY 2004, partially due to premiums.
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: 85% (overall rate)

Annual Performance Objective for FFY 2008: 85.5% (overall rate)

Annual Performance Objective for FFY 2009: 86% (overall rate)

Explain how these objectives were set: The AHCCCS Goal for access to PCPs among children 12 months through 18 years old who are enrolled under SCHIP is 90%. The annual performance objectives "narrow the gap" between this goal and the current rate of 84.73% by approximately 10 percent per year over the next three years.

Other Comments on Measure: The overall rate for children's access to PCPs among members enrolled under SCHIP has shown a relative increase of 9.1% in the past two measurement years.

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Improve to 90 percent the proportion of KidsCare members who have at least one dental visit within a year.	**Goal #2 (Describe)** Improve to 90 percent the proportion of KidsCare members who have at least one dental visit within a year.	**Goal #2 (Describe)** Improve to 90 percent the proportion of KidsCare members who have at least one dental visit within a year.
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:*	**Status of Data 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*: CPT-4 code 70350 (cephalogram, orthodontic), and ICD-9 diagnostic code V72.2 (dental examination) were used by AHCCCS to identify services, but were not included in HEDIS technical specifications. AHCCCS also used Procedure Class codes for diagnostic, preventive and treatment services (D0100-D9999) that were more inclusive than the HEDIS codes.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 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: Children who had one or more dental visits during the measurement period. Denominator: Children who were 3 through 18 years old during (i.e., 4 to 19 years old at the end of) the measurement period and were continuously enrolled with one Acute-care Contractor during the measurement period	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who had one or more dental visits during the measurement period. Denominator:Children who were 3 through 18 years old during the measurement period and were continuously enrolled with one Acute-care Contractor during the measurement period.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who had one or more dental visits during the measurement period Definition of denominator: Children who were 3 through 18 years old during the measurement period and were continuously enrolled with one Acute-care Contractor during the measurement period
Year of Data: 2002	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 11646 Denominator: 20316 Rate: 57.3 Additional notes on measure: In FFY 2006, AHCCCS implemented a data warehouse and eliminated deviations fr HEDIS. AHCCCS plans focus on annual dental visits for children and in 99 launched a taskforce to improve access to dental care. AHCCCS also established minimum standards in contract and implemented a PIP in 03 requiring plans to improve rates.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 14782 Denominator: 22313 Rate: 66.2 Additional notes on measure: In FFY 2006, AHCCCS implemented a data warehouse and eliminated deviations fr HEDIS. AHCCCS plans focus on annual dental visits for children and in 99 launched a taskforce to improve access to dental care. AHCCCS also established minimum standards in contract and implemented a PIP in 03 requiring plans to improve rates.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 16588 Denominator: 23795 Rate: 69.7 Additional notes on measure: In FFY 2006, AHCCCS implemented a data warehouse and eliminated deviations fr HEDIS. AHCCCS plans focus on annual dental visits for children and in 99 launched a taskforce to improve access to dental care. AHCCCS also established minimum standards in contract and implemented a PIP in 03 requiring plans to improve rates
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: 71.5%

Annual Performance Objective for FFY 2008: 73%

Annual Performance Objective for FFY 2009: 74.5%

Explain how these objectives were set: The annual performance objectives "narrow the gap" between the 90% Goal for annual dental visits and the current rate of 69.71% by approximately 10 percent per year over the next three years.

Other Comments on Measure: This measure was previously reported under Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) but has been moved to this section because it relates more to access/availability of services and includes both preventive and treatment services.

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Improve to 90% the proportion of members enrolled under SCHIP who receive appropriate immunizations by 2 years of age.	**Goal #1 (Describe)** Improve to 90% the proportion of members enrolled under SCHIP who receive appropriate immunizations by 2 years of age.	**Goal #1 (Describe)** Improve to 90% the proportion of members enrolled under SCHIP who receive appropriate immunizations by 2 years of age.
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:*	**Status of Data 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*: 2001	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005
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: Children who received four doses of DTaP/DT vaccine, three doses of IPV vaccine, one dose of MMR vaccine, two doses of Hib vaccine, and three doses of HBV vaccine by 24 months of age. Denominator: Children who turned 24 months of age during the measurement year and who were continuously enrolled with one Acute-care Contractor during the measurement period, including on their 24-month birthday.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received four doses of DTaP/DT vaccine, three doses of IPV vaccine, one dose of MMR vaccine, three doses of Hib vaccine, and three doses of HBV vaccine by 24 months of age. Denominator: Children who turned 24 months of age during the measurement year and who were continuously enrolled with one Acute-care Contractor during the measurement period, including on their 24-month birthday.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received four doses of DTaP/DT vaccine, three doses of IPV vaccine, one dose of MMR vaccine, three doses of Hib vaccine, and three doses of HBV vaccine by 24 months of age. Denominator: Children who turned 24 months of age during the measurement year and who were continuously enrolled with one Acute-care Contractor during the measurement period, including on their 24-month birthday.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 557	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 561	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 559

FFY 2004	FFY 2005	FFY 2006
Denominator: 860 Rate: 64.8 Additional notes on measure: The rate of completed immunizations by 24 mo. has increased 26.5% over the last 2 measurement years. AHCCCS and plans have implemented mechanisms for monitoring of immunization completion rates among children under 24 mo; health plans review children's immunization status at 15-18 months and begin contacting parents and PCPs to encourage completion. Some MCOs offer incentives for those completed by 24 months. AHCCCS, plans and the community also work to address barriers to childhood immunization	Denominator: 737 Rate: 76.1 Additional notes on measure: The rate of completed immunizations by 24 mo. has increased 26.5% over the last 2 measurement years. AHCCCS and plans have implemented mechanisms for monitoring of immunization completion rates among children under 24 mo; health plans review children's immunization status at 15-18 months and begin contacting parents and PCPs to encourage completion. Some MCOs offer incentives for those completed by 24 months. AHCCCS, plans and the community also work to address barriers to childhood immunization	Denominator: 682 Rate: 82 Additional notes on measure: The rate of completed immunizations by 24 mo. has increased 26.5% over the last 2 measurement years. AHCCCS and plans have implemented mechanisms for monitoring of immunization completion rates among children under 24 mo; health plans review children's immunization status at 15-18 months and begin contacting parents and PCPs to encourage completion. Some MCOs offer incentives for those completed by 24 months. AHCCCS, plans and the community also work to address barriers to childhood immunization
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: 83%

Annual Performance Objective for FFY 2008: 84%

Annual Performance Objective for FFY 2009: 84.5%

Explain how these objectives were set: The annual performance objectives "narrow the gap" between the 90% Goal for completed immunizations and the current rate of 81.96% by approximately 10 percent per year over the next three years.

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) Improve to 90% the proportion of children 3 through 6 years of age enrolled under SCHIP who receive at least one well-child visit per year.	**Goal #2 (Describe)** Improve to 90% the proportion of children 3 through 6 years of age enrolled under SCHIP who receive at least one well-child visit per year.	**Goal #2 (Describe)** Improve to 90% the proportion of children 3 through 6 years of age enrolled under SCHIP who receive at least one well-child visit per year.
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:*	**Status of Data 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*: AHCCCS used additional Evaluation and Management codes (99201 – 99205, and 99211 – 99215) in conjunction with ICD-9 Diagnosis codes for routine infant or child health check and general medical examination. HEDIS included the same ICD-9-CM codes, but not in conjunction with other codes.	**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: Children who received one or more well-child visits with a primary care practitioner during the measurement period. Denominator: Children who turned 3, 4, 5, or 6 years old during the measurement period and were continuously enrolled with one Acute-care Contractor during the measurement period.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received one or more well-child visits with a primary care practitioner during the measurement period. Denominator: Children who turned 3, 4, 5, or 6 years old during the measurement period and were continuously enrolled with one Acute-care Contractor during the measurement period.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children who received one or more well-child visits with a primary care practitioner during the measurement period. Denominator: Children who turned 3, 4, 5, or 6 years old during the measurement period and were continuously enrolled with one Acute-care Contractor during the measurement period.
Year of Data: 2002	**Year of Data:**	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 2574 Denominator: 4530 Rate: 56.8 Additional notes on measure: In FFY 2006, AHCCCS implemented a data warehouse and eliminated deviations fr HEDIS. AHCCCS plans focus on ensuring children 3-6 yrs get necessary preventative care w/ efforts from others such as Head start. AHCCCS also established minimum standards those not meeting them are required to implement corrective action plans and improve rates.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 3240 Denominator: 5399 Rate: 60 Additional notes on measure: In FFY 2006, AHCCCS implemented a data warehouse and eliminated deviations fr HEDIS. AHCCCS plans focus on ensuring children 3-6 yrs get necessary preventative care w/ efforts from others such as Head start. AHCCCS also established minimum standards those not meeting them are required to implement corrective action plans and improve rates.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 4080 Denominator: 6206 Rate: 65.7 Additional notes on measure: In FFY 2006, AHCCCS implemented a data warehouse and eliminated deviations fr HEDIS. AHCCCS plans focus on ensuring children 3-6 yrs get necessary preventative care w/ efforts from others such as Head start. AHCCCS also established minimum standards those not meeting them are required to implement corrective action plans and improve rates.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 2574 Denominator: 4530 Rate: 56.8 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: 68%

Annual Performance Objective for FFY 2008: 70%

Annual Performance Objective for FFY 2009: 72%

Explain how these objectives were set: AHCCCS has set a goal that 90% of children 3 through 6 years old enrolled under SCHIP will have an annual well-child visit (see page 46, Goal #2). Annual objectives are designed to "narrow the gap" between this goal and the current AHCCCS rate by approximately 10% per year over the next three years.

Other Comments on Measure:

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

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

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

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

Children covered under SCHIP are included in Performance Improvement Project (PIPs), as appropriate. Currently, the State has under way two PIPs that include KidsCare populations: Children's Oral Health (dental visits by children ages 3-8) and Childhood Immunizations, both of which use HEDIS or HEDIS-like methodology. The most recent rate for childhood immunizations is reported above. The Children's Oral Health PIP focuses on increasing the rate of dental visits from ages 3-8, as research suggests is the most critical time in a child's life to ensure good oral health. Under this PIP, 66.8% of KidsCare members ages 3-8 had at least one dental visit in CYE 2004, a significant improvement over the baseline rate of 59.5 ($p<.001$). This improvement was sustained in the second remeasurement, completed in FFY 2006 (70.2% of children in this age group enrolled under KidsCare had a dental visits during the measurement period of FFY 2005).

AHCCCS also measures adolescent well-care visits by KidsCare members according to HEDIS methodology. The most recent measrument shows that 40.3% of adolescents had at least one well-care visit in a one-year period (FFY 2005), which exceeds the current HEDIS means for both Medicaid and commercial health plans (39.3% and 38.3% respectively).

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?

KidsCare members will be included in future PIPs as appropriate. AHCCCS will continue to measure adolescent well-care visits and other performance measures, as appropriate for KidsCare members separately to monitor access to and use of services by this population.

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?

AHCCCS has not conducted any focused quality studies specifically on the SCHIP population. Performance Measurement data show that, in general, children enrolled with AHCCCS under SCHIP are accessing preventive and other primary care services at a higher rate than those enrolled under Medicaid.

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.

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?

   With more resources dedicated to the Community Relations area, including staff, the agency was more affective in reaching the community and dedicating more time and effort to community education. The position of Community Education Specialist focuses almost entirely on representing the agency and educates other groups and the public about AHCCCS programs. Community Education occurs through participation in community events, such as prevention and health fairs, as well as agency and programmatic overviews to schools, local governments, and community-based organizations upon their request. Community Relations also provides updates to a coalition of healthcare stakeholders about eligibility operations and also creates opportunities for agency staff to learn more about the community outreach activities to appropriately prepare staff and agency resources.

   Due to the lack of state funding for Medicaid/SCHIP outreach, the only large outreach activities conducted in Arizona are organized by Children's Action Alliance (CAA). Funded by private local sources and the Robert Wood Johnson Foundation, CAA conducts or is planning to conduct an outreach and enrollment campaign, targeting children in Maricopa County (Arizona's largest county) during the Back-to-School months (August-September) and in the spring (May-June).

   Children's Action Alliance (CAA) also continued to conduct its Linking School Lunch Program Enrollment to KidsCare/Medicaid Pilot Program. This pilot program's goal is to reach children in school, which has been proven a successful outreach practice focusing on eligible, yet unenrolled children. To accomplish this targeted outreach, the CAA and the state entered into a business agreement to conduct a data match between Medicaid and SCHIP membership and Free and Reduced Lunch eligibility lists. This match occured for a few of CAA's targeted school districts and allowed schools and CAA to target outreach and communication to eligible families. State Community Relations staff, CAA's partner community organizations, and the Medicaid Managed Care Organizations supported school outreach activites by attending Health Insurance Information Nights at targeted schools to educate parents about the available programs.

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?

   One of the more affective efforts the agency experienced this year for reaching this target population was a paid media campaign, layered with grassroots activities, all facilitated by Children's Action Alliance with funding from the Robert Wood Johnson Foundation. The target of this campaign was children living in Maricopa County. A large emphasis of this campaign was an expenditure of $500,000 from the RWJ Foundation for the purchase of Spanish-language media, including radio and television.

The media campaign was augmented by a grassroots community outreach effort, lead by CAA and included a sports figure spokesperson, Miguel Bautista from the Arizona Diamondbacks baseball team. The presence of a spokesperson brought a large media focus to the campaign and the issue of uninsured children in Arizona was highlighted in several TV and print media outlets throughout the state.

Outreach activities focused on enrollment as well, including on-the-spot application assistance through the Health-E-Arizona electronic application. Outreach efforts also focused on distribution of paper Medicaid/SCHIP applications and of flyers with the RWJ campaign message, Insure Kids Now, with the instruction for parents to call the national 1-888-Kids-Now phone number.

Due to several state eligibility operations issues, a true measure of how many newly enrolled kids garnered from this campaign was difficult to measure. The agency was able to measure and track incoming phone calls and referral tracking information during this community outreach campaign. Call volumes at the SCHIP office increased by 200% and a majority of callers attributed their referral source as TV or the Media, which is usually not the source of information about this program.

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?

   Currently, the state is not targeting specific populations, beyond the support of community efforts, as discussed in the previous question. The agency's Community Relations unit will continue to support the efforts of community-based organizations and partner with other agencies or faith-based groups upon request.

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.).

KidsCare has a 3-month bare period that is applied to any person who voluntarily discontinues his or her health insurance.

All States must complete the following 3 questions

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

   KidsCare staff screen for other health insurance indicated on the application form. The crowd-out provision for KidsCare states that a child may not have creditable health insurance coverage and may not have had it for a period of three months (until October 1, 2001, six months) prior to enrollment in the KidsCare Program, unless the termination was involuntary or the child is seriously or chronically ill. This information is provided via a monthly denial report indicating reason for denial.

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

   During FY 2005, 55,055 children's applications were approved for KidsCare, and 36,278 were denied. Of these denials, 1765 (4.9% of denials and 1.9% of all initial dispositions) were due to having other health insurance.

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

   Of the approvals (55,055) for children, 60 (0.11% of approvals and 0.07% of all initial dispositions) children voluntarily discontinued their health insurance coverage and had a delayed begin date due to the 3-month bare period.

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.

   KidsCare does not use the same renewal form as Medicaid; however, the KidsCare renewal form is accepted by Medicaid as an application for the child. If Medicaid recently completed a renewal for XIX, KidsCare uses the information found in Medicaid's computer system to renew eligibility for KidsCare. KidsCare accepts member declaration for income verification and does not require an interview. Medicaid requires verification of income and requires an interview, but the interview may be by telephone.

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.

   A unique partnership has been established between the KidsCare program and the Department of Economic Security (DES), the state agency that determines eligibility for Medicaid for families

and children. (The AHCCCS Administration determines eligibility for KidsCare.) If KidsCare screens an applicant as potentially eligible for Medicaid, KidsCare refers the application to a special DES unit that forwards the application to a local DES office for processing.

In addition, if a child loses his or her Medicaid eligibility because of excess income, DES systematically refers an application to KidsCare. If the child is eligible for KidsCare, the KidsCare system automatically approves the child for KidsCare.

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

   Yes. The same delivery system is used for both programs.

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?
  Two notices are sent to the customer: a renewal notice and a renewal reminder notice
- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)
  A renewal notice is sent 60 days before the renewal due date. The renewal reminder notice is sent 20 days later.

☐ 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.

   We have no data available regarding the effectiveness of these strategies.

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?

   There has been no formal assessment of the effect of cost sharing on customers enrolled in SCHIP by AHCCCS. However, the Children's Action Alliance, in association with the Urban Institute, recently requested a large amount of data in order to assess the impact of cost sharing increases imposed by the State Legislature in 2004. AHCCCS supplied the necessary information and looks forward to learning about the findings.

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?

   AHCCCS customers enrolled in SCHIP do not have copays or deductibles. There has been no formal assessment of the effect of cost sharing on the utilization of the health services.

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?

   There has been no formal assessment of the impact of recent changes related to enrollment fees on application, enrollment, disenrollment, or utilization of health services in SCHIP.

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.
The AHCCCS Fraud and Abuse Policy is contained in the AHCCCS Contractor Operations Manual, Chapter 100 – Administration, effective 10/01/94, revised 10/01/03. The objectives of this policy are to facilitate the reporting of potential fraud and abuse cases to AHCCCS for investigation and require Contractors to work with AHCCCS to further develop prevention and detection mechanisms (i.e., best practices) for Medicaid managed care.

Additionally, the Office of Program Integrity has a 21 chapter Policy and Procedures Manual as a reference and resource for the conduct of investigations.

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 163

Number of cases referred to appropriate law enforcement officials 5

c) Beneficiary eligibility

Number of cases investigated 1272

Number of cases referred to appropriate law enforcement officials 4

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.

Please note, the numbers reflect the entire population under Titles XIX and XXI and the number of cases referred to law enforcement do not reflect the numbers of civil or administrative action as they do not have jurisdiction over such matters.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments	0	0	0
Managed Care	91,628,838	103,422,600	116576800
per member/per month rate @ # of eligibles	138	146	154
Fee for Service	1,450,193	1,750,200	1,940,000
Total Benefit Costs	93,079,031	105,172,800	118,516,800
(Offsetting beneficiary cost sharing payments)	(7,077,688)	(7,335,900)	(8,250,800)
Net Benefit Costs	$ 86,001,343	$ 97,836,900	$ 110,266,000

Administration Costs			
Personnel	6,018,002	5,693,800	5,836,100
General Administration	1,793,190	1,696,600	1,739,000
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	0	0	0
Outreach/Marketing costs	0	0	0
Other	0	0	0
Health Services Initiatives	0	0	0
Total Administration Costs	7,811,192	7,390,400	7,575,100
10% Administrative Cap (net benefit costs ÷ 9)	9,555,705	10,870,767	12,251,778

Federal Title XXI Share	72,132,458	80,530,453	89,959,896
State Share	21,680,077	24,696,847	27,881,204

TOTAL COSTS OF APPROVED SCHIP PLAN	93,812,535	105,227,300	117,841,100

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.
FFY06 Actual from CMS 21

FFY07-FFY08 based on October 2006 Budget submittal:

- Population growth of 6.9% in 2007; 6.4% in 2008
- Medical Inflation of 4.1% in 2007; 6.0% in 2008
- Administrative growth of 2.5% in 2008

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	100	% of FPL to	200	% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From	100	% of FPL to	200	% of FPL
Childless Adults	From		% of FPL to		% of FPL	From	40	% of FPL to	100	% 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.

66333 Number of **children** ever enrolled during the reporting period in the demonstration

16487 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

47152 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	0	0	0	0	0
Benefit Costs for Demonstration Population #2 (e.g., parents)					
Insurance Payments					
Managed care	43292689	44704900	49471800	41148400	38347400
per member/per month rate @ # of eligibles	248	249	264	284	305

Fee for Service	837696	866100	958500	797200	742900
Total Benefit Costs for Waiver Population #2	44130385	45571000	50430300	41945600	39090300

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

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

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

Insurance Payments					
Managed care	5072333				
per member/per month rate @ # of eligibles	566				
Fee for Service	91758				
Total Benefit Costs for Waiver Population #3	5164091	0	0	0	0

Total Benefit Costs	49294476	45571000	50430300	41945600	39090300
(Offsetting Beneficiary Cost Sharing Payments)	-3192332	-6162600	-7523800	-5825600	-5054400
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)	46102144	39408400	42906500	36120000	34035900

Administration Costs

Personnel	1584176	1543700	1582500	1622200	1662800
General Administration	472038	460000	471500	483300	495400
Contractors/Brokers *(e.g., enrollment contractors)*					
Claims Processing					
Outreach/Marketing costs					
Other *(specify)*					
Total Administration Costs	2056214	2003700	2054000	2105500	2158200
10% Administrative Cap (net benefit costs ÷ 9)	5122460	4378711	4767389	4013333	3781767

Federal Title XXI Share	37028961	31692680	34322846	29181347	0
State Share	11129397	9719420	10637654	9044153	36194100

TOTAL COSTS OF DEMONSTRATION	48158358	41412100	44960500	38225500	36194100

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

October 1, 2006

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

FFY06 Actual from CMS 21

FFY07-FFY08 based on October 2006 Budget submittal:

- Assumes no childless adult expenditures
- Population growth for Parents of 3.0% in 2007; 4.3% in 2008
- Medical inflation for Parents of -0.1% in 2007; 6.0% in 2008
- Administrative growth of 2.5% in 2008

FFY09-FFY10 based on the following assumptions for Parent demonstration:

- Cap enrollment of Parent program beginning 10/1/08 at projected level of 16,010 members. Through attrition, reduce to 5/1/09 level of 10,476, then hold.
- Medical inflation of 7.15%
- Administrative growth of 2.5%

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.

   There is some interest among legislators in reducing the benefit package for Medicaid beneficiaries, which may carry over into SCHIP. There were no expansions or reductions in eligibility criteria or benefits under the SCHIP program during the reporting period, and the legislature did approve funding for one year to continue eligibility for parents of SCHIP eligible children. During this time, they also increased premiums for families with parents receiving AHCCCS Health Insurance for Parents. Effective January 1, 2007, such households must be charged a Family premium for both the KidsCare eligible children and the parents. Premiums will be based on the number of persons in the household and monthly household income.

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

   The greatest challenge is keeping children enrolled in SCHIP. Approximately 1,400 children per month are disenrolled due to non-payment of premiums.

   Although rates of utilization for services such as well-child and dental visits are typically higher among KidsCare members when compared with Medicaid-eligible members, ensuring that these enrollees take advantage of preventive services continues to be a challenge. Current AHCCCS averages do not yet meet long-range goals, which are based on Healthy People 2010 objectives. For example, one of the program's goals is to ensure that 90 percent of KidsCare members will have a PCP visit within a 12-month period.

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

   AHCCCS has made great strides in improving the quality of care for SCHIP children. Rates for several clinical performance measures for KidsCare members reached their highest levels ever in the current reporting period. These measures include Children's Access to Primary Care Practitioners; Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life; Annual Dental Visits, and Childhood Immunizations. In fact, overall rates for two measures of Childhood Immunization -- Polio and Measles, Mumps and Rubella (MMR) vaccination exceed the Healthy People 2010 objective of 90 percent. Several Contractors have achieved rates of immunization for individual vaccines above 90 percent as well. In addition, AHCCCS rates for KidsCare members for the following measures are at or above national HEDIS averages for commercial health plans: Children's Access to PCPs, age 1 and ages 2 through 6; Adolescent Well-care Visits, and the Childhood Immunization five-antigen combination.

   In May, the State implemented the AHCCCS Customer Eligibility (ACE) system- a new computer system for determining eligibility. Although eligibility determinations were temporarily slowed down for training and adjustment to the new system, it will ultimately be an improvement in maintenance, reporting and general use. Conversion of existing cases into the new system began with families with HIFA parents, to accommodate billing for the new family premium as a result of last year's legislation.

In August and September, the Children's Action Alliance and other local advocates had a successful "back to school" campaign which increased telephone calls and applications to KidsCare. The AHCCCS Administration continues its efforts to improve efficiency and better use tax dollars by imaging all paper case files. Finally, the Arizona Legislature reauthorized funding for SCHIP parents through June 30, 2007.

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.

   We hope to obtain approval for continuous eligibility, which will dramatically reduce churn, reduce error rates and improve customer service. The Administration hopes to secure funding for the SCHIP parents program after June 30, 2007.

   We will move the KidsCare Hotline to the agency Communication Center, where the hours of operation will be increased and staff will have more support for back up and training.

Enter any Narrative text below.