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

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

Signature:

J. Ruth Kennedy

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

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: **Kyle C. Viator, LaCHIP Director of Operations**

Address: **P.O. Box 91030**

City: **Baton Rouge** State**:** **LA** Zip**:** **70821**

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Email: **kviator@dhh.la.gov**

Submission Date: **3/16/2007**

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						**From**		% of FPL conception to birth		% of FPL
	From	133	% of FPL for **infants**	200	% of FPL	**From**		% of FPL for **infants**		% of FPL
	From	133	% of FPL for children ages **1 through 5**	200	% of FPL	**From**		% of FPL for 1 **through 5**		% of FPL
	From	100	% of FPL for children ages **6 through 16**	200	% of FPL	**From**		% of FPL for children ages **6 through 16**		% of FPL
	From	100	% of FPL for children ages **17 and 18**	200	% of FPL	**From**		% of FPL for children ages **17 and 18**		% 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? All children are eligible for 3 months prior to their date of application.	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

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

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

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

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

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

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

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

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☒	Yes	☐	Yes
	Specify number of months	12	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	
	Family moves out of state or requests closure.			

	☐	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	
	☐	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	Most substantial changes were made in an effort to ensure complicance with the DRA Citizenship/Identity requirments. Continual enhancements made for health literacy purposes; updated to incorporate 2006 FPL.
~~c)~~ Application documentation requirements	To ensure complicance with the DRA Citizenship/Identity requirments.
~~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	Changes were made to policy relative to requirements for follow-up by caseworkers to compensate for increased time per case required as a result of the implementation of DRA Citizenship/Identify verification requirements.
~~m)~~ Enrollment process for health plan selection	
~~n)~~ Family coverage	
~~o)~~ Outreach	New state funds appropriated to continue work initiated by community based organizations through the Robert Woods Johnson Foundation grant for the Covering Kids & Families projects.
~~p)~~ Premium assistance	
~~q)~~ Prenatal Eligibility Expansion	
~~r)~~ Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
~~t)~~ Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**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*: 2005 Volume 2	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2006, Volume 2	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2007
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: The number of unique recipients who visited primary care practitioners at least once for a well child visit in the first 15 months of life.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of June 30, 2006, the number of unique recipients who were enrolled for at least 14 of the last 15 months who visited primary care practitioners at least once (twice, three times, four times, five times or six or more times) in their first 15 months of life.
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: 1914 Denominator: 41696 Rate: 4.6 4 visits Numerator: Denominator: Rate: 1 visit Numerator: 39782 Denominator: 41696 Rate: 95.4 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure: Results were only captured for whether children had at least one well child visit.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 2234 Denominator: 38383 Rate: 5.8 4 visits Numerator: 5339 Denominator: 38383 Rate: 13.9 1 visit Numerator: 1870 Denominator: 38383 Rate: 4.9 5 visits Numerator: 6825 Denominator: 38383 Rate: 17.8 2 visits Numerator: 2733 Denominator: 38383 Rate: 7.1 6+ visits Numerator: 16449 Denominator: 38383 Rate: 42.9 3 visits Numerator: 3831 Denominator: 38383 Rate: 10 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 1807 Denominator: 40223 Rate: 4.5 4 visits Numerator: 5363 Denominator: 40223 Rate: 13.3 1 visit Numerator: 1932 Denominator: 40223 Rate: 4.8 5 visits Numerator: 6794 Denominator: 40223 Rate: 16.9 2 visits Numerator: 2890 Denominator: 40223 Rate: 7.2 6+ visits Numerator: 17585 Denominator: 40223 Rate: 43.7 3 visits Numerator: 3852 Denominator: 40223 Rate: 9.6 Additional notes on measure: As children under 19 enrolled in Medicaid are included in this data set, we believe that a percentage of the total number with 0 visits are likely those recipients with TPL. Since Medicaid serves as only a payer of last resort, we suspect that Medicaid children who have TPL don't have administrative claims data on the MMIS because of reimbursement policy. We will further analyze data to make this determination during FFY07 and plan to have more to report in next year's annual report.
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: During FFY07 a new pay for performance initiative has been started to reward primary care physicians for having a high immunization rates for their LaCHIP & Medicaid clients. A provider rate increase will also be implemented in SFY07. We believe our rates can continue to improve with this initiative starting to take effect in addition to the already existing project that our PCCM Quality Control nurses have been working on to educate our clients and providers about the importance of well child visits early in life. We are hoping to see the rate of children in this age group who have 6 of more visits to increase to 45% in FFY07.

Annual Performance Objective for FFY 2008: We plan to evaluate and revise policies that may currently discourage well child screenings to occur during the same date of service as sick visits. With another year worth of the above mentioned quality initiatives in place, we are hoping to see the rate of children in this age group who have 6 of more visits to increase to 47.5% in FFY08.

Annual Performance Objective for FFY 2009: By FFY09, we are hopeful to have increased our PFP initiatives and build upon the other quality initiatives already in place. Subsequently, we are hoping to reach the point where 50% of the children in this age group have 6 of more visits.

Explain how these objectives were set: A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.

Other Comments on Measure:

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005, Volume 2	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2006, Volume 2	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2007
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: The number of children who had at least one well-child visit during the measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of children who had at least one well-child visit 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: As of June 30th, 2006, the number of children who had at least one well-child visit during the measurement year.
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: 80165 Denominator: 137658 Rate: 58.2 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 81648 Denominator: 143786 Rate: 56.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 75245 Denominator: 143769 Rate: 52.3 Additional notes on measure: Ten months of this reporting

FFY 2004	FFY 2005	FFY 2006
		period fell in the immediate aftermath of Hurricane Katrina and thus was likely responsible for a decline from the rates in FFY05 for this measure. We also believe the TPL issue we described for children in the first 15 months of life is a part of the issue relative to a number of children having no well child visits. We plan to evaluate and revise policies that may currently discourage well child screenings to occur during the same date of service as sick visits.

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: Enrollment has been somewhat artifically inflated during FFY07 due to the fact that renewal activity was delayed post Katrina in Orleans & St. Bernard until the end of CY2006, it will be difficult to show much improvement in this measure. Furthermore, in the most severely Katrina impacted areas there are many more limitations to provider access than before the storm. In FFY07, we are hoping to stabilize the percentage of children at 52.5% in this age group who have at least 1 well child visit.

Annual Performance Objective for FFY 2008: Our PCCM Quality Control Unit will be looking into increasing education about the importance of well child visits for these age groups. We plan to evaluate and revise policies that may currently discourage well child screenings to occur during the same date of service as sick visits. Taking these factor sinto account along with the stabilization of the eligibility files, we are hopful to see this rate increase to 55% in FFY08.

Annual Performance Objective for FFY 2009: We are hopful to see a continued increase in this rate to 57.5% in FFY09.

Explain how these objectives were set: A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.

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*: 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2007
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: The number of asthmatics meeting the HEDIS measure.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of asthmatics meeting the HEDIS measure	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of June 30, 2006, the number of recipients who meet the persistent asthma diagnosis for 2 years who have use the approriate medications over the reporting period.
Year of Data: 2003	**Year of Data:** 2004	**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: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: 9922 Denominator: 16321 Rate: 60.8 Additional notes on measure: Only one rate developed for all children under 19 meeting the HEDIS criteria.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: 13063 Denominator: 22446 Rate: 58.2 Additional notes on measure: Only one rate developed for all children under 19 meeting the HEDIS criteria.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: 14308 Denominator: 16061 Rate: 89.1 Additional notes on measure: As the HEDIS definition changed in the 2007 version to only capture those children with a persistent asthma diagnosis for the last 2 years rather than just the last 1 year, the denominator was significantly smaller in data reported for FFY06. In order to provide more useful data and trending, we will analyze the data provided for FFY05 using the HEDIS 2007 guidelines.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: The fact that the numerator significantly increased at a time when children's enrollment was fairly stable was a very positive step that we are hopeful to continue. Several efforts have been initiated by the state Medicaid agency to improve outcomes for children with asthma including: 1) offering CEU for nurses/asthma management, 2) pilot phase of performing Quality Reviews specific to asthma management based on the Chronic Care Model with provider offices & 3) intervention with patients for education through telephone contact and follow up with PCPs. In FFY07 we are hoping to continue utilizing these initiatives to increase the use of appropriate medications for children with asthma to 91%.

Annual Performance Objective for FFY 2008: In FFY08 we are hoping to continue utilizing these initiatives to increase the use of appropriate medications for children with asthma to 92%.

Annual Performance Objective for FFY 2009: In FFY09 we are hoping to continue utilizing these initiatives to increase the use of appropriate medications for children with asthma to 93%.

Explain how these objectives were set: A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005, Volume 2	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2006, Volume 2	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2007
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of unique recipients who visited PCPs by HEDIS defined age groups.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of June 30, 2006, the number of unique recipients who visited PCPs by HEDIS defined age groups & who were enrolled for a certain number of prior months per age group as defined by HEDIS.
Year of Data: 2004	**Year of Data:** 2005	**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: 39782 Denominator: 41696 Rate: 95.4 7-11 years Numerator: 113570 Denominator: 131830 Rate: 86.1 25 months-6 years Numerator: 147166 Denominator: 171296 Rate: 85.9 12-19 years Numerator: 143407 Denominator: 168690 Rate: 85 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 41437 Denominator: 43176 Rate: 96 7-11 years Numerator: 122123 Denominator: 139516 Rate: 87.5 25 months-6 years Numerator: 153632 Denominator: 177938 Rate: 86.3 12-19 years Numerator: 159241 Denominator: 183411 Rate: 86.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 40182 Denominator: 43820 Rate: 91.7 7-11 years Numerator: 123611 Denominator: 144359 Rate: 85.6 25 months-6 years Numerator: 142902 Denominator: 178906 Rate: 79.9 12-19 years Numerator: 163964 Denominator: 194330 Rate: 84.4 Additional notes on measure: On this measure, we plan to also continue investigating during FFY07 whether our reimbursement policy relative to payment of claims for children with TPL results in us having an artifically inflated number of kids showing up without a PCP visit.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: The declines seen across this measure in FFY06 are likely tied to the 2 major issues discussed in the earlier measures: 1)artifically inflated enrollment files in most severely impacted Katrina parishes & 2)decline in the number of providers who have reopened their clinics post-Katrina. Since many of these issues will still be a factor in the period that will be reported in FFY07, we are hopeful that the rates for this measure begin to close the gap in returning to the rates reported in FFY05.

Annual Performance Objective for FFY 2008: Our agency has increased reimburesment for well child visits during FFY07 and has plans to initiate a program to divert Medicaid reciipients from utilizing the ER, which we anticipate will have an impact on this measure. In FFY08, the eligibility files should be stabilized and through initiatives geared towards recruiting more physicians into the storm damaged areas we are hoping to see the rates for this measure to return to the levels reported in FFY05.

Annual Performance Objective for FFY 2009: In FFY09, we are hoping to see enough stabilization of the above mentioned issues that the rates for this measure will begin to improve annually as they had from FFY04 to FFY05.

Explain how these objectives were set: A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.

FFY 2004	FFY 2005	FFY 2006
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	146347	142389	-2.7
Separate Child Health Program	0	0	

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

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

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	175	26.6	14.6	2.2
1998 - 2000	161	25.8	13.7	2.0
2000 - 2002	123	18.6	9.7	1.4
2002 - 2004	106	17.5	8.6	1.4
2003 - 2005	88	15.7	7.3	1.3
Percent change 1996-1998 vs. 2003-2005	-49.7*%*	NA	-50.0**%**	NA

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

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

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

The state of Louisiana has taken deliberate action since the inception of LaCHIP to slowly but surely reducing the number of uninsured children. This data illustrates how effective the phased in approach of eligibility expansion, focus on simplification of policies to keep children enrolled and consistently strong grassroots outreach efforts done by our eligiblity staff have resulted Louisiana being ahead of the curve on this very important healthcare indicator.

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

Due to the fact that Louisiana is a less populous state, we believe that the estimates available through a small sample size are not adequate for tracking the rate of uninsured children in this state. In order to obtain more reliable state specific data we commissioned a household insurance survey by our state's flagship university.

~~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)	Louisiana Health Insurance Survey conducted by the Louisiana State University Public Policy Research Lab
Reporting period (2 or more points in time)	Initial Survey conducted during Summer 2003 & Update to Survey conducted during Summer 2005
Methodology	The Louisiana Department of Health & Hospitals commissioned the 2003 Louisiana Health Insurance Survey (LHIS) which included interviews with over 10,000 households representing over 27,000 individuals. The 2005 follow-up Louisiana Health Insurance Survey was designed to assess progress and regressions since 2003. Designed in consultation with the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, the 2005 LHIS is based on 10,099 Louisiana households and represents health insurance status on 27,126 individuals. Respondents were randomly sampled using a stratified random sampling design to assure representation in each of Louisiana's 64 parishes and a minimum of 800 respondents in each of the nine Department of Health and Hospitals geographic regions. The survey was conducted from March 2005 through August 2005. Recognizing some limitations of the 2003 LHIS, the 2005 LHIS improves on prior research in the following ways: (1) Utilizing information about familiar relationships (e.g., stepchildren) and more precise estimates of family income, child support payments, and child care expenses, the 2005 LHIS better captures Medicaid eligible populations as defined by state of Louisiana eligibility guidelines. (2) In consultation with SHADAC, a procedure (hotdecking) was

	employed for imputing missing income data for the 2005 LHIS. The hotdecking procedure randomly assigns income within a set of characteristics known to be associated with household income (e.g., education, age, and geographic location). (3) Improved post-stratification weighting schemes based on the most recent census data available (the 2004 American Community Survey) assure estimates that better reflect contemporary Louisiana population characteristics. (4) Based on existing research and in consultation with SHADAC, the current study included a survey of Medicaid enrollees to estimate the Medicaid undercount and to adjust subsequent estimates uninsured populations. To estimate the Medicaid bias, we conducted a separate survey of known Medicaid households to develop baseline estimates of how Medicaid enrollees report their insurance status. Approximately 80% of children are correctly reported as being covered by LaChip or Medicaid, 6% report being uninsured, and 8% report being insured through an employer. For adults, the proportions are more staggering: Just over half of adults (51%) report being enrolled in Medicaid, 21% report being uninsured, 8% report having private insurance, and 10% report being insured through Medicare. Adjusting for the Medicaid undercount means discounting our estimate of "false positives" from reported uninsured rates. This discount is based on: (1) The proportion of the population on Medicaid or LaChip; and (2) The estimate of the proportion of respondents misreporting as uninsured. We have also adjusted estimates from the 2003 survey of the number of respondents within a particular group (e.g., the number of children under 19) to better reflect population estimates from the 2004 American Community Survey. Prior to these adjustments, the 2003 estimates were based on 2000 Census data. The sampling design was similar in structure to a survey conducted in Missouri by SHADAC. The initial sampling target was to generate at least 65 households from each parish and 800 households from each DHH region. To assure adequate sampling of minority and low income residents, an over sample 1000 respondents from telephone prefixes where the median income was below the statewide median was also conducted. The results are a more even distribution of households and individuals across regions, and a corresponding increase in confidence in estimates from regions where sample size has increased.
Population (Please include ages and income levels)	All Louisiana Households - Statewide Population As of 2004 - 4,368,839
Sample sizes	10,099 Louisiana households representing health insurance status on 27,126 individuals including 7,680 children under age 19.
Number and/or rate for two or more points in time	11.1% of all children were uninsured in 2003 and decreased to 7.6% of all children identified as uninsured in 2005.
Statistical significance of results	Overall, there is consistent and compelling evidence that the decline in the number of uninsured children is largely related to the increase in the number of children covered by LaCHIP or Medicaid.

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

Prior to this study, estimates of the number of non-elderly uninsured in Louisiana were based on Current Population Survey's March Supplement. The CPS estimates have been invaluable as the only consistent longitudinal, statewide estimates of the uninsured, but have historically been limited both in terms of the overall sample size for any given state and the geographic

distribution of respondents. Recently, the CPS has addressed some of these concerns by increasing the number of households included in the sample, and diversifying the strata from which these households are drawn. CPS currently includes 2186 households from Louisiana. While the increase in sample size makes the CPS a better estimate of statewide uninsured populations, it remains limited in its capacity to generate regional and parish-level estimates.

This study also addressed what health researchers have long known that a substantial proportion of Medicaid enrollees misreport their insurance status, often reporting themselves (or their families) as uninsured or as having private insurance. The consequence of this undercount is that survey-based estimates of the uninsured often include respondents who are actually covered through Medicaid or LaCHIP. That is, they overstate uninsured rates. Because Louisiana has a high proportion of respondents on Medicaid - particularly children enrolled in Medicaid or LaCHIP - the consequences of the Medicaid undercount are likely to be more substantial in Louisiana (and in other Southern states) than has been reported in the existing literature.

~~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.)

In terms of methodology, the 2005 Louisiana Health Insurance Survey improves upon work from the 2003 Louisiana Health Insurance Survey. The net effect of these changes is to provide more conservative (higher) and more accurate initial estimates of the uninsured. Our confidence in survey research resides not in individual point estimates but rather in confidence intervals around which we can be reasonably certain the true population parameter resides. The 2005 Louisiana Health Insurance Survey was designed in such a way as to assure large samples by region and demographic characteristics such that we could have reasonably high confidence in our estimates. Statewide the margin of error in the LHIS for the estimate of all uninsured kids was 1.1%.

~~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

As a result of the devestation surrounding Hurricane Katrina, the metropolitan New Orleans area (the most populuous area of Louisiana) experienced a significant outmigration of its residents. Inthe aftermath, the area's low-income population have experienced some of the greatest difficulting in returning to the region. Subsequently, it has impacted the overall enrollmen of children in Louisiana's public health coverage programs. During this reporting period there has actually been a net decrease in enrollment of children in Title XIX by 11,090, which is 10 times the similar reduction in SCHIP children of 1100. The fact that this is disproportionately higher than the statewide breakdown of enrollment in SCHIP vs. Medicaid children, we feel that the disproportionate affect of the devestation on low-income residents can be clearly demonstrated through this data.

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) Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for LaCHIP.Identify and enroll a net addition of 10,612 uninsured eligible children by Oct., 2005 in Title XXI SCHIP.	**Goal #1 (Describe)** Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for LaCHIP. Identify and enroll a net addition of 2,000 uninsured eligible children by Oct.1, 2006 in Title XXI SCHIP.	**Goal #1 (Describe)** Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for LaCHIP. Identify and enroll a net addition of 2,000 uninsured eligible children by Oct.1, 2006 in Title XXI SCHIP.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Pre-existing strategic objectives were outdated and irrelevant.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Goal revised to more accurately account for anticipated growth in FFY06 taking the known factors into account.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: N/A Definition of numerator: N/A	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data: 2004	**Year of Data:**	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Subtract the number of children enrolled at the end of FFY05 by the number of children enrolled in LaCHIP at the end of FFY04. The net increase in LaCHIP enrollment during FFY04 was 12,804. Numerator: Denominator: Rate: Additional notes on measure: The goal reported last year on this measure was outdated and already achieved two years earlier. The state Survey indicates	**Performance Measurement Data:** Described what is being measured: Net addition of children enrolled in LaCHIP at a point in time. Subtract the number of children enrolled at the end of FFY05 by the number enrolled in LaCHIP at the end of FFY04. The goal for increased FFY 05 (10,612) was based on the last six months of FFY04. Actual enrollment growth was only 4,459. While we impacted the uninsured rate throughout FFY05 by enrolling nearly 4,500 net additional children into SCHIP, our average monthly enrollment growth dropped through the reporting period. Numerator: Denominator:	**Performance Measurement Data:** Described what is being measured: Net change of children enrolled in LaCHIP at a point in time. Subtract the number of children enrolled at the end of FFY06 by the number enrolled in LaCHIP at the end of FFY05. The goal for increased FFY 06 (2,000) was based on the last six months of FFY05. Actual enrollment declined by 1,100. Numerator: Denominator: Rate: Additional notes on measure: FFY06 was the first year in the program's existence that we experienced a reversal in helping

FFY 2004	FFY 2005	FFY 2006
a higher proportion of the remaining uninsured children are in the LaCHIP income categories. With this taken into account we are anticipating a continuation of the enrollment growth rate at levels experienced over the last six months, on which this average is based.	Rate: Additional notes on measure: We anticipate that several factors are responsible for this, most notably, the impact that a further reduction of uninsured kids has had in recent years in the universe of potential eligibles for SCHIP. We also experienced significant budget shortfalls in Louisiana during this period and had to limit travel and overtime spending which limited our frontline eligibility staff's opportunity to conduct outreach.	to reduce the rate of uninsured children by increasing enrollment in LaCHIP. There are two reasons we identify for this:1)out-migration of many existing LaCHIP eligibles as a result of Hurricanes Katrina & Rita & 2)The requirements of the DRA Citizenship/Identity verfications requirements have made it difficult for many U.S. citizen children to prove they meet the criteria to maintain or obtain LaCHIP.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Prevent a reduction of the number of children covered as of the end of FFY06 thus increasing the number of uninsured eligible children by Oct. 1, 2007.

Annual Performance Objective for FFY 2008: Identify and enroll a net addition of 2,250 uninsured eligible children by Oct. 1, 2008 in Title XXI SCHIP.

Annual Performance Objective for FFY 2009: Identify and enroll a net addition of 2,250 uninsured eligible children by Oct. 1, 2009 in Title XXI SCHIP.

Explain how these objectives were set: Known factors for FFY07 will result in enrollment reductions still related to the aftermath of Hurricanes Katrina & Rita which are out of our control. The rate of increases projected for FFY08& FFY09 are based on the trends of enrollment growth prior to the hurricanes.

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) To identify and insure 72,512 uninsured eligible children by Oct., 1999, 10,725 by Sept., 2000, and 22575 by Dec., 2001	**Goal #1 (Describe)**	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: The goal reported last year on this measure was outdated and already achieved two years earlier. Trends in SCHIP enrollment will be captured in reporting on previous measure related to the rate of uninsured children. An improved process for measuring the rate of uninsured will be available in our FFY05 SCHIP Annual Report as we will have two points in time for a state specific survey. This will allow the previous measure to be used for SCHIP enrollment rather than rate of uninsured.	**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:

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 SCHIP Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 17,900 uninsured eligible children by Oct., 2005 in Title XIX Medicaid programs.	**Goal #1 (Describe)** Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 15,000 uninsured eligible children by Oct., 2005 in Title XIX Medicaid programs.	**Goal #1 (Describe)** Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 15,000 uninsured eligible children by Oct., 2006 in Title XIX Medicaid programs.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The goal reported on last year was outdated and based on an estimate of potentially eligible children, which was flawed. Targets for future quarters are based on actual data from the first three months of SFY05. There has been noticeable downward trending over the past calendar year in enrollment growth for children in traditional Medicaid (Title XIX).	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Due to the fact that Hurricanes Katrina had a disproportionately large impact on poor urban neighborhoods in Orleans Parish, we have adjusted our goal slightly downward in order to account for the many Medicaid eligibles from this area who are expected to drop out of our program in coming months as they have moved out of state permanently.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**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: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: Net addition of children under 19 enrolled in Medicaid at a point in time. Subtract the number of children under 19 enrolled in Medicaid at the end of FFY04 by the number of children under 19 enrolled in Medicaid at the end of FFY03. The net increase in Title XIX Medicaid enrollment during FFY04 was 28,606. Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The goal for increased enrollment throughout FFY 05 (17,900) was based on an expected slow down of the enrollment growth rate as was experienced over the last quarter of FFY04. Actual enrollment growth of children under 19 in Title XIX Medicaid was 23,148. Numerator: Denominator: Rate: Additional notes on measure: While the rate of growth in Medicaid enrolled children was slightly higher than anticipated last year, the level of poverty in Louisiana by default causes us to see more of our population at these lower income levels.	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: For the first time since the inception of LaCHIP, we exprienced a net decrease in enrollment of children covered by Medicaid. From the beginning to end of FFYthe enrollment of children under the age of 19 in Medicaid dropped by 11,000. As in SCHIP enrollment this was a direct result of outmigration from Hurricanes Katrina & Rita as well as the loss of citizen children who failed to meet the new rigourous requirements of the DRA Citizenship/Identity verificant changes.

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) Establish and maintain medical homes for children under Medicaid/LaCHIP programs.	**Goal #1 (Describe)** To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.	**Goal #1 (Describe)** To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Efforts to measure this objective in previous years have been unsuccessful through our own methodology. Beginning with this report our program will report on this goal through measure in Section IIA utilizing HEDIS methodology.	**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:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Consumer Assessment of Health Plans Survey (CAHPS®) methodologies as well as input from –program management were taken into account to meet particular needs of monitoring progress.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Consumer Assessment of Health Plans Survey (CAHPS®) methodologies as well as input from –program management were taken into account to meet particular needs of monitoring progress.
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:** 2005	**Year of Data:** 2005
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: Individuals enrolled in Medicaid PCCM. Approximately 80% of all enrollees are children under 19 from either Title XIX Medicaid or LaCHIP. CommunityCARE, Louisiana Medicaid's PCCM has been in place statewide since 12/2003. In 2005 survey, sixty-nine percent (283 of the 411 survey respondents) of respondents rated their overall satisfaction with the CommunityCARE program as very satisfied or satisfied.	Rate: Additional notes on measure: In 2005 survey, sixty-nine percent (283 of the 411 survey respondents) of respondents rated their overall satisfaction with the CommunityCARE program as very satisfied or satisfied.
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: We see virtually the same level of satisfaction with PCCM program in FFY05 study as we did in FFY03.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Data reported for FFY06 is the same as FFY05 due to the fact that survey is only conducted bi-annually and will not be available until late 2007.

Explanation of Progress:

Annual Performance Objective for FFY 2007: To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.

Annual Performance Objective for FFY 2008: To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.

Annual Performance Objective for FFY 2009: To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.

Explain how these objectives were set:

Other Comments on Measure:

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Consumer Assessment of Health Plans Survey (CAHPS®) methodologies as well as input from –program management were taken into account to meet particular needs of monitoring progress. To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.	**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:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**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*:
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Year of Data: 2003	**Year of Data:**	**Year of Data:**
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: A study entitled, Enrollee Satisfaction In A Medicaid Primary Care Case Management Program (PCCM) was conducted by the Department's contractor, Affiliated Computer Services (ACS) in FFY03. One particular question in this survey instrument asks for overall satisfaction with CommunityCARE, Louisiana Medicaid's PCCM. Individuals enrolled in Medicaid PCCM. Approximately 80% of all enrollees are children under 19 from either Title XIX Medicaid or LaCHIP.	Rate: Additional notes on measure:	Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Seventy-one percent of the respondents rated their overall satisfaction with the CommunityCARE program as satisfied or very satisfied. This amount was figured by dividing the number who responded to the question as satisfied or very satisfied by the total number of respondents.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe)	**Goal #1 (Describe)**	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**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*:
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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?

None other that outlined above

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?

None

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?

No

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

N/A

Enter any Narrative text below.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

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

With the challenges that our staff has faced over the past year with the relocation of an entire area of the state along with the Medicaid population in that area we have had to revamp our outreach strategies. More targeted outreach has been conducted to temporary housing communities such as FEMA Trailer Communities. This is an ongoing outreach because of the mobility rate of the population in these communities. Families are continually returning to the state after being relocated in other states in the region and we are making every attempt possible to reach these families. Furthermore, outreach coordinators in the state are making stronger connections with other local, state and federal government agencies. This allows us to reach more children through varying assistance programs and referral agencies. This betters our chances of truly having a single point of entry for families into all assistance that is available to them.

Outreach staff has worked hard at building relationships with private businesses and employers throughout the state to deliver information about the LaCHIP program to their employees who either do not have access to private health insurance or can not afford the coverage if it is available to them. This has been accomplished through employee benefits fairs and also through direct distribution of applications and literature to new hires on an individual basis. Over the past year there have also been numerous job fairs held in the storm devastated areas of the state. Outreach staff has made efforts to be present at these events to ensure that new residents to the state and returning residents are aware of the program.

The Louisiana Legislature appropriated funding to the Department of Health and Hospitals to act as the lead agency on the Louisinana Covering Kids & Families Coalition. The efforts and accomplishments that were gained through the original Robert Woods Johnson Foundation grants are being continued by four contractors in the state. With guidence from DHH, these regional coalitions will be able to contact and work with employers, non profit agencies, school systems and faith based organizations around the state. These efforts will be over and above that of the DHH outreach staff. Because of caseloads and other work duties, DHH staff is not able to devote one hundred percent of their time to outreach. Because of the continuation of the Covering Kids & Families Coalition, the CKF contractors will be able to conduct targeted outreach full time.

~~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?

Funding from the Robert Wood Johnson Foundation through the Covering Kids & Families Coalition made it possible for an effective television campaign this year for back to school. Starting in August and running through the month of September, the local television channels were flooded with commercial spots promoting the LaCHIP program. These ads were run at peak times during the day that included prime time and during the local news programs. This proved to be an effective campaign based on the increase in call volume on the LaCHIP hotlines.

Again this year over 900,000 children received information about the program along with their free/reduced lunch application that is sent home through the local school systems around the state. Effectiveness of this outreach is measured by monitoring the application origination point logs which gives outreach staff a view of how applications received by potential clients.

~~3.~~ Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?

The Strategic Enrollment Unit services the Spanish and Vietnamese speaking populations in the state. The unit is centrally located in Baton Rouge and is unable to have face to face contact with the clients that it serves. Since implementation of the DRA of 2005 and its verification requirements, the Strategic Enrollment Unit has conducted targeted outreach to the Spanish and Vietnamese speaking populations in the state. Mail outs have been conducted to these populations letting them know that SEU staff would be outstationed at various events in their communities. This has allowed our staff to have better communications with these populations and in return has increased enrollment in the LaCHIP program. With the tremendous increase in the Spanish speaking population in the New Orleans Region this has greatly increased opportunities of reaching more people clients at one time.

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.

The application form gathers information on other health insurance coverage, including the termination date of private coverage. In response to anecdotal reports of widespread substitution, a desk review was conducted on 597 of the 4185 new SCHIP certifications processed in October, 2002 to determine the extent to which substitution is occurring.

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

The percent of applications rejected during FFY 2003 because the child(ren) had other health insurance coverage was 3.35% (1709 of 51,079 applications processed). The monthly percentage ranged from a high of 4.8% in 10/02 [following a very visible television advertising campaign] and a low of 2.5% in 8/03.

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

As a Medicaid expansion SCHIP Program, without a Section 1115 Waiver, there can be no waiting period if a person drops private health coverage in order to become eligible for and enroll in LaCHIP.

Our findings from the above referenced review revealed that 3.85% (23 of 597 cases in the sample) of applicants dropped private health coverage immediately prior to enrolling in LaCHIP. "Immediately" was defined as termination effective the month of application or the month prior to application. Additional families lost private health coverage in the 12 months prior to application—2.51% from 2 to 6 months prior, and 3.85% from 7 to 12 months prior to applying for LaCHIP

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.

~~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.

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

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? Caseworkers mail two separate notices to remind families that it is time to renew coverage.
- 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?)

  The initial renewal notice is sent to families a month prior to their case expiring. A second notice is mailed out on the 10th of the month in which the case is scheduled to expire to remind that renewal is needed to prevent coverage from ending.

☐ Sends targeted mailings to selected populations

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

☒ Holds information campaigns

☒ Provides a simplified reenrollment process,

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

Our program also explores information available through other systems (i.e. Food Stamps, Dept. of Labor, etc) to determine if ex-parte renewals can be conducted. We also allow families the option of renewing coverage over the phone with their eligibility worker or through an automated phone system after hours.Te

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

☐ Other, *please explain*:

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

The ex-parte renewal process where we utilize other existing data available to us to determine the eligibility for another 12 months, has made a great deal of difference in our abiblity to keep eligible children enrolled even in the face of great adversities such as dealing with overwhelming workload adjustment of Citizenship & Identify verfication as required by the DRA.

~~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?

September 2006

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
4,008	1,413	35	1,842	46	349	9	403	10	0	0

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

Monthly management reports which track the number of individuals who are disenrolled from LaCHIP and the reason for their disenrollment are run directly from the state's Medicaid eligibility system. The above review of disenrollees was based on administrative data for the month of September 2006.

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?

N/A

~~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?

N/A

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

N/A

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

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

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

Children

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

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

☒ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Adults

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

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

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

☒ Parents and Caretaker Relatives
☐ Childless Adults

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

LaCHIP considers Title XXI children for premium reimbursement under Section 1906 (HIPP) authority. Over the past year we have hired four additional staff persons for this unit. Historically, it has been a very small program in Louisiana with one staff person and a caseload of fewer than 150 cases.

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

Package of Covered Services provided by Employer's Health Plan.

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

YES

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).

133 Number of adults ever-enrolled during the reporting period

313 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?

None—Child cannot have private coverage at the time of SCHIP enrollment and can only be enrolled in HIPP if it will result in a cost savings to the Agency.

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

Identifying the cases most suitable for HIPP and locating the resources to establish eligibility and enroll as—even with maximum degree of automation—it is a labor intensive process and difficult for a small staffing unit.

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

Significant increase in families and individuals for whom we are making premium reimbursements. Getting the infrastructure in place

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.

None

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

Negligible at this point

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

Negligible at this point

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

N/A

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

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

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

~~a)~~ Provider credentialing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

~~b)~~ Provider billing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

~~c)~~ Beneficiary eligibility

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

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

Enter any Narrative text below.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments			
Managed Care			
per member/per month rate @ # of eligibles			
Fee for Service	113,399,339	115,701,400	124,121,442
Total Benefit Costs	113,399,339	115,701,400	124,121,442
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$ 113,399,339	$ 115,701,400	$ 124,121,442

Administration Costs			
Personnel	5,389,972	5,499,391	5,899,603
General Administration	1,010,929	1,031,451	1,106,514
Contractors/Brokers (e.g., enrollment contractors)	785,917	801,871	860,226
Claims Processing	1,351,456	1,378,891	1,479,238
Outreach/Marketing costs	672,441	686,091	736,021
Other			
Health Services Initiatives			
Total Administration Costs	9,210,715	9,397,695	10,081,602
10% Administrative Cap (net benefit costs ÷ 9)	12,599,927	12,855,711	13,791,271

Federal Title XXI Share	96,678,028	98,553,067	108,342,117
State Share	25,932,026	26,546,028	25,860,927

TOTAL COSTS OF APPROVED SCHIP PLAN	122,610,054	125,099,095	134,203,044

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

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

☐ Other (specify)

Enter any Narrative text below.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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

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

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

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

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

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

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

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

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

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

Fee for Service					
Total Benefit Costs for Waiver Population #2					

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

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

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

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

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

Administration Costs

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

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

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

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

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

Significant increase in families and individuals for whom we are making premium reimbursements. Getting the infrastructure in place

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

We have experienced two great challenges of equal weight: 1) the continuing aftermath of Hurricanes Katrina and Rita and 2)implementation of the Improved Citizenship and Identity Documentation provision of the Deficit Reduction Act (DRA).

Sixteen months after Hurricane Katrina, administrative operations continue to be dominated by eligibility issues for those children who were enrolled in LaCHIP prior to the disaster. Many have left the State—some permanently and some temporarily who expect to return "imminently". Few families fulfilled their responsibility of reporting changes in their physical or mailing address to the Agency within 10 days. We relied on alternative methods of establishing out –of- state residence, such as data tapes from other States of children enrolled in their Title XXI and Medicaid Programs.

Because the Hurricanes adversely impacted our eligibility employees (both in the number available and their capacity to "focus") we have had to arrange for assistance from eligibility staff outside the New Orleans Region to manage the workload.

We have seen a 1% decrease in statewide LaCHIP enrollment even though we have deferred renewal activity for those families residing in Orleans and St. Bernard Parishes prior to the disaster. For comparison purposes, Census estimates are that the population of Louisiana has decreased by about 5%. Population counts in our New Orleans Region are extremely fluid and we are unable to ascertain at the point how many of the children leaving the program are still in Louisiana, uninsured, and continue to meet all the eligibility requirements for Medicaid. Procedural closures have dramatically increased.

Our second challenge as a Medicaid expansion SCHIP Program, has been implementation of the DRA Citizenship and Identity documentation requirement. It's unintended consequence has been the loss of thousands of eligible citizen children for procedural reasons and dramatically increased administrative burden and costs. Because of the new requirement for caseworkers to obtain documents and annotate case records, we lost the capacity to have caseworkers make follow-up telephone calls when renewal forms are not returned. We would have experienced far higher losses in enrollment were it not for our real time, on-line access to Birth Records to document citizenship for those children born in Louisiana.

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

The ultimate accomplishment for our LaCHIP Program in 2006 was being ranked 10th for the percentage of low- income uninsured children (below 200% of poverty) according to the findings of the 2006 Current Population Survey. Prior to implementation of LaCHIP in 1998, Louisiana ranked 48th for this indicator.

A major factor in reducing uninsured children in Louisiana has been the administrative policies and procedures put into place to not only enroll but retain eligible children e.g. mandated follow-up phone calls when renewal forms are not returned, telephone renewals, and "reasonable certainty" income verification standard for caseworkers. For families to successfully navigate and enroll in public health coverage programs, continued improvement and simplification of our business processes are vitally important. We applied for and where awarded a Robert Wood Johnson Foundation grant to focus on further improvements to our business process and this initiative was the catalyst for many positive administrative changes.

The State has historically played a major role in the Covering Kids & Families Coalition in Louisiana which, for us, ended August 30th after seven years. The regional coalitions and outreach efforts through that program have been a key component of our overall outreach and communication strategy. We were successful in getting legislative funding to not only maintain but increase the budget and work of these important community partners so that their efforts can be sustained.

~~4.~~ What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned.

We anticipate that we will be submitting an amendment to our Title XXI State Plan in FFY 07 to cover unborn children. Because of changing demographics in the State since Katrina with a large influx of Hispanics to New Orleans, we have seen a dramatic increase in the number of ineligible alien pregnant women. This option will increase access to pre-natal care for this population.

The majority of uninsured children in Louisiana are eligible for Medicaid (the largest percentage) or our current SCHIP Program which has an income cap of 200% of poverty. Discussions are under way to expand coverage to children with household income between 200% and 300% of the poverty level. Unlike our current enrollees, these higher income families will be required to pay a premium and it is possible that change will be submitted in FFY 07.

Much of what the design of our coverage programs for uninsured children will look like going forward depend on SCHIP Reauthorization. With our current allocation level, we would be unable to maintain the children we have currently enrolled as our single year allocation for FFY 07 is less than our costs, even after adjusting downward due to population shifts. On the other hand, we are keenly aware that we have thousands and thousands of uninsured children who are eligible for LaCHIP but not currently enrolled.

Enter any Narrative text below.