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

Preamble

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

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

The framework is designed to:

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

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

State/Territory: **New Hampshire**
(Name of State/Territory)

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

Signature:

SCHIP Program Name(s): **Healthy Kids Silver (SCHIP)/Healthy Kids Gold (Medicaid Expansion)**

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: **Valerie King, SCHIP Coordinator**

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Submission Date: **January 1, 2007**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

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. Please note that the numbers in brackets, e.g., **[500]** are character limits in the State Annual Report Template System (SARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

	SCHIP Medicaid Expansion Program					**Separate Child Health Program**				
Eligibility						**From**		% of FPL conception to birth		% of FPL
	From	185	% of FPL for **infants**	300	% of FPL	**From**		% of FPL for **infants**		% of FPL
	From		% of FPL for children ages **1 through 5**		% of FPL	**From**	185	% of FPL for 1 **through 5**	300	% of FPL
	From		% of FPL for children ages **6 through 16**		% of FPL	**From**	185	% of FPL for children ages **6 through 16**	300	% of FPL
	From		% of FPL for children ages **17 and 18**		% of FPL	**From**	185	% of FPL for children ages **17 and 18**	300	% of FPL

Is presumptive eligibility provided for children?	☐	No	☒	No
	☒	Yes, for whom and how long? 10 days for all children enrolled in Healthy Kids Gold.	☐	Yes, for whom and how long? **[1000]**
	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☒	No
	☒	Yes, for whom and how long? 3 months for all children enrolled in Healthy Kids Gold.	☐	Yes, for whom and how long? **[1000]**
	☐	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	Six
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☒	No	☒	No
	☐	Yes	☐	Yes
	Specify number of months		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
	[1000]		**[1000]**	

	☐	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	$25 and $45
	Yearly cap		Yearly cap	$1,200 and $1,620
	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)	
	[500]		For families with income of 185-250% FPL, the premium is $25/child/month with a cap of $100/month ($1,200 annually) for families with more than 4 children. For families with income of 250-300% FPL, the premium is $45/child/month with a cap of $135/month ($1,620 annually) for families with more than 3 children.	
	☐	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	
	[500]		**[500]**	
	☐	N/A	☐	N/A

Does your program require income disregards?	☐	No	☐	No
	☒	Yes	☒	Yes
	If Yes, please describe below		If Yes, please describe below	
	There is a $90 disregard for earned income.		There is a $90 disregard for earned income.	

	☐	N/A	☐	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	☒	No	☒	No
	☐	Yes, we send out form to family with their information pre-completed and	☐	Yes, we send out form to family with their information pre-completed and
		☐ 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

Comments on Responses in Table:

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

Enter any Narrative text below.

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. **[50]**	☐	☐	☐	☐	☐	☐
b. **[50]**	☐	☐	☐	☐	☐	☐
c. **[50]**	☐	☐	☐	☐	☐	☐

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	The joint application has been revised to improve readability and to ensure that all information needed to determine eligibility has been included. The program will begin using the new application at the beginning of FFY 07.
c) Application documentation requirements	Additional documentation required to comply with section 6036 of the DRA of 2005 (Proof of Citizenship and Identification)
d) Benefit structure	
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	
j) Assets test in Medicaid and/or SCHIP	

k) Income disregards in Medicaid and/or SCHIP	
l) Eligibility redetermination process	
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	
p) Premium assistance	
q) Prenatal Eligibility Expansion	
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	
a. **[50]**	
b. **[50]**	
c. **[50]**	

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:*	**Status of Data 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:**

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

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:
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:		

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:*	**Status of Data 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)* Percent with 1+ visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: Additional notes on measure:

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

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
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:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
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:*	**Status of Data 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)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: 25 months-6 years / 12-19 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: 25 months-6 years / 12-19 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: 25 months-6 years / 12-19 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate:

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

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	**707**	**631**	**-10.75**
Separate Child Health Program	**11,185**	**11,722**	**4.8**

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

The exact cause of the decline is unknown.

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 (In Thousands)	Std. Error	Rate	Std. Error
1996-1998	**17**	**5.2**	**5.1**	**1.6**
1998-2000	**10**	**3.6**	**2.7**	**1.0**
2000-2002	**9**	**2.3**	**3.0**	**0.7**
2002-2004	**8**	**2.2**	**2.6**	**0.7**
2003-2005	**7**	**2.5**	**2.2**	**0.8**
Percent change 1996-1998 vs. 2003-2005	**-58.8***		**-56.9**	

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

[7500]

B. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates. **[7500]**

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

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

☒ No (skip to Question #4)

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

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

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

[7500]

B. What is your State's assessment of the reliability of the estimate? Please provide standard errors, confidence intervals, and/or p-values if available.

[7500]

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

[7500]

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.

Currently there are no measures in place to estimate how many children have been enrolled in the Medicaid as a direct result of outreach activities and enrollment simplification.

The Healthy Kids programs continue to experience increased enrollment in both the Gold (Medicaid) and Silver (SCHIP) programs. These increases are likely due, at least in part, to the various outreach and enrollment simplification projects undertaken by the Department and its contractor, the New Hampshire Healthy Kids Corporation. These initiatives are aimed at reaching uninsured children regardless of their being Medicaid or SCHIP eligible.

The Healthy Kids Gold (Medicaid) and Silver (SCHIP) programs share a single application. When an application is submitted, it is screened to determine if the child's eligibility for either Gold or Silver. Of the applications processed between January and June of 2006, approximately 56% were deemed eligible for Healthy Kids Gold and 14%were found eligible for Medical Coverage for Pregnant Women. Of the remaining applications, nearly

15% were deemed eligible for Healthy Kids Silver, and another 15% were denied for ineligibility or closed because the family did not complete the application process. Similar results were seen for the previous time period between July and December of 2005. These finding are also in line with the Urban Institutes estimates that approximately 70% of uninsured, low-income children are Medicaid eligible.

The effectiveness of the outreach campaigns are measured by tracking the referral sources reported by families when they inquire about and/or apply for Healthy Kids. Word-of-mouth through family and friends continues to be the number one source that connects families with Healthy Kids. A significant number of families also learn about the program from health care providers. Friends and family members or a health care provider were also the most common responses when non-participating families and new enrollees were asked how they found out about the program.

Satisfied recipients are more likely to encourage friends and family members to enroll their children in Healthy Kids. Therefore, keeping current members happy with the services they receive is an important outreach activity. According to the 2005/2006 program evaluation, only six percent of Health Kids Silver (SCHIP) disenrollees indicated that they left the Healthy Kids program due to dissatisfaction.

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) Increase the number of low-income children who are insured.	**Goal #1 (Describe)** Increase the number of low-income children who are insured.	**Goal #1 (Describe)** Increase the number of low-income children who are insured.
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*: 2003 Census Bureau Data	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: 2004 Census Bureau Data	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*: 2005 Census Bureau Data
Definition of Population Included in the Measure: Definition of denominator: Total number of children under the age of 18 in New Hampshire. Definition of numerator: Total number of children under the age of 18 in New Hampshire without health insurance.	**Definition of Population Included in the Measure:** Definition of denominator: Total number of children under the age of 18 in New Hampshire. Definition of numerator: Total number of children under the age of 18 in New Hampshire without health insurance.	**Definition of Population Included in the Measure:** Definition of denominator: Total number of children under the age of 18 in New Hampshire. Definition of numerator: Total number of children under the age of 18 in New Hampshire without health insurance.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
Performance Measurement Data: Describe what is being measured: % of children under 18 not covered by private or government health insurance. Numerator: 17,000 Denominator: 309,000 Rate: 5.5% Additional notes on measure: According to the 2003 Census Bureau data, New Hampshire had the 3rd lowest rate of uninsured children in the nation for the second year in a row.	**Performance Measurement Data:** Describe what is being measured: % of children under 18 not covered by private or government health insurance. Numerator: 24,000 Denominator: 306,000 Rate: 7.8% Additional notes on measure: According to the 2004 Census Bureau data, 7.8% of NH's children remain uninsured. The NH data was later adjusted following a technical review. The revised rate was 6.4%. The 3-year average is a more reliable rate for small states like NH to reference. Using this (revised) rate (of 5.6%), NH remains as the 3rd best state in the nation for covering kids.	**Performance Measurement Data:** Describe what is being measured: % of children under 18 not covered by private or government health insurance. Numerator: 17,000 Denominator: 298,000 Rate: 5.7% Additional notes on measure: According to the 2005 Census Bureau data, 5.7% of NH's children remain uninsured. With a 3-year average of 5.9%, New Hampshire remained the 3rd best state for covering kids.

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: The original objective (to decrease the proportion of children 1-19 years of age, ≤300% FPL who are uninsured by 25% in year one, 35% in year two, 45% in year three and 50% by year four, set in 1999) was met in 2001 when the number of uninsured children in New Hampshire dropped from 9% (in 1999) to 5% (in 2001). Research indicates that it is difficult to break the 5% mark. However, the State will continue to identify and insure as many eligible children as possible and make every effort to retain those eligible children already enrolled in the Healthy Kids program. In an effort to seek new ideas in this regard, New Hampshire included a request that respondents to the recent RFP for the administration of the SCHIP program include innovative approaches for identifying and enrolling eligible children in Healthy Kids.		

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 Decrease the number of parents that indicate that their child is uninsured when responding to questions in the bi-annual program evaluation.	**Goal #2 (Describe)**	**Goal #2** Decrease the number of parents that indicate that their child is uninsured when responding to questions in the bi-annual program evaluation.
Type of Goal: ☒ New/revised. *Explain*: New vendor/revised question ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Quality of questions was improved ☐ 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*: Bi-annual program evaluation	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Bi-annual program evaluation survey
Definition of Population Included in the Measure: Definition of denominator: Total number of currently uninsured families responding to the question, "Have your children been covered by any type of health insurance in the past 12-months?" Definition of numerator: Total number of currently uninsured families responding that their children had not been covered by any type of health insurance in the past 12-months.	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Total number of responses to the question, "Have your children been uninsured before or after they were insured through the (Healthy Kids) program". Definition of numerator: Total number of respondents indicating that their children had been uninsured before or after they were insured through the program.
Year of Data: Survey conducted Aug. 29-Oct. 12, 2003	**Year of Data:**	**Year of Data: Survey conducted 2005-2006**
Performance Measurement Data: Describe what is being measured: Numerator: Not provided Denominator: Not provided Rate: See below Additional notes on measure: 60% "Uninsured Prospects", 64% "Uninsured Closed", and 47% "Uninsured Declines" indicated that their children had not been covered by any type of health insurance in the past 12-months. Many respondents also indicated that they now lacked health insurance largely because the monthly premium was too expensive or because they lost or changed jobs.	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Not provided Denominator: Not provided Rate: See below Additional notes on measure: 30% of Gold (Medicaid) established enrollees, 39% of Silver (SCHIP) established enrollees, 44% of Gold new enrollees and 59% of Silver new enrollees indicated that they were uninsured at the time immediately before enrollment in the Healthy Kids program. 55% of Gold new enrollees and 72% of Silver new enrollees were uninsured sometime prior to their enrollment in the

FFY 2004	FFY 2005	FFY 2006
		Healthy Kids program. 57% of Gold disenrollees and 30% of Silver disenrollees are uninsured or were uninsured sometime since disenrolling from the program.

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: These results (from the bi-annual program evaluation) demonstrate the value of the Healthy Kids Silver (SCHIP) and Gold (Medicaid) programs in reducing the number of uninsured children in New Hampshire.

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: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe 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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Improve the quality of Application Assistors' support as demonstrated by the number and completion rate of applications submitted by this group.	**Goal #1 (Describe)** Improve the quality of Application Assistors' support as demonstrated by the number and completion rate of applications submitted by this group.	**Goal #1 (Describe)** Improve the quality of Application Assistors' support as demonstrated by the number and completion rate of applications submitted by this group.
Type of Goal: ☒ New/revised. *Explain*: Not previously reported ☐ 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*: NHHKC monthly progress reports	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: NHHKC monthly progress reports	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: NHHKC monthly progress reports
Definition of Population Included in the Measure: Definition of denominator: Total number of applications submitted by Application Assistors. Definition of numerator: Total number of applications that were submitted by Application Assistors that were complete.	**Definition of Population Included in the Measure:** Definition of denominator: Total number of applications submitted by Application Assistors. Definition of numerator: Total number of applications that were submitted by Application Assistors that were complete.	**Definition of Population Included in the Measure:** Definition of denominator: Total number of applications submitted by Application Assistors. Definition of numerator: Total number of applications that were submitted by Application Assistors that were complete.
Year of Data: FFY04 (October '03-September '04)	**Year of Data:** FFY05 (October '04-September '05)	**Year of Data:** FFY06 (October '05-September '06)
Performance Measurement Data: Describe what is being measured: Percentage of completed applications submitted by Application Assistors. Numerator: 1116 Denominator: 1956 Rate: 57% Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Percentage of completed applications submitted by Application Assistors. Numerator: 873 Denominator: 1624 Rate: 54% Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Percentage of completed applications submitted by Application Assistors. Numerator: 864 Denominator: 1670 Rate: 52% 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: On average, Application Assistors (previously known as Community Partners) account for 20% of all applications submitted. While the percentage of completed applications has declined since FFY04, the completion rate of Application Assistors applications continues to be well above that of mail-in applications. It should also be noted that fewer applications submitted by Application Assistors are denied than "mail-in" applications. This demonstrates the added value provided by Application Assistors. New Hampshire Healthy Kids Corporation (NHHKC-the State's contracted administrator for SCHIP) will continue to provide training and support to Application Assistors in an effort to improve the quality of the assistance they provide and the applications they submit. In December 2007, NHHKC will unveil a new evaluation tool that will help Application Assistors identify opportunities for improvement. The ultimate goal will be replace low scoring sites showing little improvement over time with new application sites that show promise for greater community engagement.		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)** Promote retention in the Healthy Kids programs: Reduce the percentage of cases closed at renewal for failure to return the renewal application from an average of 18% to less than 10%.	**Goal #2 (Describe)** Promote retention in the Healthy Kids programs: Reduce the percentage of cases closed at renewal for failure to return the renewal application from an average of 18% to less than 10%.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: This was implemented as a PDSA (small scale test) for the EPIC project (see "additional notes" for more details on this project). ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: New Heights (the State's eligibility system) is no longer able to provide this information. Therefore, NHHKC (contracted administrator of the Healthy Kids program in NH) has been unable to continue tracking closures due to failure to renew
Status of Data 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*: Renewal data	**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: Total number of Healthy Kids Silver (SCHIP) members who were due for renewal. Definition of numerator: The number of Healthy Kids Silver (SCHIP) members who were due for renewal who actually renewed their enrollment (before being closed).	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data: February through November, 2005**	**Year of Data:**

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Not available Denominator: Not available Rate: Not available (but known to be greater than 10%) Additional notes on measure: NH was one of 14 states that participated in the Eligibility Process Improvement Collaborative (EPIC). The overall goal of the collaborative was to develop strategies for maximizing the enrollment and retention of children in Medicaid and SCHIP. Participation in this project has lead to several improvements to NH's renewal process. As of November 2005, NH had not reduced the failure rate to less than 10% as hoped. However, sending reminder letters resulted in a 13% increase in timely renewals and 61% fewer cases were closed and subsequently re-opened. NH will continue to implement other strategies in an effort to increase retention in the Healthy Kids programs.	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #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: Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Describe 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 Medicaid Enrollment Since New Hampshire has a joint application for its Healthy Kids Silver (SCHIP) and Gold (Medicaid) programs and Application Assistors help low-income families eligible for either program, Goal #1 of "Objectives Related to SCHIP enrollment" apply to "Objectives Related to Medicaid Enrollment" also.

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase access to care as demonstrated by responses to relevant questions in the bi-annual program evaluation.	**Goal #1 (Describe)**	**Goal #1 (Describe)** Increase access to care as demonstrated by responses to relevant questions in the bi-annual program evaluation.
Type of Goal: ☒ New/revised. *Explain*: Questions refined ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: Questions refined ☐ 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*: Bi-annual program evaluation	**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*: Bi-annual program evaluation
Definition of Population Included in the Measure: Definition of denominator: Total number of people responding to the question "Have your children needed medical care in the past 12-months, but could not get the care they needed?" ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Total number of respondents that indicated that their child was not able to get the care they needed.	**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: Total number of people responding to the question "How many times did your children needed care but did not, or could not, get it." ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Total number of respondents that indicated that their child was not able to get the care they needed at least one time in the past 12-months.
Year of Data: Survey conducted Aug. 29-Oct. 12, 2003	**Year of Data:**	**Year of Data:** Survey conducted 2005-06
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator:

FFY 2004	FFY 2005	FFY 2006
Rate: Additional notes on measure:.	Rate: Additional notes on measure:	Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Not available Denominator: Not available Rate: Not available Additional notes on measure: Established enrollees are approximately four times less likely than uninsured non-participants to report that they were unable to obtain needed care for their children. Further, when participating families are unable to obtain the care they need it is unlikely to be the result of high cost—which is the primary barrier preventing uninsured health care consumers from receiving care.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Not provided Denominator: Not provided Rate: Not available Additional notes on measure: Participation in the program appears to increase an uninsured child's access to care. Twenty seven percent of uninsured non-participating families were unable to obtain needed care in the past year, compared to only 7% of all established enrollees. Uninsured non-participants are nearly 4 times as likely as established enrollees to indicate that they were unable to obtain care in the past year. Seventeen percent of new enrollees who were uninsured in the 12-months prior to enrollment in the program were unable to obtain needed care during that time period, and 27% of uninsured disenrollees were unable to obtain needed care since disenrollment. Thirty three percent of uninsured Gold (Medicaid) disenrollees and 19% of uninsured Silver (SCHIP) disenrollees were unable to obtain needed care since disenrollment. Most respondents also indicated that they were unable to obtain needed care due to cost.
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: The results of the 2003 and 2005/2006 bi-annual program evaluations indicate that participation in the Health Kids program increases an uninsured child's access to medical care.		

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

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

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Describe 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 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*:
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FFY 2004	FFY 2005	FFY 2006
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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*:
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FFY 2004	FFY 2005	FFY 2006
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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*:
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FFY 2004	FFY 2005	FFY 2006
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Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

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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?

A program evaluation is conducted every two years. The purpose of the evaluation is to determine the quality of enrollees' experience with the Healthy Kids program, to identify potential barriers to participation among those who do not enroll, to assess the application, enrollment and renewal processes, and to assess access to health care services for those enrolled and not enrolled in the Healthy Kids program. The evaluation consists of a survey of families in three distinct groups: new enrollees, established enrollees and non-participating families

Results of the 2005/2006 program evaluation indicate that participation in the Healthy Kids program increases access to care. Only six percent of Silver (SCHIP) established enrollees indicated that they were unable to obtain needed care in the past year, while over one-fourth of uninsured prospects (26%), closed (28%) and declines (27%) indicated that their children could not obtain needed care. In addition, 19% of Silver disenrollees indicated that they were unable to obtain needed care.

In 2005, the Department released the "Evaluation of Access and Utilization in the Children's Health Insurance Program" that reported on SFY 2003 encounter data for both the SCHIP and Medicaid populations. The overall goal for the evaluation was to measure progress towards the state's objectives of increasing access to heath services and improving health outcomes. Future reports on access and utilization in both programs will be completed using the Comprehensive Healthcare Information System (CHIS), an all payer--including commercial insurers--claims database, currently under development. The Department is expecting to have an analysis of the SFY '05 claims data completed by the spring of 2007. (See below for additional information on CHIS.)

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?

State statute (RSA 420-G:11-a) created the New Hampshire Comprehensive Healthcare Information System (CHIS) to make health care data available as a resource for insures, employers, providers purchases of health care, and state agencies to continuously review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices. Under this law, all health plans in New Hampshire that collect HEDIS data must submit it annually to the State. By using CHIS, the State will be able to compare SCHIP (as well as Medicaid) to the private sector. Limited data is available at this time, but the Department expects to have an analysis of the SFY '05 claims data completed by the spring of 2007.

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 focused quality studies have been conducted at this time.

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. **[7500]**

- 2005/2006 New Hampshire Healthy Kids Program Evaluation

Enter any Narrative text below.

An analysis of surveyed families found that:

- Healthy Kids is effectively administered, leading to widespread participant satisfaction:
  - nearly all Silver (SCHIP) participating families indicated that they were satisfied with the Healthy Kids program (99% Silver established and new enrollees); and
  - satisfaction among disenrollees was also high, providing evidence that disenrollment is not due to dissatisfaction.
- Those children who are enrolled in the Healthy Kids program enjoy greater access to medical care than eligible children who are not enrolled:

- virtually all established enrollees noted that their children have a place to go when they needed medical care, and less than 10 percent mentioned that they needed, but failed to obtain specific services;
- uninsured, non-participating families were found to be nearly four times more likely to have failed to obtain needed care in the past 12 months than families that have been enrolled in Healthy Kids for at least one year; and
- the data indicate that participation in the Healthy Kids program also increases access to preventive medical and dental care.

♦ Major barriers preventing families from obtaining health insurance include the cost of coverage and an inability to obtain documentation necessary for enrollment:
  - a substantial portion of non-participants noted that their children are uninsured; among this group, the majority reported that they cannot afford premium costs of any available insurance product; and
  - pay stubs and other income verification documents were characterized as particularly difficult to produce, along with birth certificates, tax information and social security cards.

♦ In general, families do not use the Healthy Kids program as permanent insurance;
  - a typical family applies for coverage through the Healthy Kids program after their primary source of health insurance is interrupted by a change in a parent's employment status; and
  - over one-third of participating families (38%) disenroll from the program once they have access to another health plan.

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? **In 2006, outreach resources were targeted to several designated communities. These communities were identified as having a high need for children's health coverage based on median income, percentage of children in poverty and recent county level data on the number of uninsured children. This initiative required field coordinators to spend a substantial amount of time assessing the level of community awareness, developing relationships and fostering more networking among stakeholders in each community. The overall goal of this strategy is to engage community organizations and build a stronger network to identify and enroll eligible children from these communities.**

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **The Healthy Kids (joint SCHIP/Medicaid) application asks families to indicate how they learned about the program. Word-of-mouth through family and friends continues to be the number one source that connects families with Healthy Kids. A significant number of families also learn about the program from health care providers. Schools have consistently been very productive in referring families that are eligible for Healthy Kids Silver (SCHIP). Conversely, Application Assistors tend to work with more families who enroll in the Healthy Kids Gold (Medicaid) program.**

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **No targeted outreach projects have been performed during this reporting period.**

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. **In New Hampshire, SCHIP covers children from families earning between 185% and 300% FPL. New Hampshire monitors crowd out by collecting information on current and past insurance coverage of each applicant. Those having been insured within the past 6 months are not eligible for Healthy Kids Silver (SCHIP) unless they qualify for a good cause waiver.**

   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.). **New Hampshire requires children to be uninsured for six months unless good cause (as defined by state statute) exists. Good cause includes such things as retirement or involuntary job loss due to downsizing.**

All States must complete the following 3 questions

3. Describe how substitution of coverage is monitored and measured and the effectiveness of your policies. **In New Hampshire, crowd-out is monitored by: collecting information on current and past insurance coverage of each applicant; monitoring trends in use of good cause waivers; and training staff to ensure consistent application of the eligibility rules.**

4. At the time of application, what percent of applicants are found to have insurance? **Between January and June of 2006, only 8 applications, out of the 507 that were referred to the Silver program were denied. Of these, only 5 (63%) were denied due to "other insurance" (or about 1% of the total application). Seventy-four percent of all "Silver referrals" (most often, these are families transitioning from Healthy Kids Gold after a reported change in family circumstances) were also denied for having other insurance (74%).**

   Comparing mail-in applications to those submitted by community application assistors: of the applications submitted by application assisters that were subsequently denied, 35% (9 out of 26) were denied for other insurance. Of the mail-in applications that were submitted and subsequently denied, over 65% (127 of 195) were denied because the children were ineligible due to current or prior insurance.

   When an application reports insurance coverage within the last 6 months, the application is evaluated to determine whether or not the child is eligible for a good cause waiver. Of the families granted good cause waivers, almost 55% qualified due to loss of employer-sponsored coverage. Of these, fifty-three percent of all families qualified due to involuntary job loss while 1.5% lost coverage when their employer dropped health benefits. Another 21% of good cause waivers were granted to custodial parents after the non-custodial parent dropped coverage for the dependent child(ren).

5. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **As noted above, New Hampshire denies eligibility to any child that has been covered by insurance within the previous six months unless good cause exists. The Department has not conducted any research to determine the number or percentage of families who have dropped or are considering dropping their child group health coverage and remain uncovered for 6-months so their child will become eligible for SCHIP coverage.**

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. **There is a common application and re-determination process for Medicaid and SCHIP. The same verification requirements are used for both programs during application and renewal processes. There is no requirement for a face-to-face interview. Redetermination is a simplified mail-in process whereupon the family must complete and sign a new "review" application and submit new income and deduction verifications, as well as any documentation for other changes such as address change or a change in the family composition.**

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. **Case management for Healthy Kids Gold (Medicaid) and Silver (SCHIP) is centralized for children and pregnant women who apply for health coverage only on the 800P Healthy Kids application. Centralization allows for more efficient service delivery, improves timeliness of processing applications, simplifies communication between SCHIP and Medicaid staff and**

enables Case Technicians to handle higher caseloads in an expedited and efficient manner. Eligibility is determined through a single State system (New Heights) that qualifies a child for Medicaid or SCHIP. Changes to a child's eligibility status are accomplished through a daily electronic data interface between the enrollment system managed by New Hampshire Healthy Kids Corporation (contracted administrator for SCHIP) and New Heights (the Department's eligibility system). The families are notified in writing of any changes in their child(ren)'s eligibility.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **Medicaid-eligible (Healthy Kids Gold) children are automatically enrolled in a fee-for-service program using a network of providers that contract with the New Hampshire Department of Health and Human Services. Healthy Kids Silver (SCHIP) children are enrolled in managed care coverage through Anthem Blue Cross/Blue Shield and Northeast Delta Dental. Most of the primary and specialty care providers in the Anthem network also participate in the Medicaid fee-for-service program.**

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? **Healthy Kids Silver (SCHIP) families receive three contacts—letter, phone call, letter—to encourage them to renew their child's coverage. If a renewal application is received incomplete, families are called and sent a letter with a checklist indicating what information is needed to complete the renewal application.**
  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?) **Reminder notices are sent to families as follows: (1) the first renewal letter is mailed around the 6th of the month prior to the renewal month; (2) the second letter, to those who have not yet responded, is sent around the 1st of the month the re-determination is due; (3) follow-up phone calls are made around the 5th of the re-determination month for those who have still not returned the renewal application.**

☐ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups) **[500]**

☒ Holds information campaigns

☒ Provides a simplified reenrollment process,

Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **There is a common application and re-determination procedure for SCHIP and Medicaid, neither of which require a face-to-face interview. Re-determinations require only current income verifications plus documentation for any other changes, such as a change-of-address or a change in the family composition. Implementation of the new DRA requirements has added the need for families to prove identity (NH already had a requirement for proof of citizenship). Because the Medicaid and SCHIP programs share a common application and re-application process, the DRA requirement for Medicaid recipients has impacted the SCHIP recipients. As a result, New Hampshire has seen a significant increase in the number of incomplete applications received as well as those subsequently close for failure to provide all required documentation.**

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

New Hampshire conducts a program evaluation every two years to determine the quality of enrollees' experiences with the Healthy Kids program and to identify potential barriers to participation among those who did not enroll. In addition, the New Hampshire Healthy Kids Corporation (the State's contracted administrator for SCHIP) tracks reasons for disenrollment as reported by the parents.

☐ Other, *please explain*:

[500]

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. **No evaluations regarding the effectiveness of any given strategy has been conducted at this time. However, in 2005, New Hampshire Healthy Kids Corporation (the State's contracted SCHIP administrator) conducted several pilot projects, as part if participation in the Eligibility Process Improvement Collaborative (EPIC), aimed at finding ways to increase retention in Healthy Kids. One such test found that sending reminder letters to Healthy Kids Gold (Medicaid) clients (something that previously had not been done) proved to be more effective than making a reminder phone call or doing no reminders at all. Highlighting the key message in a letter also proved beneficial in getting clients to respond accordingly.**

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? **New Hampshire Healthy Kids Corporation (the State's contracted SCHIP administrator) identifies, tracks and reports various statistics including reasons for disenrollment. Graphs and data are submitted to DHHS on a monthly basis and summarized in a narrative format semi-annually. The last monthly report received by the Department was compiled for November 2006. The last semi-annual report covered the 6-month period between January 1, 2006 and June 30, 2006. In addition, a biannual program evaluation is conducted that assesses the outcomes of participating and non-participating families (including those that disenroll or decline enrollment in SCHIP).**

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
5257	3127	59	1592	30	223	4	98	2	217	4

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. **The data below reflects disenrollment reasons for the 12-month period between December 2005 and November 2006 as reported by New Hampshire Healthy Kids Corporation (NHHKC-the contracted administrator of the Healthy Kids program in New Hampshire) in November 2006. This information was collected by NHHKC at the time of termination.**

Note: ***"Obtained Other Coverage"*** includes "New Insurance" and "Healthy Kids Gold" categories as reported by NHHKC. ***"Remain Uninsured"*** includes "non-payment", "failure to renew" "over income" and "did not provide info" as reported by NHHKC**.** ***"Other"*** includes "voluntary-no reason", "moved Household", and "one month" as reported by NHHKC.

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? **New Hampshire has not undertaken any assessments of the effects of premiums/enrollment fees on participation in SCHIP. However, the State has reviewed recent literature regarding other state experiences with increased cost sharing.**

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? **New Hampshire has not undertaken any assessments regarding the effects of cost sharing on utilization of health services during this federal fiscal year.**

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? **No increases or decreases in cost sharing have been made to the SCHIP program during FFY 2006.**

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.) **[7500]**

4. What benefit package does the program use? **[7500]**

5. Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

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

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured? **[7500]**

8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced? **[7500]**

9. During the reporting period, what accomplishments have been achieved in your premium assistance program? **[7500]**

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. **[7500]**

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured? **[7500]**

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured? **[7500]**

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.) [7500]**

Enter any Narrative text below. **[7500]**

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

1. Does your state have a written plan that has safeguards and establishes methods and procedures for prevention, investigation and referral of cases of fraud and abuse? Please explain: **The Department's Office of Special Investigations (OSI) is authorized to conduct investigations into allegations of fraud. OSI has a policy and procedures manual that details the referral process and internal mechanisms of OSI. This manual provides general information regarding OSI procedures and is not specific to SCHIP investigations. OSI pursues client error claims (effective September 2005) as well as investigates allegations of fraud. OSI does not pursue agency error Medicaid claims.**

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

   Provider Credentialing

   N/A Number of cases investigated

   N/A Number of cases referred to appropriate law enforcement officials

   Provider Billing

   N/A Number of cases investigated

   N/A Number of cases referred to appropriate law enforcement officials

   Beneficiary Eligibility

   N/A Number of cases investigated

   N/A Number of cases referred to appropriate law enforcement officials

3. If your state relies on contractors to perform the above functions, how does you state provide oversight of those contractors? Please explain : **OSI does not utilize outside contractors.**

Please Note: OSI is not authorized to investigate Medicaid provider fraud. This is a function of the Attorney General's Office. During the last state fiscal year, OSI investigated one Healthy Kids Gold (Medicaid) claim that resulted in a settlement. During this same time period, OSI received 59 referrals from the Healthy Kids Central office and closed 24 cases. The higher number of referrals versus resolved cases is due to a 22-month backlog of fraud referrals.

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 equals Federal Fiscal Year 2006. 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	**$10,292,911**		
Managed Care			
per member/per month rate @ # of eligibles			
Fee for Service	**$732,071**		
Total Benefit Costs	**$11,024,982**		
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	**$11,024,982**		

Administration Costs			
Personnel			
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other Indirect Cost			
Health Services Initiatives			
Total Administration Costs	**$557,289**		
10% Administrative Cap (net benefit costs ÷ 9)	**$1,224,998**		

Federal Title XXI Share	**$7,528,486**		
State Share	**$4,053,794**		

TOTAL COSTS OF APPROVED SCHIP PLAN	**$11,582,280**		

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) **A $250,000 annual grant from the Healthy New Hampshire Foundation (targeted for the 250-300% FPL group)**

Enter any Narrative text below. **[500]**

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? **[500]**

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 2006 starts 10/1/05 and ends 9/30/06).*

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)? **[500]**

Please provide a description of any assumptions that are included in your calculations. **[7500]**

Other notes relevant to the budget: **[7500]**

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. **Governor John Lynch has been reelected for a second term as New Hampshire's Governor. Governor Lynch has pledged to continue his commitment to improving the health of New Hampshire's children.**

2. During the reporting period, what has been the greatest challenge your program has experienced? **The greatest challenge to New Hampshire's Healthy Kids program has been the growing costs, resulting from increasing enrollment and medical trends that have caused premiums to increase.**

3. During the reporting period, what accomplishments have been achieved in your program? **New Hampshire was one of only 14 states selected to participate in the Process Improvement Collaborative for Covering Kids and Families, sponsored by the Southern Institute of Children and Families and the Robert Woods Johnson Foundation. The overall goal of the collaborative was to develop improvement strategies for maximizing the enrollment and retention of children in Medicaid and SCHIP. Participation in this project, which concluded in November 2006, has lead to several improvements to New Hampshire's renewal process. New Hampshire will continue to work towards improving retention in SCHIP.**

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. **No changes to SCHIP are expected at this time. However, an RFP was issued in October 2006 (in response to an amendment to state law, RSA 126-A:5) for program administration and the medical/dental benefits. Proposals are due back in January 2007 with a new contract expected to be in place by July 1, 2007.**

Enter any Narrative text below. **[7500]**