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

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

Signature:

Linda Nablo

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

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: **Linda Nablo / Director, Maternal & Child Health**

Address: **Department of Medical Assistance Services**

City: **Richmond** State**:** **VA** Zip**:** **23219**

Phone: **804-225-4212** Fax: **804-786-5799**

Email: **linda.nablo@dmas.virginia.gov**

Submission Date: **1/2/2007**

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						From	0	% of FPL conception to birth	0	% of FPL
	From	0	% of FPL for **infants**	0	% of FPL	From	133	% of FPL for **infants**	200	% of FPL
	From	0	% of FPL for children ages **1 through 5**	0	% of FPL	From	133	% of FPL for 1 **through 5**	200	% of FPL
	From	100	% of FPL for children ages **6 through 16**	133	% of FPL	From	133	% of FPL for children ages **6 through 16**	200	% of FPL
	From	100	% of FPL for children ages **17 and 18**	133	% of FPL	From	133	% of FPL for children ages **17 and 18**	200	% of FPL

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

Is retroactive eligibility available?	☐	No	☐	No
	☒	Yes, for whom and how long? All enrolled children for up to 3 months prior to the application month if child would have been eligible.	☒	Yes, for whom and how long? All enrolled children back to the first day of the application month; and for newborns, back to their date of birth if it is within 3 months prior to the month of application.
	☐	N/A	☐	N/A

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

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

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

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

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

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☒	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	4
	☐	N/A	☐	N/A

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

	☐	N/A	☐	N/A

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

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

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

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

Does your program require income disregards?	☐	No	☒	No
	☒	Yes	☐	Yes
	If Yes, please describe below		If Yes, please describe below	
	$90 of earned income per month/per worker; dependent care expense per month (maximum $200 for child under age 2, $175 maximum for adult or child age 2 or older); $50 of total child support received per month per family or budget unit.			
	☐	N/A	☐	N/A

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

Enter any Narrative text below.

For the SCHIP Medicaid Expansion program renewal may be completed ex parte if information is available. If information is not available, a one-page renewal application may be sent requiring only updated income information. For the Separate SCHIP program, a preprinted renewal application is sent to the family but income information is not preprinted and must be completed by the applicant.

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

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

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A

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

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

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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	The joint Mediciad/SCHIP application for children and pregnant women was revised in September 2006 to incorporate wording that allows the form to serve as an affidavit of identity for a child under age 16 as well as the application for coverage. The joint Mediciad/SCHIP application for children and pregnant women was revised in September 2006 to incorporate wording that allows the form to serve as an affidavit of identity for a child under age 16 as well as the application for coverage.
c) Application documentation requirements	Effective July 1, 2006 children applying for the SCHIP Medicaid Expansion program are required to provide documentation of both citizenship and identity as mandated by the 2005 Deficit Reduction Act.
d) Benefit structure	
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	Effective September 1, 2006 a pregnant child applying for FAMIS is exempt from the 4 month waiting period since prior insurance coverage.
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	Effective July 1, 2006 eligibility for the FAMIS MOMS program was increased from 150% FPL up to and including 166% FPL.
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	New initiatives have been implemented to enhance the ability to detect fraud and abuse. The department has engaged national auditing firms to assist in the data mining process integral in the detection of providers who are potentially submitting inappropriate claims. The auditing firms will also assist in auditing certain provider types.
	New initiatives have been implemented to enhance the ability to detect fraud and abuse. The department has engaged national auditing firms to assist in the data mining process integral in the detection of providers who are potentially submitting inappropriate claims. The auditing firms will also assist in auditing certain provider types.
t) Other – please specify	

a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☒ Other. *Explain*: Although some data was reported in 2004, not all categories (number of visits) were reported and numerators and denominators are not available.	**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:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS version 2005	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: The denominator was limited to include only cases in which medical records were received. HEDIS version 2006
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of cases with the specified number of well-child visits doucmented in claims data or in medical records.	**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: Number of cases with the specified number of well-child visits doucmented in claims data or in medical records.
Year of Data:	**Year of Data:** 2004	**Year of Data:** 2005

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

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 8 Denominator: 165 Rate: 4.8 4 visits Numerator: 27 Denominator: 165 Rate: 16.4 1 visit Numerator: 7 Denominator: 165 Rate: 4.2 5 visits Numerator: 15 Denominator: 165 Rate: 9.1 2 visits Numerator: 15 Denominator: 165 Rate: 9.1 6+ visits Numerator: 84 Denominator: 165 Rate: 50.9 3 visits Numerator: 15 Denominator: 165 Rate: 9.1 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 5 Denominator: 158 Rate: 3.2 4 visits Numerator: 18 Denominator: 158 Rate: 11.4 1 visit Numerator: 10 Denominator: 158 Rate: 6.3 5 visits Numerator: 23 Denominator: 158 Rate: 14.6 2 visits Numerator: 17 Denominator: 158 Rate: 10.8 6+ visits Numerator: 65 Denominator: 158 Rate: 41.1 3 visits Numerator: 20 Denominator: 158 Rate: 12.7 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: Rate of 15 month old children receiving 6+ well-child visits will = 43%

Annual Performance Objective for FFY 2008: Rate of 15 month old children receiving 6+ well-child visits will = 46%

Annual Performance Objective for FFY 2009: Rate of 15 month old children receiving 6+ well-child visits will = 50%

Explain how these objectives were set: Assuming 41% is an accurate reflection of the current rate of full compliance with well-child visits by 15 months of age, the performance objective for next year (FFY 07) is an increase of 2% and by another 3% and 4% respectively in FFY 08 and FFY 09. DMAS is undertaking an initiative involving all contracted MCOs to improve data reporting and increasing education to parents about the need for well-child care. It is anticipated the results of these efforts will begin to be seen in late FFY 07.

Other Comments on Measure: In July 2006 a new contract was awarded by DMAS for the FAMIS and other quality studies. Therefore, the 2005 and 2006 studies were performed by different contractors. DMAS is investigating whether or not the significant difference between 2005 and 2006 in the rate of well-child visits in the first 15 months is attributed to an actual decline or to a difference in methodology.

The SCHIP Medicaid Expansion program is not included in this study as the age group for that progrom is 6 to 19.

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*: Although some well-child data was reported in 2004, numerators and denominators are not available.	**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*: The only deviation from the HEDIS 2005 protocol was in the sample size used for the medical record review. The sample used resulted in a 90% confidence level rather than the HEDIS recommended 95% confidence level. HEDIS version 2005	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: The denominator was limited to include only cases in which medical records were received. HEDIS version 2006
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of cases in which a child age 3 to age 7 had one or more well-child visits documented in the claims data or in medical records.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of cases in which a child age 3 to age 7 had one or more well-child visits documented in the claims data or in medical records.
Year of Data:	**Year of Data:** 2004	**Year of Data:**

FFY 2004	FFY 2005	FFY 2006
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: 203 Denominator: 325 Rate: 62.5 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 139 Denominator: 213 Rate: 65.3 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: Rate of 3, 4, 5, and 6 year old children receiving at least one well-child visit during the year will = 67%

Annual Performance Objective for FFY 2008: Rate of 3, 4, 5, and 6 year old children receiving at least one well-child visit during the year will = 70%

Annual Performance Objective for FFY 2009: Rate of 3, 4, 5, and 6 year old children receiving at least one well-child visit during the year will = 74%

Explain how these objectives were set: The performance objective for next year (FFY 07) is an increase of 2% and by another 3% and 4% respectively in FFY 08 and FFY 09. DMAS is undertaking an initiative involving all contracted MCOs to improve data reporting and increasing education to parents about the need for well-child care. It is anticipated the results of these efforts will begin to be seen in late FFY 07.

Other Comments on Measure: The SCHIP Medicaid Expansion population is not included in this study as the age group for that program is 6 to 19.

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*: Virginia did not conduct a study of this measure in FFY 2004.	**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:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS version 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS version 2006
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of children who were appropriately prescribed with one of the five classes of long-term medications that are considered the preferred therapy.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of children who were appropriately prescribed with one of the five classes of long-term medications that are considered the preferred therapy.
Year of Data:	**Year of Data:** 2004	**Year of Data:** 2005

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 163 Denominator: 200 Rate: 81.5 10-17 years Numerator: 265 Denominator: 362 Rate: 73.2 Combined rate (5-17 years) Numerator: 428 Denominator: 562 Rate: 76.2 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 94 Denominator: 101 Rate: 93.1 10-17 years Numerator: 147 Denominator: 161 Rate: 91.3 Combined rate (5-17 years) Numerator: 241 Denominator: 262 Rate: 92 Additional notes on measure: The measure specification changed in 2006 requiring members meet one of four criteria during both the measurement year and the year prior to the measurement year to be included in the denominator. This change may contribute to increased rates from CY 2004 to CY 2005 because enrollees with "persistent asthma" based on the more strigent definition are more likely to receive asthma medicaiton.
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: Rate of children receiving appropriate medication for asthma will = 93%

Annual Performance Objective for FFY 2008: Rate of children receiving appropriate medication for asthma will = 94%

Annual Performance Objective for FFY 2009: Rate of children receiving appropriate medication for asthma will = 95%

Explain how these objectives were set: Virginia already scores very high on this performance measure so we anticipate improvement from year to year will be modest.

Other Comments on Measure: Rates represent the combined measure for both the separate SCHIP program, FAMIS, and the SCHIP Medicaid Expansion program.

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*: Virginia did not conduct a study of this measure in FFY 2004.	**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*: HEDIS version 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS version 2006
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children 12 months to 6 years of age who saw a health care provider for primary care in the preceeding year; and the number of children 7 to 19 years of age who saw a provider for primary care within the last two years.	**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: Number of children 12 months to 6 years of age who saw a health care provider for primary care in the preceeding year; and the number of children 7 to 19 years of age who saw a provider for primary care within the last two years.
Year of Data:	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: 25 months-6 years / 12-19 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: 503 / Numerator: 3335 Denominator: 529 / Denominator: 3870 Rate: 95.1 / Rate: 86.2 25 months-6 years / 12-19 years Numerator: 4066 / Numerator: 4934 Denominator: 4724 / Denominator: 5923 Rate: 86.1 / Rate: 83.3 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months / 7-11 years Numerator: 610 / Numerator: 2219 Denominator: 640 / Denominator: 2666 Rate: 95.3 / Rate: 83.2 25 months-6 years / 12-19 years Numerator: 3602 / Numerator: 3908 Denominator: 4142 / Denominator: 4862 Rate: 87 / Rate: 80.4 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:

FFY 2004	FFY 2005	FFY 2006

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rate of children ages 12 months to 25 months who have seen a provider for primary care within the previous year will remain at 95% or higher.

Rate of children ages 26 months to 6 years who have seen a provider for primary care wihtin the previuos year will increase to 88%.

Rate of children ages 7 to 11 who have seen a provider for primary care within the previous two years will increase to 84%.

Rate of children ages 12 to 19 who have seen a provider for primary care within the previous two years will increase to 81%.

Annual Performance Objective for FFY 2008: Rate of children ages 12 months to 25 months who have seen a provider for primary care within the previous year will remain at 95% or higher.

Rate of children ages 26 months to 6 years who have seen a provider for primary care wihtin the previuos year will increase to 89%.

Rate of children ages 7 to 11 who have seen a provider for primary care within the previous two years will increase to 85%.

Rate of children ages 12 to 19 who have seen a provider for primary care within the previous two years will increase to 82%.

Annual Performance Objective for FFY 2009: Rate of children ages 12 months to 25 months who have seen a provider for primary care within the previous year will remain at 95% or higher.

Rate of children ages 26 months to 6 years who have seen a provider for primary care wihtin the previuos year will increase to 90%.

Rate of children ages 7 to 11 who have seen a provider for primary care within the previous two years will increase to 86%.

Rate of children ages 12 to 19 who have seen a provider for primary care within the previous two years will increase to 83%.

Explain how these objectives were set: Virginia's rate of access to primary care for children 12 months to 25 months of age is very high and is not expected to substantially increase. However, rates for the other age groups are at or slightly below the Medicaid National mean. DMAS is undertaking client education efforts to encourage parents to take children, including older children, to the doctor as needed, which should result in a slight increase in these measures.

Other Comments on Measure: Rates represent a combination of the separate SCHIP program, FAMIS, and the SCHIP Medicaid Expansion program.

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	57815	65536	13.35
Separate Child Health Program	66240	71646	8.16

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

Virgiia continues to conduct aggresive outreach for enrollment of children in both Medicaid and SCHIP.

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

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	123	27.6	7.3	1.6
1998 - 2000	136	29.4	7.6	1.6
2000 - 2002	104	19.0	5.5	1.0
2002 - 2004	100	18.7	5.3	1.0
2003 - 2005	88	16.6	4.6	.9
Percent change 1996-1998 vs.	-28.5%	NA	-37.0%	NA

2003-2005				

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

In September 2002, Virginia implemented numerous simplification measures to modify the application process for children applying for either Medicaid or SCHIP. The programs were also made more seamless to families through increased coordination and outreach was enhanced for both programs under the brand name FAMIS.

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

Virginia is concerned that the CPS may be somewhat overstating the number of uninsured children in the state in light of the fact that other surveys (including the National Health Interview Survey and a state-sponsored survey) have produced smaller estimates.

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

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

☐ No (skip to Question #4)

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

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

A. Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.
DMAS is working with the Virginia Health Care Foundation and the Urban Institute on developing a new method for tracking how the number of uninsured children who are eligible for coverage is changing in Virginia. The initial estimates are not reported here as there is only one year of data available and because we have not had a chance to examine possible underreporting of public coverage on the Current Population Survey.

B. What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)
To increase the precision of our estimates, we will be merging two years of CPS data together. This method relies on using information provided in the CPS related to income, household structure, immigration status and other characteristics of the household to simulate whether a given child would qualify for Medicaid or SCHIP coverage. The simulation

will also attempt to impute the legal status of non-citizen children. In developing uninsured estimates for the state, we will assess the possible under-reporting of public coverage and adjust our uninsured estimates accordingly.

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

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

As of October 1, 2006, 123,210 more children are enrolled in Virginia's Medicaid and SCHIP programs than were covered on September 1, 2002 when the SCHIP and Medicaid programs were simplified and outreach efforts were enhanced. Note: the increase was 133,848 as of July 1, 2006 prior to the new requirement to document citizenship & identity.

Of those additional children, 67% are enrolled in Virginia Medicaid. (70% prior to 7/1/06)

While it is impossible to determine specifically how much of this growth is a direct result of simplification and outreach, a comparison of average monthly growth before and after program changes does provide strong evidence of the impact of such activities. In the 13 months prior to program changes (August 2001 to September 2002), the average monthly enrollment growth in Virginia's SCHIP and Medicaid programs was 1,526 children per month. In the thirteen months following implementation of the changes (September, 2002 to October, 2003), the average monthly enrollment growth was 4,053 (166% increase) children per month. This surge in enrollment was mirrored in the Medicaid program alone. An average monthly growth of 1,107 compared to an average monthly growth following program changes of 2,918 (164% increase). Data is based on enrollment from August 1, 2001 to October 1, 2003.

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)	**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. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

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

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

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

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

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase net enrolment in the Title XXI Separate SCHIP program - FAMIS.	**Goal #1 (Describe)** Increase net enrolment in the Title XXI Separate SCHIP program - FAMIS.	**Goal #1 (Describe)** Increase net enrolment in the Title XXI Separate SCHIP program - FAMIS.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Formerly, Virginia combined an increase in enrollment for both SCHIP programs (FAMIS & Medicaid Expansion) into one goal. The former goal has been split into two separate goals to measure net growth in each program over time.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Formerly, Virginia combined an increase in enrollment for both SCHIP programs (FAMIS & Medicaid Expansion) into one goal. The former goal has been split into two separate goals to measure net growth in each program over time.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Formerly, Virginia combined an increase in enrollment for both SCHIP programs (FAMIS & Medicaid Expansion) into one goal. The former goal has been split into two separate goals to measure net growth in each program over time.
Status of Data 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: Number of enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).	**Definition of Population Included in the Measure:** Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).	**Definition of Population Included in the Measure:** Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB. Numerator: 6407 Denominator: 32342 Rate: 19.8 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB. Numerator: 3079 Denominator: 38749 Rate: 7.9 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB. Numerator: 2098 Denominator: 41828 Rate: 5 Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rate of growth in net enrollment of children in FAMIS in FFY 2007 will = 2%.

Annual Performance Objective for FFY 2008: Rate of growth in net enrollment of children in FAMIS in FFY 2008 will = 2%.

Annual Performance Objective for FFY 2009: Rate of growth in net enrollment of children in FAMIS in FFY 2009 will = 2%.

Explain how these objectives were set: While enrollment continues to increase in the FAMIS program, the annual rate of growth has slowed significantly each year as the program has matured. During this time, Virginia has continued to conduct aggressive outreach and plans to do so in the future as well. We therefore anticipate a modest rate of annual growth going forward.

Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) Increase net enrollment in Title XXI SCHIP Medicaid Expansion program.	**Goal #2 (Describe)** Increase net enrollment in Title XXI SCHIP Medicaid Expansion program.	**Goal #2 (Describe)** Increase enrollment in Title XXI SCHIP Medicaid Expansion program.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Formerly, Virginia combined an increase in enrollment for both SCHIP programs (FAMIS & Medicaid Expansion) into one goal. The former goal has been split into two separate goals to measure net growth in each program over time.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Formerly, Virginia combined an increase in enrollment for both SCHIP programs (FAMIS & Medicaid Expansion) into one goal. The former goal has been split into two separate goals to measure net growth in each program over time.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Formerly, Virginia combined an increase in enrollment for both SCHIP programs (FAMIS & Medicaid Expansion) into one goal. The former goal has been split into two separate goals to measure net growth in each program over time.
Status of Data 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: Number of enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).	**Definition of Population Included in the Measure:** Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).	**Definition of Population Included in the Measure:** Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year (or the first day of the following federal fiscal year).
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:**

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB. Numerator: 4519 Denominator: 20446 Rate: 22.1 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB. Numerator: 7728 Denominator: 24965 Rate: 31 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The net growth or decline in current enrollment between the beginning and the end of the federal fiscal year. This data is different from the number of children ever-enrolled in the program during the year as reported in Section IIB. Numerator: 1705 Denominator: 32693 Rate: 5.2 Additional notes on measure: Net enrollment had grown by 6.9% between October 1, 2005 and July 1, 2006. Following implementation of the new Deficit Reduction Act requirement that applicants to this program document both their citizenship and identity, the net enrollment decreased by 543 children in the next 4 months, resulting in a growth rate of 5.2% for the year.

Explanation of Progress:

Annual Performance Objective for FFY 2007: In the intital months of the new requirement for applicants to document citizenship and identity there was a dramatic and negative impact on enrollment in the SCHIP Medicaid Expansion program. At this time it is unknown what the long term inpact of this requirement will be going forward. Therefore, Virginia will set performance objetives regarding enrollment following the first full year (FFY 2007) of implementation.

Annual Performance Objective for FFY 2008: See above.

Annual Performance Objective for FFY 2009: See above.

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: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase net enrollment of children in the Title XIX Medicaid program.	**Goal #1 (Describe)** Increase net enrollment of children in the Title XIX Medicaid program.	**Goal #1 (Describe)** Increase net enrollment of children in the Title XIX Medicaid program.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year.	**Definition of Population Included in the Measure:** Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year.	**Definition of Population Included in the Measure:** Definition of denominator: Number of enrolled children as of the 1st day of the federal fiscal year. Definition of numerator: Difference between the number of enrolled children as of the 1st day of the federal fiscal year and the 1st day of the month immediately following the end of the fiscal year.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: The net growth or decline of current enrollment between the beginning and the end of the federal fiscal year. Numerator: 29178 Denominator: 296935 Rate: 9.8 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The net growth or decline of current enrollment between the beginning and the end of the federal fiscal year. Numerator: 19313 Denominator: 326113 Rate: 5.9 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The net growth or decline of current enrollment between the beginning and the end of the federal fiscal year. Numerator: Denominator: Rate: Additional notes on measure: The template does not allow entry of negative numbers. However, for this measure, the numerator = -3,510 and denominator = 345,426, resulting in a rate of -1%. Enrollment had grown by 2% between 10/01/05 and 7/01/06. Following implementation of the Deficit Reduction Act requirement that applicants document both their citizenship & identity, the net enrollment decreased by 10,217 children in the next 4 months; resulting in a decrease of 1% between the beginning and end of the fiscal year.
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe)	**Goal #1 (Describe)**	**Goal #1 (Describe)** Increase the utilization of dental services by children enrolled in FAMIS.
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*: On July 1, 2005, DMAS implemented a new initiative, Smiles for Children, to increase the number of participating dental providers and the utilization of dental services by children enrolled in FAMIS and Mediciad. This initiative included an increase in dental rates, recrutiment of providers and carving dental services out of Managed Care contracts and contracting with a single statewide administrator for dental services.
Status of Data 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*: The calculation of dental utilization is based on the CMS 416 (EPSDT) report which is a standard among states.
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*: The utilization calculation is based on claims data and therefore there is a six month lag time in the final report of data. The final utilization rate for SFY 2006 will be available in January 2007.
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: Children who received any dental service (preventive or treatment) during SFY 2006.
Year of Data:	**Year of Data:**	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Performance Measurement Data: *(If reporting with another methodology)* Numerator: 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: 20567 Denominator: 60821 Rate: 33.8 Additional notes on measure: Utilization rate of dental services provided to children ages 3-20 that are enrolled in FAMIS for SFY 2006.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rate of children age 3 to 19 receiving any dental service will = 36%.

Annual Performance Objective for FFY 2008: Rate of children age 3 to 19 receiving any dental service will = 38%.

Annual Performance Objective for FFY 2009: Rate of children age 3 to 19 receiving any dental service will = 40%.

Explain how these objectives were set: Since the Smiles for Children program is only one year old, there is no historical data on which to base projections. Therefore, at this time DMAS is estimating a steady rate of growth of approximately 2% a year.

Other Comments on Measure: Utilization reporting is based on Doral Dental claims encounter data. The calculation of utilization is based on the CMS 416 (EPSDT) report which is a standard among states to calculate utilization.

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)** Increase the utilization of dental services by children enrolled in Medicaid.
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*: On July 1, 2005, DMAS implemented a new initiative, Smiles for Children, to increase the number of participating dental providers and the utilization of dental services by children enrolled in FAMIS and Mediciad. This initiative included an increase in dental rates, recrutiment of providers and carving dental services out of Managed Care contracts and contracting with a single statewide administrator for dental services.
Status of Data 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*: The calculation of dental utilization is based on the CMS 416 (EPSDT) report which is a standard among states.
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*: The utilization calculation is based on claims data and therefore there is a six month lag time in the final report of data. The final utilization rate for SFY 2006 will be available in January 2007.
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: Children who received any dental service (preventive or treatment) during SFY 2006.
Year of Data:	**Year of Data:**	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:
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: 153940 Denominator: 424807 Rate: 36.2 Additional notes on measure: Utilization rate of dental services provided to children ages 3-20 that are enrolled in Mediciad (Title XIX) and the SCHIP Medicaid Expansion (Title XXI) for SFY 2006.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rate of children age 3 to 20 receiving any dental service will = 38%.

Annual Performance Objective for FFY 2008: Rate of children age 3 to 20 receiving any dental service will = 40%.

Annual Performance Objective for FFY 2009: Rate of children age 3 to 20 receiving any dental service will = 41%.

Explain how these objectives were set: Since the Smiles for Children program is only one year old, there is no historical data on which to base projections. Therefore, at this time DMAS is estimating a steady rate of growth of approximately 2% a year.

Other Comments on Measure: Utilization reporting is based on Doral Dental claims encounter data. The calculation of utilization is based on the CMS 416 (EPSDT) report which is a standard among states to calculate utilization.

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) All 2 year old children enrolled in FAMIS will be fully immunized.	**Goal #1 (Describe)** All 2 year old children enrolled in FAMIS will be fully immunized.	**Goal #1 (Describe)** All 2 year old children enrolled in FAMIS will be fully immunized.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Formerly reported goal combined children in Medicaid and FAMIS. Goal has been split into two goals to measure progress by program type.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS version 2004	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Random sample of medical records.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Random sample of medical records.
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*: Medical record data.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Medical record data.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children receiving recommended Combo (4:3:1) immunization series by age 24 months.	**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: Number of cases where medical records contained doucmentation that the patient was up-to-date with the recommended immunization schedule.	**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: Number of medical records with documentation that the patient was up-to-date with the recommended immunization schedule.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: 86 Additional notes on measure: Numerator and denominator	**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
not available. The data only represents children in the separate SCHIP (FAMIS) program who were enrolled in a Managed Care Organization.		
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: 120 Denominator: 134 Rate: 89.6 Additional notes on measure: The number of fully immunized children divided by the number of valid medical records received in response to the random sample selection. Compliance rate for submitting medical records was 75.3%. Rate reported is for immunization series Combo (4:3:1) by 24 months.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 174 Denominator: 193 Rate: 90.2 Additional notes on measure: The number of fully immunized children divided by the number of valid medical records received in response to the random sample selection. Compliance rate for submitting medical records was 82.8%. Rate reported is for immunization series Combo 2 by 24 months.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rate of fully immunized 2 year old children will = 91%.

Annual Performance Objective for FFY 2008: Rate of fully immunized 2 year old children will = 92%.

Annual Performance Objective for FFY 2009: Rate of fully immunized 2 year old children will = 93%.

Explain how these objectives were set: Virginia has maintained a fairly high rate of full immunization for 2 year old children enrolled in FAMIS despite fluctuations from year to year. It is therefore anticipated that with continued emphasis on the importance of childhood immunizaitons, this rate will continue to increase but at a modest rate of growth in the coming years.

Other Comments on Measure: Virginia Department of Medical Assistance Services participates in the Government Performance and Results Act (GRPA) project aimed at increasing the immunization rates of all children in Medicaid and SCHIP. Immunization rates are calculated using a GRPA-like methodology.

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) All 2 year old children enrolled in Medicaid will be fully immunized.	**Goal #2 (Describe)** All 2 year old children enrolled in Medicaid will be fully immunized.	**Goal #2 (Describe)** All 2 year old children enrolled in Medicaid will be fully immunized.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Formerly reported goal combined children in Medicaid and FAMIS. Goal has been split into two goals to measure progress by program type.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS version 2004	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Random sample of medical records.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Random sample of medical records.
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*: Medical record data.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: Medical record data.
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☒ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children receiving recommended Combo (4:3:1) immunization series by age 24 months.	**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: Number of medical records with documentation that the patient was up-to-date with the recommended immunization schedule.	**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: Number of medical records with documentation that the patient was up-to-date with the recommended immunization schedule.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: 89 Additional notes on measure: Numerator and denominator	**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
not available. The data represents children in the SCHIP Medicaid Expansion (Title XXI) and Medicaid (Title XIX) program who were enrolled in a Managed Care Organization.		
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: 146 Denominator: 168 Rate: 86.9 Additional notes on measure: The number of fully immunized children divided by the number of valid medical records received in response to the random sample selection. Compliance rate for submitting medical records was 69.7%. Rate reported is for immunization series Combo (4:3:1) by 24 months. Data includes children enrolled in Medicaid (Title XIX) and in the SCHIP Medicaid Expansion program (Title XXI).	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 177 Denominator: 206 Rate: 85.9 Additional notes on measure: The number of fully immunized children divided by the number of valid medical records received in response to the random sample selection. Compliance rate for submitting medical records was 79.5%. Rate reported is for immunization series Combo 2 by 24 months. Data includes children enrolled in Medicaid (Title XIX) and in the SCHIP Medicaid Expansion program (Title XXI).

Explanation of Progress:

Annual Performance Objective for FFY 2007: Rate of fully immunized 2 year old children will = 88%.

Annual Performance Objective for FFY 2008: Rate of fully immunized 2 year old children will = 89%.

Annual Performance Objective for FFY 2009: Rate of fully immunized 2 year old children will = 90%.

Explain how these objectives were set: Virginia has maintained a fairly high rate of full immunization for 2 year old children enrolled in Medicaid despite fluctuations from year to year. It is therefore anticipated that with continued emphasis on the importance of childhood immunizaitons, this rate will continue to increase but at a modest rate of growth in the coming years.

Other Comments on Measure: Virginia Department of Medical Assistance Services participates in the Government Performance and Results Act (GRPA) project aimed at increasing the immunization rates of all children in Medicaid and SCHIP. Immunization rates are calculated using a GRPA-like methodology.

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

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

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

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

CAHPS Survey

Access to and satisfaction with care is measured by the National 2005 Consumer Assessment of Health Plans Survey (CAHPS) Sponsor Report, titled "2005 Medicaid Managed Care Customer Satisfaction Survey (October 2005)." Approximately 85% of children in Virginia's SCHIP plan receive health care through enrollment in a Managed Care Organization. The CAHPS survey reports that managed care enrollees are satisfied with their providers, their access to providers and the type of medical care provided to them. The next CAHPS Survey will be conducted in 2007.

Complaint/Appeal Tracking

Complaints are categorized by eligibility, enrollment or health services concerns. Complaints regarding eligibility or enrollment include denial of eligibility, timely determination, suspension or termination of enrollment, or enrollment into the wrong health plan. Complaints about health services relate to the delay, denial, reduction, suspension or termination of health services; failure to approve, furnish or provide payment for health services; or failure to receive member identification card. The assessment of complaints and appeals received by the MCOs allows DMAS to identify trends in care, which include access to care and services, network sufficiency, coverage issues and quality of care. SCHIP enrollees currently receive consistent and accessible services through quality provider networks. No significant issues have been identified as impeding service delivery to SCHIP enrollees in managed care.

Provider Networks

An important part of access is ensuring that children have access to an adequate Primary Care Provider (PCP) and pediatric subspecialty network. The health plans are responsible for arranging for and administering covered services to enrollees and ensuring that its delivery system provides available, accessible and adequate numbers of facilities, locations and trained personnel for the provision of covered services. The health plan must include pediatricians in its network or otherwise arrange care by providers specializing in early childhood and youth services.

As a means of measuring accessibility, the health plans must have at least one (1) full-time equivalent (FTE) pediatric primary care provider (PCP) for every 1,500 FAMIS enrollees, and there must be one (1) FTE PCP with pediatric training and/or experience for every 2,500 enrollees under the age of eighteen (18). The plans also must maintain an adequate pediatric specialist network and a referral listing. The quarterly analysis indicates that all plans meet or exceed these requirements.

The Department also performs provider analysis on the PCCM program. Our analysis indicates that the PCCM network meets or exceeds the Department's network standard.

Quality Review of MCOs

The MCOs are required to be accredited by a national quality organization, preferably National Committee for Quality Assurance (NCQA). Four of the seven plans have received the highest rating (excellent) for their Medicaid product. All plans have full quality improvement programs, disease management, and provider relations operations. A copy of the 2006 Quality report is attached.

DMAS contracts require that each managed care organization that contracts with SCHIP have an internal quality improvement programs (QIP). The QIP must meet the accreditation standards of NCQA. The Contractor is encouraged to perform all HEDIS performance measures for the Medicaid product as a part of the QI Program. In addition, the Contractor shall, at a minimum, complete all eight of the following HEDIS performance studies:

1. Childhood Immunization Status
2. Adolescent Immunization Status

3. Diabetes

4. Asthma: Appropriate Use of Medications

5. HEDIS/CAHPS 3.0H Adult Survey

6. Well-Child Visits in the First 15 Months of Life

7. Well-Child Visits in the 3rd, 4th, 5th & 6th Year

8. Adolescent Well-Care Visits

The Contractor sends to the Department (annually) a copy of its clinical practice guidelines, its quality improvement program, and prior year's outcomes, including results of HEDIS, and other performance measures, quality studies, and other activities as documented in the QIP. Results shall reflect completion dates.

The Contractor's QIP shall consist of systematic activities to monitor and evaluate the care delivered to enrollees according to predetermined, objective standards and to make improvements as needed. The Contractor shall correct significant systematic problems that come to its attention through internal surveillance, complaints, or other mechanisms. The QIP shall illustrate a comprehensive, integrated approach that encompasses all aspects of the health care delivery system for FAMIS. The Contractor shall insure that their grievance system is tied to their quality improvement program.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

The legislatively mandated Child Health Insurance Program Advisory Committee has identified access to care and utilization of services as two of the three priority areas for study for the coming year. Available data will be analyzed and focused studies or reports may be requested to assess progress. Results would likely be available in 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.

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.

REPORT #1: 2005 Medicaid Managed Care Customer Satisfaction Survey (October 2005). This report was submitted with the 2005 SCHIP Annual Report. The next CAHPS Survey will be conducted in 2007.

MAIN FINDINGS: Rating of Health Plan:Percentage of responsents giving health plan an 8 – 10 rating (based on scale 0 – 10, where 0 is worst and 10 is best.

National Medicaid Benchmark	= 72%
FAMIS MCO	= 90%
FAMIS PCCM	= 91%

REPORT #2: Virginia Managed Care Performance Report 2004-2005. Report is attached.

MAIN FINDINGS: All plans meet program and contract requirements. The 2005-2006 report will be released in January 2007.

REPORT #3: Medallion II Annual Report 2006. Reports are attached - including the General Section and a report for each MCO.

MAIN FINDINGS: The MCOs met the majority of requirements in the evaluation of quality, access and timeliness. All MCOs completed appropriately designed performance improvement projects.

Enter any Narrative text below.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

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

   Building on our successful new marketing campaign developed last year, which features a real-life spokesperson, Julia, speaking to our target audience, we developed two new radio ads. One was developed in Spanish and the other in English. Each was scripted to address identified concerns in the target community about enrollment in the program. The English radio ad also highlights our new FAMIS MOMS program for pregnant women.

   Due to the success of our enrollment efforts for FAMIS, this year we reduced the number of local community grants to outreach projects to four in high need areas. These four areas, Richmond, Northern Virginia (Alexandria and Arlington), Tidewater, and far Southwestern Virginia still have a higher than average number of estimated uninsured children in the area.

   We also initiated an in-reach campaign to FAMIS enrolled families to highlight the two new FAMIS programs: FAMIS Select and FAMIS MOMS. An oversized colorful, postcard in English or Spanish was sent to all FAMIS enrolled families over a four-week period. Families were encouraged to call for more information about the programs. The postcard had a positive effect on enrollment in both programs. Following the mailing, both FAMIS MOMS and FAMIS Select programs experienced their largest enrollment month since the inception of the programs.

   In addition, we also collaborated with the Virginia Department of Social Services and the Virginia Health Care Foundation to hold a series of eight eligibility worker training sessions across the state. The purpose of the training was to acknowledge the significant role that the eligibility workers play in FAMIS enrollment and retention; review FAMIS and Medicaid eligibility policies; highlight promising practices in enrollment and renewal; and offer eligibility workers opportunities to ask questions of policy experts. The programs were well-received throughout the state and nearly 900 eligibility workers were trained.

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 most effective outreach strategy employed by DMAS to date continues to be the annual Back-To-School campaign which combines TV and radio advertising, flyer distribution through the school system, coordination with Free & Reduced School Lunch Program, and increased participation in local community events such as health fairs and PTA events.

These activities resulted in a 4% increase in new applications received in September 2006 over September 2005. Of those callers who started an application over the phone or on the website in September 2006, the top five ways applicants heard about FAMIS were: schools (34%), a friend or relative (16%), TV ads (13%), prior FAMIS coverage (10%), and Department of Social Services (8%).

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?

   This year we converted the part-time Hispanic Marketing and Outreach position into a full-time position on the Marketing and Outreach team. Including a bi-lingual Marketing and Outreach Liaison has proven to be a very effective strategy in helping to reach the growing Latino population in our state. We have also developed more materials in Spanish and have increased advertising in local Spanish language newspapers, magazines, and on radio stations. In addition, we now monitor the percentage of Spanish language calls received at the Central Processing Unit as a regular part of the monthly report. Currently 16% of all calls received are in Spanish.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

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

   ☐ Yes
   ☐ No
   ☒ N/A

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

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

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

   ☒ Yes
   ☐ No
   ☐ N/A

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

Virginia's separate SCHIP program, FAMIS, covers uninsured children up to 200% FPL. The application requests information on current health insurance coverage and on any insurance that was terminated within the previous four months. If the child is currently covered by creditable health insurance, they are denied eligibility for FAMIS. If the child has been covered by creditable health insurance within the previous four months, unless they are pregnant at the time of application, they must indicate the reason the insurance was stopped on the application. If the reason does not meet one of the “good-cause” exceptions allowed by policy, the child is not eligible for FAMIS until they have been uninsured for four months. This waiting period is seen as an effective means of discouraging families from dropping private coverage and substituting Title XXI coverage.

All States must complete the following 3 questions

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

   Substitution of coverage is discouraged by the requirement of a four month waiting period after employer-sponsored or private coverage has been discontinued and before enrollment in FAMIS. There are standard exemptions to the four month waiting period such as loss of employment or if the employer stopped contributing to the cost of family coverage. Another allowable exception is if the cost of health insurance was the reason for discontinuation and the premium exceeded 10% of the family's gross monthly income. This exemption is monitored and tracked by verification of the family's insurance premium at the time of disenrollment and the gross family income.

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

   For FFY 2006, 3.2% of all children applying for or renewing FAMIS coverage were denied because of having other creditable health insurance or having dropped other insurance within the previous 4 months and failing to meet a good cause exception to the required waiting period.

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

   Virginia does not ask this specific question of applicants. However, applicants are asked if the child had health insurance within the previous four months and if yes, why the insurance was discontinued. Data is therefore available on the number of applications that the FAMIS Central Processing Unit denied because health insurance had been dropped in the past 4 months and a good cause exception was not met. In FFY 2006, less than 1% (.2%) of all applicant children were denied because of having dropped creditable health insurance in the past 4 months.

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.

   No.

   Separate SCHIP program (FAMIS) procedures:

   In FAMIS, coverage is continuous for 12 months unless one of the following events occurs before the annual renewal: a) an increase in family's gross monthly income to above 200% FPL, b) child moves out of state, c) child dies, d) child turns age 19, e) the family requests cancellation, or f) the family applies for Medicaid and is determined eligible for Medicaid.

   All redeterminations of eligibility conducted because of one of the above-listed reported changes within the 12-month enrollment period, and all annual renewal applications for FAMIS are processed by the Central Processing Unit (CPU). For the annual renewal, the CPU mails a postcard to the family 90 days before the end of the 12-month enrollment period to notify them that the renewal forms will be coming soon. Fifteen days later, the CPU mails the family an application preprinted with their information (mailed 75 days before the end of the 12-month enrollment period). The family is asked to update any information that is incorrect and return the application and proof of income in a postage-paid, pre-addressed envelope. If the necessary information has not been received within 10 days of that mailing, the CPU attempts to contact the family by phone. A second phone call is attempted if no information has been received prior to the deadline. If all required information is still not received, the case is closed at the end of the enrollment period and the family is notified in writing in advance.

All income must be verified.

Medicaid (including SCHIP Medicaid Expansion) procedures:

Medicaid coverage is not continuous for 12 months. Medicaid enrollees must report changes in their circumstances within 10 days of the change. All redeterminations and renewals of Medicaid are processed by the 120 local departments of social services. As of December 2004, local departments of social services may renew a child's Medicaid coveraage through an ex parte process if all necessary information is already available. If necessary information is not available, a one-page renewal form requesting only needed information is sent 30 days before the case will be closed. Although specific procedures depend on local resources and policies, this is generally the only attempt made to reach the family until an “Advance Notice of Action” is sent 10 days prior to the case being closed. If the family does not respond with the necessary information, the case is closed.

All income must be verified.

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

   The “No Wrong Door” policy in Virginia means that a child who has been enrolled in Medicaid but becomes eligible for FAMIS does not have to submit a new application. Instead, the local social service agency can obtain the necessary proof of income or other required information, enroll the child in the FAMIS program, and then transfer the case to the CPU for maintenance.

   Because FAMIS provides 12 months of coverage except in circumstances described in question #1 above, a family does not have to report a decrease in income unless they wish to apply for Medicaid. If a drop in income is reported and the child is subsequently determined to be eligible for Medicaid, they are transferred to that program by the DMAS FAMIS Plus Unit co-located at the FAMIS Central Procesing Unit. Following enrollment in the appropriate program, Medicaid cases are forwarded to the appropriate local DSS for maintenance.

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

   The delivery systems used in Medicaid and FAMIS are very similar but not identical in all parts of the Commonwealth. Virginia’s Title XXI program utilizes two Secretary-approved benefit packages within FAMIS. One Secretary-approved benefit package is a Medicaid look-alike component offered through a fee-for-service in 25 localities (as of July 1, 2005) predominately located in the far southwestern part of the state. The other Secretary-approved benefit plan is modeled after the state employee plan and is delivered by contracted Managed Care Organizations (MCOs) in the remaining 110 localities in Virginia. The Commonwealth is providing two benefit packages at this time because no MCO was awarded a contract in certain geographic areas.

The same MCOs that provide FAMIS benefits also provide Medicaid benefits to recipients through the Medallion II program in the same localities. Therefore, in localities without a contracted MCO, children enrolled in Medicaid generally participate in the Medallion or PCP program. The primary difference is that in localities where only one MCO is available, Medicaid recipients are allowed to opt out of Medallion II and participate in the Medallion or PCP program instead, while FAMIS enrollees cannot opt out of managed care if available.

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?
  For FAMIS enrolees - up to four contacts are made regarding the need to renew coverage: an advance notice postcard, a preprinted renewal application, and up to two phone calls.
- 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?)
  For FAMIS enrolees - an advance notice postcard is sent 90 days before the end of the 12-month enrollment period. A preprinted renewal application is sent 75 days before the end of the 12-month enrollment period. If not received in a timely manner, 2 phone calls are made to the family prior to a notice of termination.

☐ Sends targeted mailings to selected populations

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

☒ Holds information campaigns

☒ Provides a simplified reenrollment process,

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

The application used for FAMIS renewals is a two-page (front & back) combination application for FAMIS and FAMIS Plus (Medicaid). This application is pre-filled with known information and is mailed 75 days in advance of their end of coverage with a BRE envelope. Families can also renew coverage on-line through the FAMIS public website.

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

Through a public-private partnership a survey was commissioned in December 2004 to gather data from families with children who recently did not renew enrollment in FAMIS or FAMIS Plus (Medicaid). 400 families were surveyed. In November 2004 DMAS also began sending out “Don’t Want to Renew?” slips in the FAMIS renewal packets in an effort to gain additional data on why families don’t renew their children’s FAMIS coverage.

☐ Other, *please explain*:

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

3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

   ☐ Yes
   ☒ No
   ☐ N/A

   When was the monthly report or assessment last conducted?

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	**Obtain other public or private coverage**		**Remain uninsured**		**Age-out**		**Move to new geographic area**		**Other**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

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

COST SHARING

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

   N/A

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

   No.

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 changes to cost sharing in 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.)

   Virginia offered an SCHIP premium assistance program under the Title XXI State Plan from October 2001 until July 31, 2005 entitled E.S.H.I. On August 1, 2005 the E.S.H.I. program was replaced by a new SCHIP premium assistance program entitled FAMIS Select. This simplified program had been approved on July 1, 2005 by CMS through a HIFA waiver. FAMIS Select had only been in operation 13 months at the end of the reportig period and 296 children were enrolled.

   FAMIS Select provides $100 in premium assistance per child per month (up to the total cost of the monthly premium) if the family chooses to cover their FAMIS eligible child with an employer-sponsored or private health plan instead of FAMIS.

There are no wrap-around benefits provided except for childhood immunizations and the family pays all costs associated with the employer/private plan. The family can request their child be returned to FAMIS coverage at any time.

While enrollment in FAMIS Select remains small, the size of the program has tripled since it replaced the former E.S.H.I. program. Also, while FAMIS Select does not provide coverage for other family members, at the end of the fiscal year an additonal 236 family members (211 adults & 25 non FAMIS eligible children) were covered incidentally by the polices suppoorted through FAMIS Select premium assistance.

4. What benefit package does the program use?

Children enrolled in FAMIS Select receive the benefits provided by their employer-sponsored or private health insurance policy.

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

The only wrap-around benefit provided by FAMIS Select is coverage for childhood immunizations if not covered by the employer/private plan. Familes are responsible for any cost-sharing required by the employer/private health plan and do not receive reimbursement for co payments, deductibles, co-insurance, etc. from FAMIS Select.

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).

279	Number of adults ever-enrolled during the reporting period
379	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?

All children approved for the FAMIS Select program must first be enrolled in the direct coverage program, FAMIS. This means they must have been uninsured for at least 4 months unless they meet a good-cause exception to this eligibility criteria. It is believed that this required waiting period discourages substitution of coverage. In additon, during this reporting period the number of children enrolled in premium assistance was small and extremely unlikely to impact employer behavior regarding offering family health insurance coverage to employees.

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

FAMIS Select was implemented as the SCHIP premium assistance program on August 1, 2005. Therefore, the typical challenges associated with any new program such as development of all new material, educating consumers and advocates, and explaining the programmatic change to clients were part of the process.

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

The transition of enrollees in the former E.S.H.I. program was accomploished without any noticable problems and enrollment in the new FAMIS Select program grew steadily, eventually tripeling the former E.S.H.I. enrollment in the first year.

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.

FAMIS Select is currently undergoing the first evaluation, including a customer satisfaction survey. Reslutls will help shape any program modificaitons in the coming year.

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

Preliminary results of the customer satisfaction survey indicate that access to non FAMIS participating providers is the single biggest factor in why families choose FAMIS Select over FAMIS.

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

This has not been measured to date.

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

N/A

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

1. Does your state have a written plan that has safeguards and establishes methods and procedures for prevention, investigation and referral of cases of fraud and abuse? Please explain.
Yes, the majority of children (approximately 80%) enrolled in SCHIP receive services through a Managed Care Organization (MCO). DMAS contracts require MCOs to have policies and procedures to identify and investigate fraud and abuse by recipients and providers.

In addition, the Program Integrity Division was created within DMAS to investigate and refer for civil recovery any debts owed to the medical assistance program or funds paid for services or benefits as a result of violations of applicable state and federal laws and regulations pertaining to the application for and receipt of services or benefits through fee-for-service Medicaid and SCHIP. The Division contains both Recipient Audit and Provider Review Units to identify and investigate cases of suspected abuse in fee-for-service cases and for referring suspected fraud to the state's Medicaid Fraud Control Unit (MFCU). The Division has written procedures and policies by which fraud and abuse is investigated and referred.

DMAS does not perform provider credentialing.

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

a) Provider credentialing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

b) Provider billing

Number of cases investigated 128

Number of cases referred to appropriate law enforcement officials 8

c) Beneficiary eligibility

Number of cases investigated 28

Number of cases referred to appropriate law enforcement officials 18

3. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors?
The Division of Program Integrity is currently using two contractors to do some reviews of specific provider types. One contractor was informed of the policies and procedures related to fraud and abuse as well as the tracking of SCHIP funds. The other contractor is just beginning the review of cases and a contract monitor is in place to review the contractor's work.

Enter any Narrative text below.

The Provider Review Unit does not distinguish SCHIP recipients from Medicaid recipients in the review of claims and medical records for case development. A sample of records is obtained from providers of services; some are SCHIP and some are Medicaid. However, beginning in January, 2006, any overpayments established for SCHIP recipients are split-out on the Authorization to Collect Overpayment forms.

The data provided on Provider billing is for both Medicaid and SCHIP. Although 8 cases were referred to the MFCU, none of these involved SCHIP.

The data provided for Beneficiary Eligibility is for SCHIP alone.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments			
Managed Care	80,503,221	90,405,997	100332986
per member/per month rate @ # of eligibles	112	119	127
Fee for Service	56,018,412	64,715,371	72,852,598
Total Benefit Costs	136,521,633	155,121,368	173,185,584
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$ 136,521,633	$ 155,121,368	$ 173,185,584

Administration Costs			
Personnel	1,164,506	1,222,731	1,283,867
General Administration	271,834	284,953	299,201
Contractors/Brokers (e.g., enrollment contractors)	8,157,066	8,564,919	8,993,165
Claims Processing	0	0	0
Outreach/Marketing costs	1,347,703	1,415,088	1,485,843
Other	14,691	15,426	16,197
Health Services Initiatives	0	0	0
Total Administration Costs	10,955,800	11,503,117	12,078,273
10% Administrative Cap (net benefit costs ÷ 9)	15,169,070	17,235,708	19,242,843

Federal Title XXI Share	95,860,331	108,305,915	120,421,507
State Share	51,617,102	58,318,570	64,842,350

TOTAL COSTS OF APPROVED SCHIP PLAN	147,477,433	166,624,485	185,263,857

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

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

☐ Other (specify)

Enter any Narrative text below.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From	133	% of FPL to	200	% 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	133	% of FPL to	166	% 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.

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

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

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

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

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

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

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	**2006**	**2007**	**2008**	**2009**	**2010**
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments	296796	441696	586596	674585	
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #1	296796	441696	586596	674585	
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	0	0	0	0	

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

Insurance Payments					
Managed care	5901464	7277650	7677578	8445336	
per member/per month rate @ # of eligibles	788	816	841	860	
Fee for Service	1847825	2274884	2401777	2614955	
Total Benefit Costs for Waiver Population #3	7749289	9552534	10079355	11060291	

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	0	0	0	0	

Total Benefit Costs	8046085	9994230	10665951	11734876	
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)	8046085	9994230	10665951	11734876	

Administration Costs

Personnel	51500	53045	54636	56275	
General Administration					
Contractors/Brokers *(e.g., enrollment contractors)*	252500	255025	257575	260151	
Claims Processing					
Outreach/Marketing costs	60000	60000	60000	60000	
Other *(specify)*					
Total Administration Costs	364000	368070	372211	376426	
10% Administrative Cap (net benefit costs ÷ 9)	894009	1110470	1185106	1303875	

Federal Title XXI Share	5466555	6735495	7174805	7872346	
State Share	2943530	3626805	3863357	4238956	

TOTAL COSTS OF DEMONSTRATION	8410085	10362300	11038162	12111302	

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

Expenditures for FFY 2006 represent actual expenditures between October 1, 2005 and September 30, 2006. Expenditures for FFY 2007, 2008, 2009, and 2010 were last updated with submission of Virginia's amended waiver application in July 2006.

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

Coverage of Pregnant Women:

Estimates for the number of pregnant women enrolled are derived using the number of children enrolled in Virginia's FAMIS program during the first few months of life as a proxy and incorporating projected increases resulting from outreach efforts. Associated costs for the projected enrollees are based on estimated pregnancy-related costs of $6,500 per delivery and non-pregnancy related costs of $250 per woman per month, each grown 4% annually for medical inflation.

SCHIP Premium Assistance - Children:

Expenditures for the FAMIS Select program are based on projected enrollemnt multiplied by costs of $100 per month (since the program limits premium assistance coverage to $100 per month per child) for new enrollees offset by savings of $31 per month for enrollees who are diverted from the regular FAMIS program.

Administration Costs:

Administration expenditures associated with Virginia's two demonstration waiver programs inlcude costs associated with hiring of one additional staff person, an increase in the contract for administration of the FAMIS Central Processing Center to support the processing of applications by pregnant women, and costs for marketing and outreach for the programs.

Other notes relevant to the budget:

Actual FFY 2006 administration expenditures for the demonstration waiver programs were not available at the time of development of this report; the figures reported represent the best estimate of these costs.

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 Timothy Kaine and the Virginia General Assembly remian stong supporters of providing health care coverage to lower income children through Medicaid & SCHIP. During 2006 the Governor established a Health Care Reform Commision that is examining ways to broaden coverage and improve the quality of health care in the Commonwealth. Recommendations and initiatives are expected in 2007.

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

   Even though the requirement for applicants and enrollees to prove their citizenship and identity does not directly impact SCHIP, this new barrier has had a dramatic impact on coverage for low income children in all programs in the last quarter of the fiscal year.

   When the new requirement was implemented on July 1, 2006 there was an immediate and negative impact on enrollment of children in Medicaid and the SCHIP Medicaid Expansion programs. While enrollment continued to grow in the separate FAMIS program, secondary impacts such as a deterioration in the timliness of applicaiton processing and other services occurred. Because of the seamless (No Wrong Door) application process and joint application utilized in Virginia, calls increased significantly at the FAMIS central processing unit (CPU) and numerous duplicate applications were received and processed at the CPU and local offices of social services. Applicants to all programs were confused and sometimes discouraged from attempting to complete the application process. As a result, enrollment decreased while administrative costs soared, inlcuidng costs related to the SCHIP program. As the fiscal year ended, it was not clear if this negative situation will continue or be allievated as the months pass and applicants are able to comply with the new requirements.

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

   During the first 3 quarters of the federal fiscal year, Virginia continued to see growth in enrollment of children in both Medicaid and SCHIP. In addition, the two new programs implemented at the end of FFY 2005 (FAMIS MOMS for pregnant women and FAMIS Select premium assistance for children) provided coverage to a growing number of enrollees as the year progressed. At the end of FFY 2006, FAMIS MOMS was expanded to cover women with income up to and including 166% FPL.

   Two significant policy improvements were approved and implemented during this reporting period. First, pregnant children applying for FAMIS were made exempt from the 4 month waiting period since prior insurance, thereby allowing these girls to receive early prenatal care. Second, babies applying for FAMIS are now eligible for coverage back to their date of birth if it is within 3 months of their

applicaiton month. This means more newborns will have birth expenses and their early health care provided by SCHIP even if the parent is not able to apply immediately following their birth.

Finally, DMAS undertook a major effort to train and retrain department of social services eligibility workers and their supervisors on both Medicaid and SCHIP eligibility policy for children and pregnant women and related programs. Over 800 workers were trained in one of 8 all-day sessions provided in the Spring of 2006. These in-depth workshops, with an emphasis on addressing workers' questions, should improve the accuracy of cases processed in both programs.

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.

   While no major programmatic changes are planned for the coming year, if approved by the legislature, eligibility for FAMIS MOMS will again be expanded to a higher income population.

   In addition, it is anticipated that managed care will be furhter expnaded to some new localities and populations previously served only through fee-for-service.

   DMAS, in collaboration with the Virginia Health Care will sponsor a survey of families impacted by the requirement to document citizenship and identity of applicant children. Policies, procedures and materials may be modified as a result of their imput.

   Finally, DMAS will continue to emphasize the importance of preventive care for children. A multi-faceted approach is underway that includes improved data reporting by providers, new educational materials for parents and renewed focus on this area of service by managed care organizations.

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