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

Preamble

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

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

The framework is designed to:

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

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

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

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

Signature:

Larry Iversen

SCHIP Program Name(s): **All, South Dakota**

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: **Nicole Bartel**

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City: **Pierre** State**:** **SD** Zip**:** **57501**

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Submission Date: **12/29/2006**

(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**	000	% of FPL conception to birth	000	% of FPL
	From	134	% of FPL for **infants**	140	% of FPL	**From**	141	% of FPL for **infants**	200	% of FPL
	From	134	% of FPL for children ages **1 through 5**	140	% of FPL	**From**	141	% of FPL for 1 **through 5**	200	% of FPL
	From	101	% of FPL for children ages **6 through 16**	140	% of FPL	**From**	141	% of FPL for children ages **6 through 16**	200	% of FPL
	From	101	% of FPL for children ages **17 and 18**	140	% of FPL	**From**	141	% 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? Eligibility may begin up to the 1st day of the 3rd month prior to the application.	☒	Yes, for whom and how long? Eligibility may begin up to the 1st day of the 3rd month prior to the application.
	☐	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	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	

	☐	N/A	☐	N/A

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

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

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

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

Does your program require income disregards?	☐	No	☐	No
	☒	Yes	☒	Yes
	If Yes, please describe below		If Yes, please describe below	
	20% of gross earnings or $90 (which ever is greater) for each adult who works; child care paid due to employment; $50 of child support received (or actual amount if less than $50); child support paid to another household.		Child care paid due to employment ($500 maximum per month); $50 of child support received (or actual amount if less than $50); child support paid to another household	
	☐	N/A	☐	N/A

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

Enter any Narrative text below.

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

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

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

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

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

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

~~a)~~ Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
~~b)~~ Application	
~~c)~~ Application documentation requirements	
~~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)	Since the DRA, SD is doing vital stat matches for all South Dakota born medical applicants and recipients to verify their citizenship. We are also assisting out of state born medical applicants and recipients by purchasing their birth certificates so they can meet the citizenship portion of eligibility. So far, approximately $12,000 has been spent on out of state birth certificates.

	Since the DRA, SD is doing vital stat matches for all South Dakota born medical applicants and recipients to verify their citizenship. We are also assisting out of state born medical applicants and recipients by purchasing their birth certificates so they can meet the citizenship portion of eligibility. So far, approximately $12,000 has been spent on out of state birth certificates.
~~i)~~ Eligibility levels / target population	
~~j)~~ Assets test in Medicaid and/or SCHIP	
~~k)~~ Income disregards in Medicaid and/or SCHIP	
~~l)~~ Eligibility redetermination process	
~~m)~~ Enrollment process for health plan selection	
~~n)~~ Family coverage	
~~o)~~ Outreach	
~~p)~~ Premium assistance	
~~q)~~ Prenatal Eligibility Expansion	
~~r)~~ Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
~~t)~~ Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SHIP enrollees ages 0-15 months who were continuously enrolled in Primary Care Case Management (PCCM) in Sept. 2004 who received at least one well child visit during the FFY 2004 reporting 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: SHIP enrollees ages 0-15 months who were continuously enrolled in Primary Care Case Management (PCCM) in Sept. 2005 who received at least one well child visit during the FFY 2005 reporting 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: SHIP enrollees ages 0-15 months who were continuously enrolled in Primary Care Case Management (PCCM) in Sept. 2006 who received at least one well child visit during the FFY 2006 reporting period.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

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

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 11 Denominator: 212 Rate: 5.2 4 visits Numerator: 28 Denominator: 212 Rate: 13.2 1 visit Numerator: 17 Denominator: 212 Rate: 8 5 visits Numerator: 24 Denominator: 212 Rate: 11.3 2 visits Numerator: 18 Denominator: 212 Rate: 8.5 6+ visits Numerator: 96 Denominator: 212 Rate: 45.3 3 visits Numerator: 18 Denominator: 212 Rate: 8.5 Additional notes on measure: There wer 212 recipients who qualified for this study. Of these, 201 recipients received at least 1 well-child visit, for a 95% utilization rate.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 23 Denominator: 394 Rate: 5.8 4 visits Numerator: 62 Denominator: 394 Rate: 15.7 1 visit Numerator: 29 Denominator: 394 Rate: 7.4 5 visits Numerator: 87 Denominator: 394 Rate: 22.1 2 visits Numerator: 33 Denominator: 394 Rate: 8.4 6+ visits Numerator: 118 Denominator: 394 Rate: 29.9 3 visits Numerator: 42 Denominator: 394 Rate: 10.7 Additional notes on measure: There were 394 recipients who qualified for this study. Of these, 371 recipients received at least one well-child visit, for a 94% utilization rate.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 11 Denominator: 124 Rate: 8.9 4 visits Numerator: 32 Denominator: 124 Rate: 25.8 1 visit Numerator: 20 Denominator: 124 Rate: 16.1 5 visits Numerator: 7 Denominator: 124 Rate: 5.6 2 visits Numerator: 21 Denominator: 124 Rate: 16.9 6+ visits Numerator: 11 Denominator: 124 Rate: 8.9 3 visits Numerator: 22 Denominator: 124 Rate: 17.7 Additional notes on measure: There were 124 recipients who qualified for this study. Of these, 113 recipients received at least one well-child visit, for a 91% utilization rate.
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: Total children with at least one visit to be greater than or equal to 92% of all eligible children.

Annual Performance Objective for FFY 2008: Total children with at least one visit to be greater than or equal to 93% of all eligible children.

Annual Performance Objective for FFY 2009: Total children with at least one visit to be greater than or equal to 94% of all eligible children.

Explain how these objectives were set: Starting with the rates in FFY 2006, an expected increase of 1% was added for each year. SD expects to achieve this increase by further educating the managers and benefits specialists staff throughout the state and updating managed care provider and recipient materials. Healthy Kids Klub letters are also sent every month to recipients when their age indicates a need for an immunization or check up.

Other Comments on Measure: Our rates indicate a decrease in FFY 2005 and in FFY 2006. This may possibly be due to the method used to extract this data. Visits in the 2004-2005 studies may have been counted more than once as several qualifying codes can be billed for each visit and counted as multiple visits in error. Visits in FFY 2006 were sorted by date and billed codes to ensure only one visit is recorded when multiple qualifying codes are billed on the same date.

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP enrollees ages 3-6 years who were continuously enrolled in Primary Care Case Management (PCCM) in September 2004 who received at least one well-child visit during the FFY 2004 reporting 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: SCHIP enrollees ages 3-6 years who were continuously enrolled in Primary Care Case Management (PCCM) in September 2005 who received at least one well-child visit during the FFY 2005 reporting 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: SCHIP enrollees ages 3-6 years who were continuously enrolled in Primary Care Case Management (PCCM) in September 2006 who received at least one well-child visit during the FFY 2006 reporting period.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 180 Denominator: 607	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 626 Denominator: 1206	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 354 Denominator: 905

FFY 2004	FFY 2005	FFY 2006
Rate: 29.7 Additional notes on measure: This was a 1% increase from FFY 2003.	Rate: 51.9 Additional notes on measure: This was a 22.2% increase from FFY 2004.	Rate: 39.1 Additional notes on measure: This is a 9.4% increase from FFY 2003 but a decrease of 12.8% from FFY 2005. This may possibly be due to the method used to extract this data. Visits in the 2005 study may have been counted more than once as several qualifing codes can be billed for each visit and counted as multiple visits in error. Visits in FFY 2006 were sorted by date and billed codes to ensure only one visit is recorded when multiple quatlifing codes are billed on the same date.

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:** equal to or greater than 43.8% with 1+ visits **Annual Performance Objective for FFY 2008:** equal to or greater than 48.5% with 1+ visits **Annual Performance Objective for FFY 2009:** equal to or greater than 53.2% with 1+ visit *Explain how these objectives were set:* SD acheived an increase of 9.4% in 2 years. That rate increase divided by 2 equals an rate increase of 4.7% as an expected rate increase per year.		
Other Comments on Measure:		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP enrollees ages 5-17 continuously enrolled in M-SCHIP and S-SCHIP during the fiscal year 2004 who were identified as having persistant asthma during the year prior to the measurement year and who were appropiately prescribed medication during the measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP enrollees ages 5-17 continuously enrolled in M-SCHIP and S-SCHIP during the fiscal year 2005 who were identified as having persistant asthma during the year prior to the measurement year and who were appropiately prescribed medication during the measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP enrollees ages 5-17 continuously enrolled in M-SCHIP and S-SCHIP during the fiscal year 2006 who were identified as having persistant asthma during the year prior to the measurement year and who were appropiately prescribed medication during the measurement year.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

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: 17 Denominator: 21 Rate: 81 10-17 years Numerator: 20 Denominator: 24 Rate: 83.3 Combined rate (5-17 years) Numerator: 37 Denominator: 45 Rate: 82.2 Additional notes on measure: FFY 2004 was the first year SD conducted this study.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 20 Denominator: 40 Rate: 50 10-17 years Numerator: 27 Denominator: 48 Rate: 56.3 Combined rate (5-17 years) Numerator: 47 Denominator: 88 Rate: 53.4 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 91 Denominator: 92 Rate: 98.9 10-17 years Numerator: 105 Denominator: 135 Rate: 77.8 Combined rate (5-17 years) Numerator: 196 Denominator: 227 Rate: 86.3 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: 88.35%

Annual Performance Objective for FFY 2008: 90.4%

Annual Performance Objective for FFY 2009: 92.45%

Explain how these objectives were set: From 2004-2006 SD achieved an increase of 4.1%. A rate increase of 2.05% per year would then seem like a realistic expectation to achieve in years to come.

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2006
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP enrollees 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years of age that were continuously enrolled during fiscal year 2004 who had a visit with a primary care practitioner.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP enrollees 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years of age that were continuously enrolled during fiscal year 2005 who had a visit with a primary care practitioner.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP enrollees 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years of age that were continuously enrolled during fiscal year 2006 who had a visit with a primary care practitioner.
Year of Data: 2004	**Year of Data:**	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 168 Denominator: 181 Rate: 92.8 7-11 years Numerator: 783 Denominator: 1147 Rate: 68.3 25 months-6 years Numerator: 614 Denominator: 773 Rate: 79.4 12-19 years Numerator: 807 Denominator: 1166 Rate: 69.2 Additional notes on measure: The total of SCHIP recipients used in this study was 3,267. Of those, 2,372 accessed their PCP for a utilization rate of 73%.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 258 Denominator: 267 Rate: 96.6 7-11 years Numerator: 1836 Denominator: 2460 Rate: 74.6 25 months-6 years Numerator: 1305 Denominator: 1500 Rate: 87 12-19 years Numerator: 2362 Denominator: 3019 Rate: 78.2 Additional notes on measure: The total of SCHIP recipients used in this study was 7,255. Of those, 5,761 accessed their PCP for a utilization rate of 79%. This was a 6% increase from FFY 2004.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 189 Denominator: 226 Rate: 83.6 7-11 years Numerator: 893 Denominator: 977 Rate: 91.4 25 months-6 years Numerator: 935 Denominator: 1214 Rate: 77 12-19 years Numerator: 1157 Denominator: 1901 Rate: 60.9 Additional notes on measure: The total of SCHIP recipients used in this study was 4,318. Of those, 3,174 accessed their PCP for a utilization rate of 73.5%. This was a 0.5% increase from FFY 2004.
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: 73.75%

Annual Performance Objective for FFY 2008: 74%

Annual Performance Objective for FFY 2009: 74.25%

Explain how these objectives were set: There was a 0.5% increase from 2004-2006, so a 0.25% increase was estimated for the following years.

Other Comments on Measure:

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2005	FFY 2006	Percent change FFY 2005-2006
SCHIP Medicaid Expansion Program	10843	11254	3.79
Separate Child Health Program	3195	3330	4.23

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

N/A

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

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	12	2.9	6.1	1.5
1998 - 2000	14	3.1	7.1	1.5
2000 - 2002	9	1.8	4.7	.9
2002 - 2004	8	1.8	4.1	.8
2003 - 2005	9	2.0	4.6	1.0
Percent change 1996-1998 vs. 2003-2005	-25.0%	NA	-24.6%	NA

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

There is no identifiable change in SD's program that would account for the slight increase of uninsured children.

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

N/A

~~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

SD does not currently have a method to track how many recipients were enrolled as a direct result of outreach activities or enrollment siplification.

However, surveys are sent to a random sample of SCHIP recipients. These surveys ask if there were any difficulties with the enrollment process and how they learned about the program. Results of

these surveys suggest that very few experience any problems with the enrollment process and that outreach efforts have been succsessful.

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) Reduce amount of uninsured children in South Dakota	**Goal #1 (Describe)** Reduce amount of uninsured children in South Dakota	**Goal #1 (Describe)** Reduce amount of uninsured children in South Dakota
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: M-SCHIP: Continue to extend Medicaid to uninsured children age 0 through 18 at Medicaid eligibility levels and other low income children from 133% to 140% of the FPL. S-SCHIP: Continue S-SCHIP to provide coverage to targeted, uninsured children in families with incomes from 141% to 200% of FPL.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: M-SCHIP: Continue to extend Medicaid to uninsured children age 0 through 18 at Medicaid eligibility levels and other low income children from 133% to 140% of the FPL. S-SCHIP: Continue S-SCHIP to provide coverage to targeted, uninsured children in families with incomes from 141% to 200% of FPL.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: M-SCHIP: Continue to extend Medicaid to uninsured children age 0 through 18 at Medicaid eligibility levels and other low income children from 133% to 140% of the FPL. S-SCHIP: Continue S-SCHIP to provide coverage to targeted, uninsured children in families with incomes from 141% to 200% of FPL.
Status of Data 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*: US Census Bureau Current Population Survey 1995-2006. SD MMIS & MR 63: 07/1998-09/2006	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*: US Census Bureau Current Population Survey 1995-2006. SD MMIS & MR 63: 07/1998-09/2006	**Data Source:** ☐ Eligibility/Enrollment data ☒ Survey data. *Specify*: ☐ Other. *Specify*: US Census Bureau Current Population Survey 1995-2006. SD MMIS & MR 63: 07/1998-09/2006
Definition of Population Included in the Measure: Definition of denominator: Number of all children in SD who are under 19 years old and below 200% FPL Definition of numerator: Number of SD children under 19 years at or below 200% FPL without health insurance	**Definition of Population Included in the Measure:** Definition of denominator: Number of all children in SD who are under 19 years old and below 200% FPL Definition of numerator: Number of SD children under 19 years at or below 200% FPL without health insurance.	**Definition of Population Included in the Measure:** Definition of denominator: Number of all children in SD who are under 19 years old and below 200% FPL Definition of numerator: Number of SD children under 19 years at or below 200% FPL without health insurance.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: This is the percentage of children under 19 years of age below 200% FPL without health insurance in South Dakota. Numerator: 9000 Denominator: 66000 Rate: 13.6 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: This is the percentage of children under 19 years of age below 200% FPL without health insurance in South Dakota. Numerator: 8000 Denominator: 73000 Rate: 11 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: This is the percentage of children under 19 years of age below 200% FPL without health insurance in South Dakota. Numerator: 9000 Denominator: 73000 Rate: 12.3 Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006

Explanation of Progress:

Annual Performance Objective for FFY 2007: 11.65%

Annual Performance Objective for FFY 2008: 11%

Annual Performance Objective for FFY 2009: 10.35%

Explain how these objectives were set: There was a 1.3% decrease reported from 2004 to 2006 so a decrease of 0.65% was projected for the following years.

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) Increase M-SCHIP enrollment	**Goal #1 (Describe)** Increase M-SCHIP enrollment	**Goal #1 (Describe)** Increase M-SCHIP enrollment
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Increase growth M-SCHIP enrollment	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Increase growth M-SCHIP enrollment	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Increase growth of M-SCHIP enrollment
Status of Data 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*: MMIS & MR 63: 09/2003-09/2006	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: MMIS & MR 63: 09/2003-09/2006	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: MMIS & MR 63: 09/2003-09/2006
Definition of Population Included in the Measure: Definition of denominator: Number of SD M-SCHIP recipients enrolled 9/30/2003 Definition of numerator: Number of M-SCHIP recipents added in FFY 2004	**Definition of Population Included in the Measure:** Definition of denominator: Number of SD M-SCHIP recipients enrolled 9/30/2004 Definition of numerator: Number of M-SCHIP recipients added in FFY 2005	**Definition of Population Included in the Measure:** Definition of denominator: Number of SD M-SCHIP recipients enrolled 9/30/2005 Definition of numerator: Number of M-SCHIP recipients added in FFY 2006
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The percentage of M-SCHIP enrollment growth Numerator: 603 Denominator: 7419 Rate: 8.1 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of M-SCHIP enrollment growth Numerator: 556 Denominator: 8022 Rate: 6.9 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of M-SCHIP enrollment growth Numerator: 181 Denominator: 8578 Rate: 2.1 Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** 5.7% **Annual Performance Objective for FFY 2008:** 6.9% **Annual Performance Objective for FFY 2009:** 8.1% *Explain how these objectives were set:* The growth rate for SD M-SCHIP enrollment has decreased from 2004-2006. The average rate of increase in M-SCHIP enrollment for the past 3 years was 5.7%. This has been set as a target for 2007, along with a slight increase for the following years.		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Increase S-SCHIP enrollment	**Goal #2 (Describe)** Increase S-SCHIP enrollment	**Goal #2 (Describe)** Increase S-SCHIP enrollment
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Increase growth rate of S-SCHIP enrollment	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Increase growth rate of S-SCHIP enrollment	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Increase growth rate of S-SCHIP enrollment
Status of Data 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*: MMIS & MR 63: 09/2003-09/2006	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: MMIS & MR 63: 09/2003-09/2006	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: MMIS & MR 63: 09/2003-09/2006
Definition of Population Included in the Measure: Definition of denominator: Number of SD S-SCHIP recipients enrolled 9/30/2003 Definition of numerator: Number of S-SCHIP recipients added in FFY 2004	**Definition of Population Included in the Measure:** Definition of denominator: Number of SD S-SCHIP recipients enrolled 9/30/2004 Definition of numerator: Number of S-SCHIP recipients added in FFY 2005	**Definition of Population Included in the Measure:** Definition of denominator: Number of SD S-SCHIP recipients enrolled 9/30/2005 Definition of numerator: Number of S-SCHIP recipients added in FFY 2006
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The percentage of S-SCHIP enrollment growth Numerator: 195 Denominator: 1968 Rate: 9.9 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of S-SCHIP enrollment growth Numerator: 189 Denominator: 2163 Rate: 8.7 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of S-SCHIP enrollment growth Numerator: 32 Denominator: 2352 Rate: 1.4 Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** 6.67% **Annual Performance Objective for FFY 2008:** 8.29% **Annual Performance Objective for FFY 2009:** 9.91% *Explain how these objectives were set:* The growth rate for SD S-SCHIP enrollment has decreased from 2004-2006. The average rate of increase in S-SCHIP enrollment for the past 3 years was 6.67%. This has been set as a target for 2007, along with a slight increase for the following years.		
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) Increase Medicaid enrollment	**Goal #1 (Describe)** Increase Medicaid enrollment	**Goal #1 (Describe)** Increase Medicaid enrollment
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Increase growth rate of SD Medicaid enrollment	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Increase growth rate of SD Medicaid enrollment	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Increase growth rate of SD Medicaid enrollment
Status of Data 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*: MMIS & MR 63: 09/2003-09/2006	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: MMIS & MR 63: 09/2003-09/2006	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: MMIS & MR 63: 09/2003-09/2006
Definition of Population Included in the Measure: Definition of denominator: Number of SD Medicaid recipients enrolled 9/30/2003 Definition of numerator: Number of Medicaid recipients added in FFY 2004	**Definition of Population Included in the Measure:** Definition of denominator: Number of SD Medicaid recipients enrolled 9/30/2004 Definition of numerator: Number of Medicaid recipients added in FFY 2005	**Definition of Population Included in the Measure:** Definition of denominator: Number of SD Medicaid recipients enrolled 9/30/2005 Definition of numerator: Number of Medicaid recipients added in FFY 2006
Year of Data: 2006	**Year of Data:** 2006	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The percentage of Medicaid enrollment growth Numerator: 1284 Denominator: 50671 Rate: 2.5 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of Medicaid enrollment growth Numerator: 1704 Denominator: 51955 Rate: 3.3 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The percentage of Medicaid enrollment growth Numerator: 0 Denominator: 53659 Rate: 0 Additional notes on measure: There was 128 less Medicaid recipients in FFY 2006 as in 2005.

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

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase participation in the South Dakota medical assistance primary care case management program.	**Goal #1 (Describe)** Increase participation in the South Dakota medical assistance primary care case management program.	**Goal #1 (Describe)** Increase participation in the South Dakota medical assistance primary care case management program.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: M-SCHIP: Enroll all newly approved M-SCHIP children in the South Dakota medical assistance primary care case management program within 1 month of their enrollment. S-SCHIP: Enroll 95% of all newly approved S-SCHIP children in the South Dakota medical assistance primary care case management program within 1 month of enrollment.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: M-SCHIP: Enroll all newly approved M-SCHIP children in the South Dakota medical assistance primary care case management program within 1 month of their enrollment. S-SCHIP: Enroll 95% of all newly approved S-SCHIP children in the South Dakota medical assistance primary care case management program within 1 month of enrollment.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: M-SCHIP: Enroll all newly approved M-SCHIP children in the South Dakota medical assistance primary care case management program within 1 month of their enrollment. S-SCHIP: Enroll newly approved S-SCHIP children in the South Dakota medical assistance primary care case management program within 1 month of enrollment.
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Numerator: total number of children enrolled in the Managed Care Program Denominator: total number of children enrolled in the M-SCHIP program and the S-SCHIP program	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Numerator: total number of children enrolled in the Managed Care Program Denominator: total number of children enrolled in the M-SCHIP program and the S-SCHIP program	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Numerator: total number of children enrolled in the Managed Care Program Denominator: total number of children enrolled in the M-SCHIP program and the S-SCHIP program
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: SD MMIS & MR63: 10/2003 - 10/2006	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: SD MMIS & MR63: 10/2003 - 10/2006	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: SD MMIS & MR63: 10/2003 - 10/2006
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: Numerator: total number of children enrolled in the Managed Care Program	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator: total number of children enrolled in the Managed Care Program	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator: total number of children enrolled in the Managed Care Program

FFY 2004	FFY 2005	FFY 2006
Denominator: total number of children enrolled in the M-SCHIP program and the S-SCHIP program	Denominator: total number of children enrolled in the M-SCHIP program and the S-SCHIP program	Denominator: total number of children enrolled in the M-SCHIP program and the S-SCHIP program
Year of Data:	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Performance Measurement Data: *(If reporting with another methodology)* Numerator: 9659 Denominator: 9738 Rate: 99.2 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 10532 Denominator: 10600 Rate: 99.4 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 11192 Denominator: 11232 Rate: 99.6 Additional notes on measure: Enrollment in M-SCHIP and S-SCHIP recipients in the SD medical assistance primary case management program remains relatively consistant from FFY 2000-2006.

Explanation of Progress:

Annual Performance Objective for FFY 2007: 99.7%

Annual Performance Objective for FFY 2008: 99.8%

Annual Performance Objective for FFY 2009: 99.9%

Explain how these objectives were set: MC participation rate for 2006 increased by 0.1% each year

Other Comments on Measure: Every SCHIP participant is automatically enrolled in the Managed Care program. They may be exempt from this program if they become institutionalized or become severely ill. When a recipient moves to a new location, they may also be temporarily removed from the managed care program.

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Increase access to dental care.	**Goal #2 (Describe)** Increase access to dental care.	**Goal #2 (Describe)** Increase access to dental care.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Increase number of nonorthodontic dental visits in Medicaid and SCHIP population.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Increase number of nonorthodontic dental visits in Medicaid and SCHIP population.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Increase number of nonorthodontic dental visits in Medicaid and SCHIP population.
Status of Data 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*: number of nonorthodontic dental visits in relation to the average enrollment for the state fiscal year	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: number of nonorthodontic dental visits in relation to the average enrollment for the state fiscal year	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Number of nonorthodontic dental visits in relation to the average enrollment for the state fiscal year
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: SD contracts with Delta Dental to provide it's eligible recipients with dental care. The number of dental visits is reported by Delta Dental according to their claims data.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: SD contracts with Delta Dental to provide its eligible recipients with dental care. The number of dental visits is reported by Delta Dental according to their claims data.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: SD contracts with Delta Dental to provide its eligible recipients with dental care. The number of dental visits is reported by Delta Dental according to their claims data.
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is the number of Nonorthodontic Dental Visits in the state fiscal year. Denominator is the average enrollment for the state fiscal year per SD Medicaid and SCHIP enrollment data.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is the number of Nonorthodontic Dental Visits in the state fiscal year. Denominator is the average enrollment for the state fiscal year per SD Medicaid and SCHIP enrollment data.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator is the number of Nonorthodontic Dental Visits in the state fiscal year. Denominator is the average enrollment for the state fiscal year per SD Medicaid and SCHIP enrollment data.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:

FFY 2004	FFY 2005	FFY 2006
Rate: Additional notes on measure:	Rate: Additional notes on measure:	Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 63172 Denominator: 95032 Rate: 66.5 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 72289 Denominator: 97675 Rate: 74 Additional notes on measure: This is a 7.5% increase from state fiscal year 2004.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 73658 Denominator: 100084 Rate: 73.6 Additional notes on measure: This is a 0.4% decrease from state fiscal year 2005.

Explanation of Progress:

Annual Performance Objective for FFY 2007: 77.15%

Annual Performance Objective for FFY 2008: 80.7%

Annual Performance Objective for FFY 2009: 84.25%

Explain how these objectives were set: SD acheived an increase of 7.1% from 2004-2006, an average of 3.55% per year. Objectives were set to increase at this rate for 2007-2009.

Other Comments on Measure: Delta Dental has several activities in place to ensure access to care. These measures include the mobile dental clinic, continuing education and tuition reimbursement for dentists, a rotation of dentists on call for emergencies, and a referral process to locate dentists for patients in rural areas. Additionally, SD is now providing 3 fluoride treatments per year for children ages 0-5 years. This can now be done by medical practitioners during screenings as well as by dentists.

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) Measure access to coverage for American Indian children in South Dakota by working jointly with the Indian Health Service (IHS), Tribal governments, and Urban Indian Health (UIH) clinics.	**Goal #3 (Describe)** Measure access to coverage for American Indian children in South Dakota by working jointly with the Indian Health Service (IHS), Tribal governments, and Urban Indian Health (UIH) clinics.	**Goal #3 (Describe)** Measure access to coverage for American Indian children in South Dakota by working jointly with the Indian Health Service (IHS), Tribal governments, and Urban Indian Health (UIH) clinics.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Measure participation of American Indian children using IHS and UIH facilities	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Measure participation of American Indian children using IHS and UIH facilities	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Measure participation of American Indian children using IHS and UIH facilities
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☒ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: SD MMIS & MR63: 07/1998-09/2006	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: MMIS & MR 63: 07/1998-09/2006	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: SD MMIS & MR 63: 07/1998-09/2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: SD MMIS & MR63: 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: Numerator: Number of American Indian children using IHS and UIH facilities Denominator: Number of American Indian children in the SD SCHIP program	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator: Number of American Indian SCHIP children using IHS or UIH facilities	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator: Number of SD American Indian SCHIP children using IHS and UIH facilities Denominator: Number of SD American Indian SCHIP children
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:

FFY 2004	FFY 2005	FFY 2006
Rate: Additional notes on measure:	Rate: Additional notes on measure:	Rate: Additional notes on measure:
Performance Measurement Data: Numerator: 667 Denominator: 1747 Rate: 38.2 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 708 Denominator: 1811 Rate: 39.1 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 1149 Denominator: 4299 Rate: 26.7 Additional notes on measure: The final data based on claims from 2006 is not currently available. This report will be redesigned for more accurate results by 2007.

Explanation of Progress:

Annual Performance Objective for FFY 2007: 34.7%

Annual Performance Objective for FFY 2008: 35.7%

Annual Performance Objective for FFY 2009: 36.7%

Explain how these objectives were set: The average percentage of utilization for 2004-2006 was 34.7%. This was set for the target for 2007 and an increase of 1% is projected for each of the following years.

Other Comments on Measure: All 12 facilities in South Dakota and 1 IHS facility in North Dakota along with 3 UIH facilities in the state are participating as PCPs. The American Indian M-SCHIP and S-SCHIP recipients are given the opportunity to select the PCP of their choice. They can receive services at IHS facilities even if they have not selected those providers as their PCP.

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase rate of children's screening visits in Medicaid and SCHIP population.	**Goal #1 (Describe)** Increase rate of children's screening visits in Medicaid and SCHIP population.	**Goal #1 (Describe)** Increase rate of children's screening visits in Medicaid and SCHIP population.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Track all Medicaid and SCHIP EPSDT children and compare the expected amount of screening visits in relation to actual screens received.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Track all Medicaid and SCHIP EPSDT children and compare the expected amount of screening visits in relation to actual screens received.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Track all Medicaid and SCHIP EPSDT children and compare the expected amount of screening visits in relation to actual screens received.
Status of Data 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*: SD MMIS & MR63: 2004-2006	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: SD MMIS & MR63: 2004-2006	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Track all Medicaid and SCHIP EPSDT children and compare the expected amount of screening visits in relation to actual screens received.
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*: SD MMIS & MR63: 2004-2006
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: All Medicaid and SCHIP (EPSDT) children who received a screening visit during the year.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: All Medicaid and SCHIP (EPSDT) children who received a screening visit during the year.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: All Medicaid and SCHIP (EPSDT) children who received a screening visit during the year.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:

FFY 2004	FFY 2005	FFY 2006
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 48660 Denominator: 90677 Rate: 53.7 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 50557 Denominator: 93685 Rate: 54 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 41336 Denominator: 75321 Rate: 54.9 Additional notes on measure: The data in the 2006 report is only a quarterly report and does not reflect the whole federal fiscal year. There have recently been technical difficulties with this report as well, so this may not accurately reflect the 2006 screenings. SD is working with the Bureau of Information Technology to resolve this error for 2007.

Explanation of Progress:

Annual Performance Objective for FFY 2007: 55.5%

Annual Performance Objective for FFY 2008: 56.1%

Annual Performance Objective for FFY 2009: 56.7%

Explain how these objectives were set: There was a 1.2% increase in the screening ratio from 2004-2006, so it was projected to increase at a rate of 0.6% per year for the following years.

Other Comments on Measure: The use of preventative care is expected to increase because the SD Medicaid/SCHIP program has increased the rates paid for routine E&M codes used by general practice. SD has increased the rates for immunization administration fees from $7 to $9. The immunization schedule will also be updated this year.

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

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

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

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

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

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

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

Follow up is provided to any questions or complaints received to the department. Surveys are sent out to request feedback on satisfaction of the SCHIP program both to recipients currently enrolled and recently disenrolled.

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?

SD is currently working on improving the survey process. Currently only a small random sample of recipients and disenrollees have received and responded to survey letters sent out due to some technical difficulties. Results will be available in the next annual report.

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?

All SCHIP studies done this fiscal year have been previously reported in this section.

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.

See attached HKK letters and brochures, Disenrollee and Department Survey letters, managed care attachments, and enrollment data.

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?

No changes have been made.

~~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?

Since the inception of the SCHIP program, the state has used a number of approaches to conduct outreach to clients. This includes collaboration with other health or children's providers, the use of brochures and posters, client education sessions, an eligibility 800 telephone number, etc. The only way SD can measure the effectiveness with these families is with anecdotal information on how they learned about the program. Local offices keep track of internet applications as they are aware of them. The monthly department SCHIP survey has questions regarding how families heard about the program and where they got the application.

~~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?

IHS and Tribal medical providers help reach American Indian populations by providing SCHIP applications, brochures, and displaying SCHIP posters for their parents and their families. Contacts with health providers at various vocational schools, colleges, and universities have been useful in reaching non-traditional students and those under 19 who are on their own. Contacts with the Birth-To-Three agencies have also resulted in referrals of eligible children.

The most recent Statistical Enrollment Data System (Sept 2006) indicates that South Dakota had 2,483 American Indian children enrolled in the SCHIP program. This represents 22.32% of the total number of children enrolled in the SCHIP program.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

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

- ☐ Yes
- ☐ No
- ☒ N/A

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

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

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

- ☐ Yes
- ☐ No
- ☒ N/A

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

All States must complete the following 3 questions

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

SCHIP has specific measures to prevent the program from substituting for coverage under group health plans. The first measure is that persons covered by insurance providing hospital and medical services under HMO's are not eligible for benefits under SCHIP.

Another measure to prevent substitution is that children are ineligible if they have been covered by a group health plan in the 3 months immediately preceding the application for SCHIP. The department has adopted a definition of group health plan that includes employers, self-employed plans, employee organizations, and self-insured plans that provide health care directly or otherwise. The department requires that insurance information on the persons seeking medical assistance coverage be provided on the application for SCHIP as a measure to avoid substitution for group health coverage. The department also requires that members of the SCHIP unit cooperate with the department to determine the availability of coverage. Failure to cooperate may result in loss of eligibility for the unit.

A database is maintained on persons with insurance coverage for people applying for or receiving medical assistance from the department under Medicaid, M-SCHIP, or S-SCHIP. The database includes type and coverage, name and address of carrier, policy numbers, plan sponsor, premium payer, and dates of coverage. Information from this database is available to benefits specialists to explore potential group health coverage. Benefits specialists also have the opportunity to update the information on this database to keep the information up to date.

Targeted low income children belonging to employees of the State government in South Dakota will not be eligible for SCHIP coverage because the State provides indirect assistance for the coverage of dependants in excess of the cost to cover the employee alone, regardless of the coverage choices made by the family. Children of employees of other government entities in South Dakota will have the coverage evaluated to ensure that there is no meaningful employer contribution (exceeding $10.00 per month) for group health coverage to dependent children.

South Dakota will continue to study the effects of its enrollment policies on the possible substitution of SCHIP coverage for private group coverage.

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

M-SCHIP NC

S-SCHIP 132 applicants were found to have insurance at the time of application in FFY 2006.

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

M-SCHIP NC

M-SCHIP 0 applicants were identified as having dropped group health insurance within 3 months prior to application.

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.

The SCHIP program follows the same eligibility and redetermination process that is used by the Medicaid program for children. Medical reviews are completed annually. The redetermination process is complete prior to the end of the original eligibility period so families receive timely notice and there is no break in coverage if eligibility continues.

Review does not require a signed application or an interview and any requested documentation may be submitted via mail or fax. If at the established review time there is sufficient information available in the case record to redetermine eligibility, then the medical review is considered complete and the family does not have to provide any information.

If information is not already available in the case record, the Department will initiate the review process by contacting the family in the 11th month of eligibility and gathering information to redetermine eligibility. Information may be gathered by any of the following methods: information reported and verified by the client verbally, or in writing; completion of 301M (medical application form); or completion of 301 (Food Stamp/TANF application form). All forms may be completed by the recipient or by the eligibility worker via telephone contact to the family.

~~2.~~ Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain.

The SCHIP program shares all of the functions with Medicaid that have been established in South Dakota. SCHIP forms and procedures are identical to those utilized for Medicaid. This also includes utilization of the same staff to make eligibility determinations and a single computer eligibility determination system. Once a child is determined eligible for Medicaid or SCHIP, the eligibility remains until a determination has been made that the child is no longer eligible for either Medicaid or SCHIP. This seamless process allows children to transfer from one medical program

to another without interruption when eligibility criteria changes, but the child remains eligible for Medicaid or SCHIP.

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

Health care services for SCHIP are delivered using the Medicaid delivery and payment systems, including primary care case management (PCCM) and access to specialty health service providers as approved under the South Dakota State Plan Amendment. The State can assure that children receiving services under SCHIP will receive the same beneficiary protections as children receiving Medicaid coverage including grievances and appeals, privacy and confidentiality, respect and non-discrimination, access to emergency services, and an opportunity to participate in health care treatment decision and choice of providers. Benefits delivered to targeted uninsured children under the SCHIP state administered program are identical to the benefits offered under the State's Medicaid program, including EPSDT benefits. The State can also assure that it is providing SCHIP services in an effective and efficient manner by using Medicaid policies and procedures.

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?
  At least 2
- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)
  2 months prior, 1 month prior, and 10 days prior to the end of the current eligibility period

☒ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups)
  Households with disenrolled children

☒ Holds information campaigns

☒ Provides a simplified reenrollment process,

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

The SCHIP program follows the same eligibility and redetermination process that is used by the Medicaid program for children. Medical reviews are completed annually. The redetermination process is complete prior to the end of the original eligibility period so families receive timely notice and there is no break in coverage if eligibility continues.

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

Disenrollee surveys are sent to a random sample of parents of SCHIP recipients who have recently been disenrolled. These surveys request the reason for disenrollment.

☐ 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.

These strategies are evaluated by asking for feed back through surveys sent to the caretakers of recently disenrolled children. According to surveys received back only 6% were due to failing to reenroll and 0% reported that they did not know how to reenroll and 0% reported having trouble completing the paperwork. The department does not have a method to determine which of the strategies above are the most effective. However, growing enrollment numbers in the SCHIP program provides evidence that these processes are working.

~~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?

N/A

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?

South Dakota does not require premiums or enrollment fees.

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

There are no cost share requirements for any medical assistance recipients 18 years old and under in the state of South Dakota.

~~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 have been no changes this fiscal year.

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.
SD has both a Medicaid expansion SCHIP program and a stand alone program. Both SCHIP categories use all of the same fraud and abuse procedures as South Dakota's Medicaid program.

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

~~a)~~ Provider credentialing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

~~b)~~ Provider billing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

~~c)~~ Beneficiary eligibility

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

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

Enter any Narrative text below.

NA

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	0	0	0
per member/per month rate @ # of eligibles	0	0	0
Fee for Service	13,717,687	15,468,230	16,812,566
Total Benefit Costs	13,717,687	15,468,230	16,812,566
(Offsetting beneficiary cost sharing payments)	0	0	0
Net Benefit Costs	$ 13,717,687	$ 15,468,230	$ 16,812,566

Administration Costs			
Personnel	0	0	0
General Administration	633,319	696,588	734,552
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	0	0	0
Outreach/Marketing costs	25,000	25,000	25,000
Other Indirect Cost	0	0	0
Health Services Initiatives	0	0	0
Total Administration Costs	658,319	721,588	759,552
10% Administrative Cap (net benefit costs ÷ 9)	1,524,187	1,718,692	1,868,063

Federal Title XXI Share	10,861,073	11,986,941	12,655,439
State Share	3,514,933	4,202,877	4,916,679

TOTAL COSTS OF APPROVED SCHIP PLAN	14,376,006	16,189,818	17,572,118

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.
NA

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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

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

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

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

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

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

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

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

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

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

Fee for Service					
Total Benefit Costs for Waiver Population #2					

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

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

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

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

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

Administration Costs

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

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

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

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

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

South Dakota continues to struggle each year with balancing the state's budget. As such, programs that have a large fiscal impact on the state's budget are always under a great deal of scrutiny. Our per capita income in South Dakota continues to rise, therefore the federal medical assistance percentage for Medicaid and SCHIP continues to decrease requiring more and more general funds to finance this program.

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

The greatest challenge experienced during this reporting period continues to be the fiscal impact of paying for more medical services than ever before with less and less federal assistance. The state's budget is severely impacted by large swings in federal match rates.

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

In FFY 2006, South Dakota continued to add uninsured children to M-SCHIP and S-SCHIP.

Another accomplishment is our success in obtaining citizenship verification for applicants through a data matching system that was developed with the South Dakota Department of Health and their vital statistics office. This data matching system has been crucial in providing verification of citizenship for those recipients born in South Dakota in a timely and cost efficient manner. Even though we are noting this as a success, the citizenship requirement also has a financial burden attached to it. In the past 4 months, approximately $12,000 has been spent on out of state birth certificates for those applicants and recipients who do not have their original birth certificate nor have the means to purchase an original birth certificate in an effort to prove their citizenship.

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.

South Dakota continues our cost containment and disease management efforts. Our disease management program is targeted at the disabled population with focus given on providing education to beneficiaries and providers in managing chronic health conditions in an effort to reduce or avoid hospitalizations.

South Dakota plans to continue our efforts in assisting applicants to prove their citizenship as a requirement for medical assistance. As noted above, this requirement does not come without costs but our state is committed to helping those in need obtain the necessary medical coverage that they need.

Enter any Narrative text below.

NA