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

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

Signature:

Karleen K. Jackson, PhD, Commissioner - AK DHSS

SCHIP Program Name(s): **All, Denali KidCare**

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: **Barbara Hale/MAA-SCHIP Coordinator**

Address: **P.O. Box 110660**

City: **Juneau** State**:** **AK** Zip**:** **99811-0660**

Phone: **907-465-5833** Fax: **907-465-2204**

Email: **barbara_hale@health.state.ak.us**

Submission Date: **3/7/2007**

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						**From**		% of FPL conception to birth		% of FPL
	From	0	% of FPL for **infants**	175	% of FPL	**From**		% of FPL for **infants**		% of FPL
	From	0	% of FPL for children ages **1 through 5**	175	% of FPL	**From**		% of FPL for 1 **through 5**		% of FPL
	From	0	% of FPL for children ages **6 through 16**	175	% of FPL	**From**		% of FPL for children ages **6 through 16**		% of FPL
	From	0	% of FPL for children ages **17 and 18**	175	% of FPL	**From**		% of FPL for children ages **17 and 18**		% of FPL

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

Is retroactive eligibility available?	☐	No	☐	No
	☒	Yes, for whom and how long? Yes, up to three months of retroactive eligibility is available for children in families whose income qualifies.	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

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

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

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

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

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

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☐	No	☐	No
	☒	Yes	☐	Yes
	Specify number of months	12	Specify number of months	
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☒	Yes	☐	Yes
	Specify number of months	6	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	

	During the 6-month period, a child is eligible regardless of changes in income, resources, family status or household composition. Continuous eligibility ends (1) at the end of the 6th month; (2) at the end of the month the child reaches age 19; (3) at the end of the month the child is incarcerated in a penal institution; (4) with the death of the child; (5) when a case is closed due to loss of contact with the client (i.e., coupon is returned in mail with no forwarding address); or (6) when the client loses Alaska residency. Families must report circumstance changes including physical and/or mailing address; telephone numbers; any child, parent or other adult who has moved in or out of the household; health insurance coverage; & changes in pregnancy status.			
	☐	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	
	Each employed Denali KidCare applicant is entitled to a $90 work expense deduction. Actual dependent care costs up to $200/month may be deducted for each child < or = to age 2. For each child > age 2 or incapacitated adult, actual care costs up to $175/month may be deducted. Monthly child support payments made by a household member are allowed if the parent claiming this deduction has included their needs or income in the eligibility determination.			
	☐	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.

* Regarding the first question pertaining to eligibility, in September 2003, the FPL Guidelines for Alaska's SCHIP Medicaid Expansion, Denali KidCare, were reduced from 200% to 175% of the FPL frozen at the 2003 standard for recipients included in the 151% to 175% Medicaid subtype due to a legislative change. In 2003, as reported, Alaska was the only State to reduce eligibility levels while other States reduced benefits, increased out-of-pocket costs in separate SCHIPS, or froze enrollment. The 2003 frozen FPL standard does not allow for inflation adjustments to the guidelines that effectively result in a lower standard each year. To accurately report this information and to reflect the frozen 2003 upper limit FPL standard, the upper limit on the FPL Guidelines for Alaska for families with incomes greater than or equal to 151% FPL was 160% FPL effective April 1, 2006. This represents a decline of approximately 4% over the previous year's upper FPL limit.

Regarding the question above - Does your program impose co-payments or coinsurance? Alaska imposes co-payments in its Medicaid Program and Medicaid Expansion on 18 year olds who are not pregnant and are not a Native American receiving service inside their IHS Tribal Health Facilities.

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	Changes were made to the application for citizenship and identity to enable collection of the information that is required under DRA.
c) Application documentation requirements	Citizenship and Identity documentation as required under DRA.
d) Benefit structure	
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	
j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	

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

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**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*: CMS 416 - Specialized 416 run to compare Titles XXI and XIX EPSDT services	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416 - Specialized 416 run to compare Titles XXI and XIX EPSDT services. In this section, Title XXI information is reported.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416 - Specialized 416 run to compare Titles XXI and XIX EPSDT services. In this section, Title XXI information is reported.
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: MMIS Claims System and EPSDT Subsystem	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: MMIS Claims System and EPSDT Subsystem	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: MMIS Claims System and EPSDT Subsystem
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 through two years of age. This is the first year of attempting to report under core performance measures and since we are unable to report the age range specified, we will attempt to report by the age range requested next year. Therefore, I will not report a baseline year at this time.	**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 through 15 months of age who received screens.	**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 through 15 months of age who received screens.
Year of Data: 2003	**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: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Well child exams received (EPSDT exams) for Title XXI children through age two reported in FFY03 totaled 2,244 which amounts to a screening ratio for that age group near 100% and a participation ratio near 64%. Children in this age group follow a periodicity schedule with nine recommended well child exams during that time period.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: 2.5 Additional notes on measure: Enrolled in Title XXI only and in both Titles XXI and XIX for year - If the above two reported categories are combined for Title XXI data as is the information for the 3 – 6 year old age category, then there were 218 children eligible, denominator, through age 15 months who received 553 screens, numerator, representing 2.5 screens/child. Baseline 2.5 screens and Baseline year is FFY 05. This represents a screening ratio of 39%.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: 2.5 Additional notes on measure: Enrolled in Title XXI only and in both Titles XXI and XIX for year - If the above two reported categories are combined for Title XXI data as is the information for the 3 – 6 year old age category, then there were 223 children eligible, denominator, through age 15 months who received 560 screens, numerator, representing 2.5 screens/child. Baseline 2.5 screens and Baseline year is FFY 05. This represents a screening ratio of 40%.

	Rate calculator does not work correctly above.	Rate calculator does not work correctly above.

Explanation of Progress:

Annual Performance Objective for FFY 2007:

Annual Performance Objective for FFY 2008:

Annual Performance Objective for FFY 2009:

Explain how these objectives were set:

Other Comments on Measure:

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416 - Specialized 416 run to compare Titles XXI and XIX EPSDT services	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416 - Specialized 416 run to compare Titles XXI and XIX EPSDT services	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: CMS 416 - Specialized 416 run to compare Titles XXI and XIX EPSDT services
Data Source: ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: MMIS Claims System and EPSDT Subsystem	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: MMIS Claims System and EPSDT Subsystem	**Data Source:** ☐ Administrative (claims data). ☒ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: MMIS Claims System and EPSDT Subsystem
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 ages 3-5 years. This is the first year of attempting to report under core performance measures and since we are unable to report the age range specified, we will attempt to report by the age range requested next year. Therefore, I will not report a baseline year at this time.	**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 ages 3-6 years.Children ages 3-6 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: Children ages 3-6 years.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: Additional notes on measure:

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

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Well child eams received (EPSDT exams) for Title XXI children for ages 3-5 years reported in FFY03 totaled 1,329 which amounts to a screening ratio for that age group near 80% and a participation ratio near 69%. Children in this age group follow a periodicity schedule with three recommended well child exams during that time period (one recommended EPSDT exam per year).	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: 2.41 Additional notes on measure: For the 3-6 year old well-child visits, the screening ratio is the same for both Titles XIX and XXI, about 42%. Title XXI numerator, number of screens – 1,438 Title XXI denominator, number of eligibles - 3,469 or ~2.41 screens/child	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: 2.35 Additional notes on measure: For the 3-6 year old well-child visits, the screening ratio is 41% for Title XIX and 43% for Title XXI. Title XXI numerator, number of screens – 1,462 Title XXI denominator, number of eligibles - 3,434 or ~2.35 screens/child
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Alaska is not a managed care state and for that reason has not utilized the HEDIS. It is our understanding that there is now a HEDIS component for non-managed care states to assist in the collection of this data; however, we presently do not have the resources to devote to this data collection and analysis as they are focused on the design and development of the new MMIS. It would not be prudent to spend time or dollars on programming to retrieve this data from the old MMIS at this time.	**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*: Alaska is not a managed care state and has not utilized the HEDIS. We understand that there is now a HEDIS component for non-managed care states to assist in the collection of this data; however, we presently do not have the resources to devote to this data collection and analysis as they are focused on the design and development of the new MMIS, which is now under re-procurement. It would not be prudent to spend time or dollars on programming to retrieve this data from the old MMIS.	**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*: As reported in the past, Alaska is not a managed care state and does not utilize the HEDIS. As reported previously, given limited resources, the Title XXI enrollment decline (~8,000 children as compared to ~54,000 children enrolled in Title XIX) and focus on the new MMIS re-procurement and implementation, it is not likely that this will be a priority at this 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:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☒ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*: Alaska isn't a managed care state and has not utilized the HEDIS. It is our understanding that there is now a HEDIS component for non-managed care states to assist in this data collection; however, we do not have the resources to devote to this data collection/analysis as we are focused on design and development of a new MMIS. It would not be prudent to spend time/dollars on programming to retrieve data from the old MMIS. See CMS Form 416 for similar data.	**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*: We intend to review the HEDIS fee-for-service module; however, to purchase this module for our State to answer three of the performance measures does not seem feasible. We don't have resources to devote as we are focused on the development of a new MMIS that we have to re-procure, fall 2005. It wouldn't be prudent to invest in programming to retrieve data from the old MMIS. See CMS Form 416 for similar data.	**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*: Given the previous explanations including lack of resources, declining Title XXI enrollment and the re-procurement and development and implementation of the MMIS, it is not feasible now to collect and analyze this data.
Status of Data 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:**

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: / 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: / Numerator: Denominator: / Denominator: Rate: / Rate: 25 months-6 years / 12-19 years Numerator: / Numerator: Denominator: / Denominator: Rate: / Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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	22322	20432	-8.47
Separate Child Health Program	0	0	

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

Under the CMS Statistical Enrollment Data Reporting System (SEDS), not only are states required to report numbers of unduplicated children ever enrolled during the year in Title XXI, which are reflected in the table above, but also point-in-time numbers for quarter-end, not shown above, which would more closely reflect our methods (average monthly enrollment) of reporting in this section in the past and expenditure reporting.

For Alaska, the FFY 2006 Ever-Enrolled number above is a preliminary number as entered in SEDS in October 2006 for FFY Qtr 4. Alaska enters preliminary data 30 days after quarter-end for the most recent quarter, and then enters final data for that same quarter 30 days after the close of the following quarter and certifies the data at that time; therefore, final data for FFY 06 Qtr 4 will be certified by January 31, 2007. We do this to reflect retroactive eligibility policy, and the numbers do vary. The number of unduplicated children ever enrolled for the year above reflects an approximate .05% decrease (less than one half of one percent decrease) in enrollment between 2005 and 2006; however, as the point-in-time quarter end numbers for children enrolled on the last day of the quarter show, we are experiencing a significant decline in our enrollment due to our 2003 frozen standard of the FPL upper limit on our Medicaid subtype representing children in families with incomes of greater than or equal to 151% FPL. Quarter-end point-in-time numbers for the same quarter-end periods show that the final/certified enrollment number at the end of FFY 2005 was 10,558 and the preliminary enrollment number for FFY 06 was 8,061, thus reflecting a 23.65% decline in enrollment.

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	18	3.4	8.0	1.5
1998 - 2000	17	3.3	7.7	1.5
2000 - 2002	12	2.0	5.8	1.0
2002 - 2004	12	2.0	5.9	1.0
2003 - 2005	10	2.2	5.3	1.1
Percent change 1996-1998 vs. 2003-2005	-44.4*%*	NA	-33.8%	NA

* Significant at the .05 level, 2-tailed test

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

Comments would not be useful here since we don't feel the data is precise.

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

As stated last year, please refer to previous Title XXI Annual Reports for a detailed discussion of what Alaska believed were limitations to this data.

Based on a 2003 single year comparison of the National Survey of Children's Health uninsured data with the Current Population Survey uninsured data, the reported outcomes were similar, given that there were several differences in the survey variables. For example, the CPS data reports on children, ages 0 through age 18, in families with incomes at or below 200% FPL; whereas, the NSCH data reports on children, ages 0 through 17 at or below 199% FPL. The single year numbers of uninsured children were very close.

? ~12.2% of children with family incomes < 200% FPL are uninsured – or ~10,000 children (NSCH)

? CPS 2003 single year estimate of the # of Alaskan children < 200% FPL was 11,000

It is interesting to note that last year we reported that we had approximately the same number of uninsured children in our State that we reported at program inception when the number (three-year average) was estimated to be 11,600. We reported that it was not prudent to say that we had reduced the number of uninsured by 33.3%, or 6,000 children as shown last year. This information provided the impetus to refer to comments in previous annual reports discussing enrollment numbers, which briefly stated, was that we had enrolled in our M-SCHIP and Medicaid programs nearly triple the number of children that we had prior to implementation of Denali KidCare. The 2002-2004, three-year average number of uninsured children according to CPS was 12,000. The single year CPS number of uninsured children in

Alaska for 2004 was 15,000, which would mean that uninsured numbers were rising. This would be expected given the decrease in the September 2003 FPL Guidelines from 200% to 175% and the frozen 2003 FPL Guideline standards, which does not allow for annual inflationary increases to the FPL Guidelines for the Medicaid subtype, CP,- > 151% FPL.

Furthermore, the numbers reported in the table above for this year show that since program inception, Alaska has reduced its uninsured number by 8,000, representing a 44.4% decline in uninsured children. The difference between the three-year averages as reported for FFY 05 and 06 is a 2,000 reduction in uninsured children. The single year number of uninsured children for FFY 04 as reported above as 15,000 has now been reduced in FFY 05 by more than 50% to 7,000. This could not possibly be correct given the information explained in the paragraphs that follow. Additionally, given the frozen 2003 FPL standard on the upper limit, the reported reduction in the number of uninsured children would not follow declining enrollment. Overall, there has been a reduction in the number of uninsured children, but the CPS data does not accurately reflect the total number of uninsured children in Alaska.

Finally, an additional comment that I will add for FFY 06, is that Alaska has always had trouble with the CPS data. As mentioned in the previous paragraph, the single year data for the 2005 Annual Demographic Survey March Supplement shows a decline of more than 50% in the number of children who are under 19 years of age, living in families with incomes at or below 200% FPL who answered no to the health insurance coverage question over the 2004 single year number. Alaska has continued to have trouble with sample size. In fact, CPS data, representing the number of low-income, uninsured children, has never been accurate, reliable or consistent when used to calculate the allotment for Alaska in the SCHIP allocation formula.

An analysis in 2006 by the Urban Institute comparing recent changes in the data found that for Alaska most of the variation between 2004 and 2005 are likely not due to the processing changes at the Bureau, but more likely due to either sampling error or real changes in the uninsured. We feel the change cannot be a "real" one for Alaska given the insurance market in this state. Premiums have not declined in Alaska. If they had, it is likely that we would have seen a pick-up in coverage in general or, specifically, in dependent care coverage. We have also not seen significant changes in employment where we would see a pick-up in employer sponsored insurance. There have been no significant changes in the number of health insurance companies in the State. In fact, in fall 2006, Premera (Blue Cross Blue Shield) just received approval for an 18.9% rate increase for small group insurance on top of a 7.63% increase for 2006 in Alaska. Therefore, we come back to what has been the main focus with the CPS data since SCHIP began, sampling error or some other data error.

As stated in last year's report, as the states begin to move through the SCHIP reauthorization hearings that began in July 2006, not only will it be important to iron out the remaining flaws associated with the CPS data including sample size for states with small populations that many states are still experiencing, but also the flaws in the funding formula used to determine the SCHIP allocations which also include the CPS data, inconsistencies in the health care cost factor data used across the states in the calculation of the SCHIP allocation formula and the ceilings instituted under the allocation formula.

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

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

☒ No (skip to Question #4)

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

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

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

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

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

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

Why do you ask M-SCHIPs to skip this question? Isn't this a relevant question to ask S-SCHIPS, Combination-SCHIPS as well as M-SCHIPs so you can compare state numbers as to which children have been enrolled in the Title XIX Medicaid program because of SCHIP outreach and simplification?

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) I.1 Market the Children's Health Insurance Program	**Goal #1 (Describe)** I.1 Market the Children's Health Insurance Program	**Goal #1 (Describe)** I.1 Market the Children's Health Insurance Program
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: I.1 No Change. We continue to market the Denali KidCare Program in accordance with our Title XXI State Plan. This performance goal was accomplished and exceeded as shown on the FFY 00 Annual Report.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: I.1 No Change. We continue to market the Denali KidCare Program in accordance with our Title XXI State Plan. This performance goal was accomplished and exceeded as shown on the FFY 00 Annual Report.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: I.1 No Change. We continue to market the Denali KidCare Program in accordance with our Title XXI State Plan. This performance goal was accomplished and exceeded as shown on the FFY 00 Annual Report.
Status of Data 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:

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

Objectives Related to 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) I.2 De-link SCHIP eligibility determination from Public Assistance programs and simplify the eligibility process	**Goal #1 (Describe)** I.2 De-link SCHIP eligibility determination from Public Assistance programs and simplify the eligibility process.	**Goal #1 (Describe)** I.2 De-link SCHIP eligibility determination from Public Assistance programs and simplify the eligibility process.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: I.2 All four of the performance measures below were completed and implemented prior to program inception. This performance goal was accomplished; however, we continue to improve eligibility processes. 1. Create separate SCHIP eligibility determination unit. 2. Create mail-in application process and shorten application. 3. Implement policy for continuous eligibility for children and eliminate asset test. 4. Eliminate face-to-face interview.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: I.2 All four of the performance measures below were completed and implemented prior to program inception. This performance goal was accomplished; however, we continue to improve eligibility processes. 1. Create separate SCHIP eligibility determination unit. 2. Create mail-in application process and shorten application. 3. Implement policy for continuous eligibility for children and eliminate asset test. 4. Eliminate face-to-face interview.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: I.2 All four of the performance measures below were completed and implemented prior to program inception. This performance goal was accomplished; however, we continue to improve eligibility processes. 1. Create separate SCHIP eligibility determination unit. 2. Create mail-in application process and shorten application. 3. Implement policy for continuous eligibility for children and eliminate asset test. 4. Eliminate face-to-face interview.
Status of Data 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:**

FFY 2004	FFY 2005	FFY 2006
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 (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) I.3 Enroll targeted low-income children in the State Children's Health Insurance Program (SCHIP)	**Goal #1 (Describe)** I.3 Enroll targeted low-income children in the State Children's Health Insurance Program (SCHIP)	**Goal #1 (Describe)** I.3 Enroll targeted low-income children in the State Children's Health Insurance Program (SCHIP)
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: The number of unduplicated children ever enrolled during the year in SCHIP, 10/1/99-9/30/00, was 13,143. This goal was accomplished and exceeded in FFY 2000. Between 10/1/00-9/30/01, the number of unduplicated children ever enrolled was 21,831, and between 10/1/01-9/30/02 the number of unduplicated children ever enrolled was 22,306. The number of unduplicated children ever enrolled, FFY 03, SCHIP, was 22,934. The number of unduplicated children ever enrolled, FFY 04, was 21,966.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: I.3 The number of unduplicated children ever enrolled during the year, SCHIP, between 10/1/99-9/30/00 was 13,143. This goal was accomplished/exceeded in FFY 2000. Between 10/1/00-9/30/01, the number of unduplicated children ever enrolled, SCHIP was 21,831, and between 10/1/01-9/30/02 the number was 22,306. The number in FFY 03, SCHIP, was 22,934. The number of in FFY 04, SCHIP, was 21,966 The number in FFY 05, was 22,281.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: I.3 The number of unduplicated children ever enrolled during the year, SCHIP, between 10/1/99-9/30/00 was 13,143. This goal was accomplished/exceeded in FFY 2000. Between 10/1/00-9/30/01, the number of unduplicated children ever enrolled, SCHIP was 21,831, and between 10/1/01-9/30/02 the number was 22,306. The number in FFY 03, SCHIP, was 22,934. The number of in FFY 04, SCHIP, was 21,966 The number in FFY 05, was 22,322, and in FFY 06 was 22,227.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☒ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☒ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure: Using the number of unduplicated children ever enrolled during the year shows that while Alaska experienced a 4% decline in enrollment between FFY 03 and FFY 04, this was during a time when eligibility levels were reduced by 12.5% from 200% to 175% of FPL Guidelines beginning in September, 2003.		

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:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure: Between FFY 05 and 06, an enrollment decline of .43% was shown in year-end ever-enrolled numbers provisionally. FFY 05-06 quarter-end numbers provisionally show an enrollment decline of 23.65%(10,558- 8,061).		

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) II.1 Deliver EPSDT services to children enrolled in SCHIP at the same rate as children enrolled in regular Medicaid.	**Goal #1 (Describe)** II.1 Deliver EPSDT services to children enrolled in SCHIP at the same rate as children enrolled in regular Medicaid.	**Goal #1 (Describe)** II.1 Deliver EPSDT services to children enrolled in SCHIP at the same rate as children enrolled in regular 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*:
Status of Data 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*: Methodology: CMS 416 specialized report run to compare Titles XXI and XIX EPSDT services	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Methodology: CMS 416 specialized report run to compare Titles XXI and XIX EPSDT services.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Methodology: CMS 416 specialized report run to compare Titles XXI and XIX EPSDT services.
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children eligible for EPSDT services under Medicaid.	**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 eligible for EPSDT services under Medicaid.	**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 eligible for EPSDT services under Medicaid.
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:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:

FFY 2004	FFY 2005	FFY 2006
Additional notes on measure: Not HEDIS information: Enrollment: Overall enrollment in Medicaid increased between FFY 02 and FFY 03 by about 4%. Although Title XXI enrollment changed very little for the < 5 age group and diminished by about 2% for the 6 – 18 age group, Title XIX enrollment increased, especially among older children (3% growth for < 5; 7% for 6 – 18). Since FFY 01, growth in Title XXI enrollment by 6 – 18 year-olds has been minimal while it has increased steadily in Title XIX.	Additional notes on measure:	Additional notes on measure:
Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: ... from above: Well-child exams: Although a similar proportion of the 6 to 18 year old age groups enrolled through Title XIX and Title XXI received a well-child exam (18% of Title XXI and 16% of Title XIX), children and teens enrolled through Title XIX were significantly less likely to have been examined.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: The 2004 information as reported in the 2005 Title XXI Annual Report is too long to fit in these boxes, and I don't want to alter what has already been reported and certified. Please refer to the Denali KidCare 2005 Title XXI Annual report for participation rates and well as numerators and denominators as well as the section on Performance Progress/Year.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Additional notes on measure: Well Child Exam Participation Title XXI–SCHIP – Numerator=4,940; Denominator=10,237; 48% have received one or more well child exams during FFY 05. Title XIX – Numerator=25,007; Denominator=48,595; 52% have received one or more well child exams during FFY 05. Dental Participation Title XXI–SCHIP – Numerator=9,891; Denominator=19,276; 51% received “any dental service” during FFY 05.

FFY 2004	FFY 2005	FFY 2006

Explanation of Progress:

Annual Performance Objective for FFY 2007:

Annual Performance Objective for FFY 2008:

Annual Performance Objective for FFY 2009: continuation of 2006 other Performance Measurement Data discussion, 2006 above:

Number Enrolled: Medicaid Only, Title XIX, enrollment has been flat since FFY 2004 while in the same time period SCHIP enrollment has been slowly decreasing. In FFY 2004 the decrease was accentuated by two FFY 2003 policy changes:

1. Reducing the SCHIP eligibility limit from 200% Federal Poverty Level (FPL) to 175%.
2. Not increasing the eligibility limit to adjust for inflation.

Well Child Exam Participation

During FFY 2005 a measure of the rate for delivery of services were substantially similar.

Explain how these objectives were set: This statistic measures the number of children who should have received at least one well child exam to the number who received at least one. The similarity is closer when considering infants are on Medicaid and transfer to SCHIP coverage later. SCHIP children, who come from households with higher incomes than Medicaid children, have a slightly higher well child exam participation rate for all children one year and older.

Other Comments on Measure: Dental Participation

SCHIP children received dental services at the same or lower rate than children in Title XIX Medicaid during FFY 2005.

See attached FFY 05 Titles XIX and XXI Enrolled in SCHIP - EPSDT.

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
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Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
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FFY 2004	FFY 2005	FFY 2006
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) N/A	**Goal #1 (Describe)**	**Goal #1 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
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FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
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FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
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Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

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

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

Alaska measures the access to, or the quality or outcomes of care received by our Denali KidCare population through state added questions on the annual Behavioral Risk Factor Surveillance Survey (BRFSS). A copy of the 2005 BRFSS state added questions is attached.

The survey results reported in FFY 05 were very similar to the National Survey of Children's Health, NSCH, results even though the NSCH was done in 2003. To highlight, the state added questions, to the 2005 BRFSS as compared to 2004 respectively, the survey showed that 92% of the children had health care coverage as compared to 91% in 04; 36% of those responding had Medicaid or Denali KidCare as compared to 32% in 04; and about 6.04% of those who said they had health coverage also answered that there was a time in the past 12 months when the child was not covered by any health insurance as compared to 9.5% in 04. The most significant change reported on the 05 state added questions was for those who answered no to the question of does the child have health care coverage, and if not was there any time in the past 12 months that the child did have health coverage. Thirty-seven percent said yes on the 04 state added questions and only 22% said yes on the 05 state added questions. Additionally, 94% responded that the child received all the medical care that he/she needed in the past twelve months, the same as reported on the survey done in 04 and reported in FFY 05.

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 Denali KidCare Program has no new plans for future measurement of the access to, or the quality or outcomes of care received by our Denali KidCare population. As stated above, we now conduct one general quality assurance/access to care survey that is not targeted and has, thus far, revealed that access to care, quality of care and outcomes of care comply with HRSA standards.

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, we have not conducted any focused quality studies on our SCHIP population. In the past, we conducted two general quality assurance/access to care surveys that are not targeted and have, thus far, revealed that access to care, quality of care and outcomes of care are in compliance with HRSA standards.

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.

All documents to the FFY 06 Annual Report are being attached here, under Section II C.

1. 2005 Behavioral Risk Factor Surveillance Survey

2. Enrollment at September 2006 - Title XXI funded categories shown in blue (CP Medicaid Subtype) and green (H2 and S2 Medicaid Subtypes). Children shown in yellow are Poverty Level, Title XIX funded, Medicaid children and are children we consider were added to our Medicaid program as a result of Denali KidCare outreach.

3. Comparison report of Title XXI Children to Title XIX children to meet Strategic Objective II and Performance Goal 1 1.1. Also, Section IIA: Reporting of Core Performance Measures, charts included.

4. Alaska's Covering Kids Coalition Final Presentation

5. Denali KidCare Application Denial Chart FFY 2006

6. CMS 416 FFY 2005
7. Program Financing FFY 2006 Actuals: 2007 - 2010 Projections
8. Signature Page - Alaska DHSS Commissioner - FFY 06, Title XXI Annual Report

Enter any Narrative text below.

The Budget entered into the SARTS Program Financing Section is not calculating correctly in accordance with the FMAP fix for FFYs 2006 and 2007. Please correct the programming to reflect the correct FMAPs, and refer to the attachment for correct figures.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

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

   In FFY 06, the outreach strategies were similar to what was reported in FFY 05; therefore, our outreach strategies have not been redirected or changed. Denali KidCare continued to partner with a variety of organizations including the Robert Wood Johnson Covering Kids and Families grantee, the Alaska Native Tribal Health Consortium; agencies; providers and businesses as well as provided training on application, enrollment and renewal assistance to our partners. Additionally, we continued training coordination with other CMS programs (Family Medicaid, Medicare and the Medicaid Tribal Administrative Match), offering multi-day, multi-program training sessions across the state.

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?

   Denali KidCare continued to be marketed in a consistent, attractive and identifiable format. All promotional and collateral materials have been designed to be simple, colorful, respectful and non-governmental in appearance to maintain consistent appearance and easy recognition. We continued to collaborate with the Robert Wood Johnson Covering Kids and Families grantee, the Alaska Native Tribal Health Consortium and their two pilot projects SouthCentral Foundation and Alaska Primary Care Association. As reported in previous years, the simplification of the application and renewal process was critical in making Denali KidCare more accessible, and we continued the production and use of the preprinted renewal form as well as training on the importance of and benefits associated with timely return of the renewal form. Through participation in the Robert Wood Johnson Process Improvement Collaborative, we have continued to track and evaluate data by the methods learned in the collaborative.

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?

   During FFY 06, we continued to collaborate with the Alaska Native Tribal Health Consortium delivering multi-day, multi-program regional training that included information on Denali KidCare, Family Medicaid, Medicare and the Medicaid Tribal Administrative Match. We continued to work with the two pilot projects under the CK&F grant, Alaska Primary Care Association, responsible for the Limited English Proficient population and immigrant population, and SouthCentral Foundation responsible for the Alaskan Native population to simplify and coordinate coverage and to work on process improvements and efficiencies in the eligibility system. The APCA pilot produced a multilingual eligibility brochure in seven languages several years ago to reach the ESL populations in areas with rural health centers and continued to use this tool. The SCF pilot works with many of the Native health corporations to provide training on their system of utilizing Family Health Resource representatives to do Medicaid administrative activities. We also have an out-stationed Eligibility Technician and Clerical Staff at the Alaska Native Medical Center to assist with Denali KidCare applications etcetera. Quantitative measurement has been difficult as their efforts are oriented to building systems that provide sustainable community resources. Community responses to these outreach efforts have always been positive, and training evaluations have been positive.

   Approximately, 29% of the enrolled SCHIP population were Alaskan Native/American Indian at September 30, 2006 month-end point-in-time. The Asian population represented approximately 7%, as did the Hispanic population, which showed an increase of 3% over last year's percentage. The African American/Black population represented 5% while the Pacific Islander/Native Hawaiian

population and the unspecified enrollees each represented 4% of the total SCHIP population. The white population represented about 44% of the SCHIP enrollees.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

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

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

   ☐ Yes
   ☒ No
   ☐ N/A

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

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

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

   ☐ Yes
   ☒ No
   ☐ N/A

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

All States must complete the following 3 questions

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

   Substitution of coverage is monitored and measured through a denial report that is run on a monthly basis to show the reasons for application denials. We then determine percentages based on the denial reasons/categories and graph the information. Through Alaska's participation in a Robert Wood Johnson Process Improvement Collaborative, a 17 state collaborative, Plan-Do-Study-Act Cycles, during FFY 04, we also began to chart denials as a percentage of application decisions, and what we found is that we approve on average approximately 80% of applications received and we deny on average approximately 20% of applications received. In FFY 06, the approval range was 72% - 82%, and the corresponding denial range was 28% - 18%. The denial trend has been downward since we began tracking in November 2002.

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

   On average, during FFY 06, approximately 12% of applicants were denied Denali KidCare coverage because they had existing health coverage and had family incomes >150% of the FPL

Guidelines. This represents an increase of 2% over last year's percentage denied for having health insurance at the time of application.

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

   Denali KidCare had no incidence of substitution of coverage/crowd-out in the data that was reported utilizing the methodology described in the waiver in the First Annual Denali KidCare Waiver Report submitted to CMS in 2006 covering the application period October 2004 – September 2005 as reported beginning in October 2005. In March 2005, one case was found to have circumvented the system and gained public coverage; however, procedures were instituted to prevent this from reoccurring.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.

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

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

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program?
  Two
- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)
  The first pre-printed renewal is mailed 45 days in advance of month-end coverage expiration, and if no response has been received by the fifth day of the month of expiration, a second preprinted form is mailed on the 15th day of the month of expiration.

☐ 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)

See FFY 01 Annual Report for discussion.

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

See FFY 01 Annual Report for discussion.

☐ 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.

   Anecdotally, we hear that recipients prefer the preprinted renewal form and find it much easier to complete which suggests that they like simplification; however, it appears to do little in encouraging them to return the form on time. Since our program is a Medicaid expansion rather than a separate SCHIP we cannot impose limitations or restrictions on program participation as a result of not returning the renewal form on time, and since a recipient under Medicaid can simply fill out an application any time services are needed, there is no incentive to return the renewal form on time as applications are processed quickly.

   During FFY 04 we participated in the Robert Wood Johnson Process Improvement Collaborative (16 state collaborative to study processes and to implement improvement strategies based on what was learned through PDSA cycles) through Covering Kids and Families, and what we found when we looked at cases that auto closed at renewal was that approximately 30% of those cases re-open within 30 days after expiration with an even greater percentage re-opening in a six-month period after expiration. We learned that we have a much lower closure rate at renewal than was thought given the fact that 30% re-open within a 30 day period after expiration. The conclusion that we derive from this information is that our recipients like the ease of the pre-printed form, but the form itself does not seem to encourage the return of the form on time.

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	Obtain other	Remain	Age-out	Move to new	Other

Number of Dis-enrollees	**public or private coverage**		**uninsured**				**geographic area**			
	Num ber	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?

   N/A

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

   N/A

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

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

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

Children

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

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

Adults

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

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

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

- ☐ Parents and Caretaker Relatives
- ☐ Childless Adults

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

4. What benefit package does the program use?

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

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

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

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

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

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

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

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

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

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

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

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

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

a) Provider credentialing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

b) Provider billing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

c) Beneficiary eligibility

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

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

Enter any Narrative text below.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments			
Managed Care			
per member/per month rate @ # of eligibles			
Fee for Service	24,857,142	26,969,999	29,262,449
Total Benefit Costs	24,857,142	26,969,999	29,262,449
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$ 24,857,142	$ 26,969,999	$ 29,262,449

Administration Costs			
Personnel			
General Administration	103,719	112,535	122,101
Contractors/Brokers (e.g., enrollment contractors)	1,422,397	1,543,301	1,674,481
Claims Processing			
Outreach/Marketing costs			
Other	1,104,029	1,197,871	1,299,691
Health Services Initiatives			
Total Administration Costs	2,630,145	2,853,707	3,096,273
10% Administrative Cap (net benefit costs ÷ 9)	2,761,905	2,996,667	3,251,383

Federal Title XXI Share	19,326,311	20,969,048	21,596,211
State Share	8,160,976	8,854,658	10,762,511

TOTAL COSTS OF APPROVED SCHIP PLAN	27,487,287	29,823,706	32,358,722

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.
Please correct the programming to reflect the correct FMAP granted to Alaska for FFY 2006 and 2007. The auto fill calculations are not correct here. Please refer to the attachment in Section II where all attachments were entered for this Annual Report.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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

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

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

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

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

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

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

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

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

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

Fee for Service					
Total Benefit Costs for Waiver Population #2					

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

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

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

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

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

Administration Costs

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

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

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

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

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

   During the reporting period, October 1, 2005 through September 30, 2006 our fiscal environment was strong with windfall oil revenues. Major portions of the state budget were focused on resource and infrastructure development and education.

   The investments in Alaskans for the Department of Health and Social Services as reported in Budget Highlights by the Office of Management and Budget focused on expanding a youth facility in Nome; adding and training additional social workers; implementing a new caseload management system in the Office of Children's Services; continuing to bring the children in out-of-state residential psychiatric treatment home under Bring the Kids Home; providing increased funding to manage increased caseload growth in Adult Public Assistance, Behavioral Health Medicaid, Health Care Services, Senior and Disability Medicaid Services and Subsidized Adoptions and Guardianships. The Department experienced unrealized cost containment savings in Medicaid Services, Senior and Disability Medicaid Services, Breast and Cervical Cancer Screening and Treatment, Tobacco Prevention Control Efforts and Tobacco Tax Enforcement. Finally, Department investments were focused on the senior population through increased staffing at high utilization facilities in Fairbanks, Juneau and Ketchikan; deferred maintenance and renovation on Senior Centers, deferred maintenance of facilities and certification and licensing of care facilities for increased inspections of homes and facilities.

   There were no increased investments in the State Children's Health Insurance Program, Denali KidCare, in the federal reporting period. The upper limit of the Federal Poverty Level (FPL) Guideline remains frozen at the 2003 standard, and in April 2006 dropped to 160% of the FPL Guidelines with a continual decline in the number of children enrolled in the CP Medicaid subtype representing children in families with incomes of greater than or equal to 151% FPL. More than 45% of the children who reside in Alaska live at or below 200% of the Federal Poverty Level (FPL).

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

   The greatest challenge during the reporting period occurred near the end of the FFY 06 with the implementation of the Deficit Reduction Act Citizenship/Identity documentation requirements. Phone calls to the Denali KidCare office have increased significantly, pended cases have increased and enrollment has declined.

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

   The Department continued their partnership with the Alaska Native Tribal Health Consortium, the SouthCentral Foundation and the Alaska Primary Care Association during the final year of the Robert Wood Johnson Foundation (RWJF) Covering Kids and Families grant. As reported last year trainings were held statewide on Denali KidCare and promotional items and other collateral materials were produced under the grant for the Denali KidCare program.

   Under the RWJF grant, the commitment to statewide sustainability of the Alaska's Covering Kids Coalition was elevated to a higher level to focus on collaborating with other organizations to develop a statewide multi-issue children's advocacy organization. Voices for America's Children and Washington's Children's Alliance were in Anchorage in September to assist statewide organizations

and advocates in deciding whether to proceed in the development and implementation of a statewide children's multi-issue advocacy organization. If a statewide multi-issue organization is established, this will be a major accomplishment for children's issues including child health.

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

   No changes for FFY 07 are planned in the Department related to Denali KidCare; however, we do have a newly elected Governor, and both she and Commissioner will be outlining the Department's priorities shortly.

   The SFY 08 Budget unveiled by the new Governor on December 15, 2006 highlights K-12 education for children and reinstates the longevity bonus for senior citizens in the health, education and social services areas.

Enter any Narrative text below.