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

Preamble

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

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

The framework is designed to:

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

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

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

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

Signature:

Cinnamon Narron

SCHIP Program Name(s): **All, North Carolina**

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: **Cinnamon Narron/ Coordinator**

Address: **North Carolina Division of Medical Assistance**

2501 Mail Service Center

City: **Raleigh** State**:** **NC** Zip**:** **27699**

Phone: **919-855-4000** Fax: **919-715-0801**

Email: **cinnamon.narron@ncmail.net**

Submission Date: **1/25/2007**

(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	185	% of FPL for **infants**	200	% of FPL	**From**		% of FPL for **infants**		% of FPL
	From	133	% of FPL for children ages **1 through 5**	200	% of FPL	**From**		% of FPL for 1 **through 5**		% of FPL
	From		% of FPL for children ages **6 through 16**		% of FPL	**From**	100	% of FPL for children ages **6 through 16**	200	% of FPL
	From		% of FPL for children ages **17 and 18**		% of FPL	**From**	100	% of FPL for children ages **17 and 18**	200	% of FPL

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

Is retroactive eligibility available?	☒	No	☒	No
	☐	Yes, for whom and how long?	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

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

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

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

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

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

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

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

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☒	Yes	☒	Yes
	Specify number of months	12	Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	

	☐	N/A	☐	N/A

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

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

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

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

Does your program require income disregards?	☐	No	☐	No
	☒	Yes	☒	Yes
	If Yes, please describe below		If Yes, please describe below	
	☐	N/A	☐	N/A

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

Enter any Narrative text below.

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

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

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

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

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

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

~~a)~~ Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
~~b)~~ Application	
~~c)~~ Application documentation requirements	The Deficit Reduction Act of 2005 mandates that applicants for Medicaid and current Medicaid recipients who declare United States citizenship provide or cooperate in obtaining documentation of U. S. citizenship and identity effective September 1, 2006.
~~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	Effective January 1, 2006, Medicaid eligibility is expanded to 200% FPL for children age birth through five. These children were previously eligible for separate SCHIP. The separate SCHIP population is limited to children age 6 through 18 with family income at or below 200% FPL.

	Effective January 1, 2006, Medicaid eligibility is expanded to 200% FPL for children age birth through five. These children were previously eligible for separate SCHIP. The separate SCHIP population is limited to children age 6 through 18 with family income at or below 200% FPL.
~~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*: HEDIS 2004 specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006 specifications
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: North Carolina DRIVE data warehouse. TABLES: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data from 01/01/2003 – 12/31/2003.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: North Carolina DRIVE data warehouse. TABLES: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data from 01/01/2004 – 12/31/2004.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: North Carolina DRIVE data warehouse. TABLES: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data from 01/01/2005 – 12/31/2005.

FFY 2004	FFY 2005	FFY 2006
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Age is 5 months old during measurement year. Continuous enrollment – 31 days thru 15 months of age. Calculate 31 days of age by adding 31 days to the child's birthdate. Calculate the 15-months by the child's first birthday plus 90 days. Allowable gap – Enrollment verified monthly. Member may not have more than a 1-month gap in coverage to be included in measure. Anchor date – Enrolled on the day the child turns 15 months old. Delivery System of Care – Medicaid (Health Choice).	**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: Age is 15 months old during measurement year. Continuous enrollment – 31 days thru 15 months of age. Calculate 31 days of age by adding 31 days to the child's birthdate. Calculate 15-months as the child's first birthday plus 90 days. Allowable gap – Enrollment verified monthly. Member may not have more than a 1-month gap in coverage to be included in this measure. Anchor date – Enrolled on the day the child turns 15 months old. Delivery System of Care – Medicaid (Health Choice).	**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: Age is 15 months old during measurement year. Continuous enrollment – 31 days thru 15 months of age. Calculate 31 days of age by adding 31 days to the child's birthdate. Calculate the 15-month as the child's first birthday plus 90 days. Allowable gap – Enrollment verified monthly. Member may not have more than a 1-month gap in coverage to be included in this measure. Anchor date – Enrolled on the day the child turns 15 months old. Delivery System of Care – Medicaid (Health Choice).
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: 3 Denominator: 32 Rate: 9.4 4 visits Numerator: 8 Denominator: 32 Rate: 25 1 visit Numerator: 0 Denominator: 32 Rate: 5 visits Numerator: 12 Denominator: 32 Rate: 37.5 2 visits Numerator: 1 Denominator: 32 Rate: 3.1 6+ visits Numerator: 7 Denominator: 32 Rate: 21.9 3 visits Numerator: 1 Denominator: 32 Rate: 3.1 Additional notes on measure: NC Health Choice submitted data for CY2003 claims data	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 0 Denominator: 24 Rate: 4 visits Numerator: 5 Denominator: 24 Rate: 20.8 1 visit Numerator: 0 Denominator: 24 Rate: 5 visits Numerator: 8 Denominator: 24 Rate: 33.3 2 visits Numerator: 0 Denominator: 24 Rate: 6+ visits Numerator: 8 Denominator: 24 Rate: 33.3 3 visits Numerator: 3 Denominator: 24 Rate: 12.5 Additional notes on measure: NC Health Choice submitted data for CY2004 claims data.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 4 Denominator: 49 Rate: 8.2 4 visits Numerator: 9 Denominator: 49 Rate: 18.4 1 visit Numerator: 0 Denominator: 49 Rate: 5 visits Numerator: 12 Denominator: 49 Rate: 24.5 2 visits Numerator: 2 Denominator: 49 Rate: 4.1 6+ visits Numerator: 19 Denominator: 49 Rate: 38.8 3 visits Numerator: 3 Denominator: 49 Rate: 6.1 Additional notes on measure: NC Health Choice submitted data for CY2005 claims data.
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: Increase the number of children having six visits or more during the first 15 months of life.

Annual Performance Objective for FFY 2008: Increase the number of children having six visits or more during the first 15 months of life.

Annual Performance Objective for FFY 2009: Increase the number of children having six visits or more during the first 15 months of life.

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*: HEDIS 2004 specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006 specifications
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: North Carolina DRIVE data warehouse. TABLES: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data from 01/01/2003 – 12/31/2003.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: North Carolina DRIVE data warehouse. TABLES: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data from 01/01/2004 – 12/31/2004.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: North Carolina DRIVE data warehouse. TABLES: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data from 01/01/2005 – 12/31/2005.
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: Ages – Three, four, five or six years old as of December 31 of 2003. Continuous Enrollment – Continuously enrolled during 2003. Allowable gap –Member may not have more than a 1-month	**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: Ages – Three, four, five or six years old as of December 31 of 2004. Continuous Enrollment – Continuously enrolled during 2004. Allowable gap –Member may not have more than a 1-month	**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: Ages – Three, four, five or six years old as of December 31 of 2005. Continuous Enrollment – Continuously enrolled during 2005. Allowable gap –Member may not have more than a 1-month

FFY 2004	FFY 2005	FFY 2006
gap in coverage to be included in this measure.	gap in coverage to be included in this measure. Anchor Date – Enrolled as of December 31 of 2004.	gap in coverage to be included in this measure. Anchor Date – Enrolled as of December 31 of 2005.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 5417 Denominator: 9881 Rate: 54.8 Additional notes on measure: NC Health Choice submitted data for CY2003 claims data.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 8177 Denominator: 14054 Rate: 58.2 Additional notes on measure: NC Health Choice submitted data for CY2005 claims data

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

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 6707 Denominator: 11823 Rate: 56.7 Additional notes on measure: NC Health Choice submitted data for CY2004 claims data	**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: Increase the percentage of children who have a well child visit in the 3rd, 4th, 5th and 6th years to 60%.

Annual Performance Objective for FFY 2008: Increase the percentage of children who have a well child visit in the 3rd, 4th, 5th and 6th years to 62%.

Annual Performance Objective for FFY 2009: Increase the percentage of children who have a well child visit in the 3rd, 4th, 5th and 6th years to 64%.

Explain how these objectives were set: The rates have steadily increased two percent each year.

Other Comments on Measure:

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data 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*: HEDIS 2004 specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006 specifications
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: 2003	**Year of Data:** 2004	**Year of Data:** 2005

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 336 Denominator: 427 Rate: 78.7 10-17 years Numerator: 592 Denominator: 806 Rate: 73.4 Combined rate (5-17 years) Numerator: 954 Denominator: 1289 Rate: 74 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 556 Denominator: 700 Rate: 79.4 10-17 years Numerator: 974 Denominator: 1297 Rate: 75.1 Combined rate (5-17 years) Numerator: 1572 Denominator: 2073 Rate: 75.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 597 Denominator: 620 Rate: 96.3 10-17 years Numerator: 984 Denominator: 1069 Rate: 92 Combined rate (5-17 years) Numerator: 1628 Denominator: 1746 Rate: 93.2 Additional notes on measure: NCQA this past year changed the denominator specifications (the criteria for identifying the population of people for whom rates would be calculated). In years prior the specs required that a member meet the denominator criteria during the measurement year only (for example 2005 data year) the specs now required the member to qualify in both the measurement year and the year prior to the measurement year (2004 and 2005).
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: Increase the percentage of children receiving appropriate asthma medication to 95%.

Annual Performance Objective for FFY 2008: Increase the percentage of children receiving appropriate asthma medication to 96%.

Annual Performance Objective for FFY 2009: Increase the percentage of children receiving appropriate asthma medication to 97%.

Explain how these objectives were set:

Other Comments on Measure: Therefore, a person has to qualify (be identified as persistent asthmatic) in both 2004 and 2005 (for the SCHIP data year) rather than in 2005 only. Also, a member identified during both years is much more likely to be persistent asthmatic or true asthmatic and therefore, show better adherence with a medication therapy program than individuals who are only moderately asthmatic.

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004 specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006 specifications
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: North Carolina DRIVE data warehouse. TABLES: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data from 01/01/2003 – 12/31/2003.	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: North Carolina DRIVE data warehouse. TABLES: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data from 01/01/2004 – 12/31/2004	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: North Carolina DRIVE data warehouse. TABLES: CLIENT_POPULATION (eligibility) CLIENT (recipient) HEALTH_CHOICE_CLAIMS (claims). Claims data from 01/01/2005 – 12/31/2005.

FFY 2004	FFY 2005	FFY 2006
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Age strata 1 =12-24 mos. as of 12/31/03. 2 =25 mos. to 6 yrs as of 12/31/03. 3 =7-11 yrs as of 12/31/03. 4 =12-19 yrs as of 12/31/03. Continuous Enrollment strata 1/2=Continuously enrolled all of 2003. strata 3/4=Continuously enrolled all of 2002/2003. Allowable gap strata 1/2 No more than 1 month gap for the measurement year. strata 3/4 No more than 1 month gap during each year of continuous enrollment. Anchor date (Enrolled as of 12/31/03) Delivery System of Care (Health Choice)	**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: Age strata 1 =12-24 mos. as of 12/31/04. 2 =25 mos. to 6 yrs as of 12/31/04. 3 =7-11 yrs as of 12/31/04. 4 =12-19 yrs as of 12/31/04. Continuous Enrollment strata 1/2=Continuously enrolled all of 2004. strata 3/4=Continuously enrolled all of 2003/2004. Allowable gap strata 1/2 No more than 1 month gap for the measurement year. strata 3/4 No more than 1 month gap during each year of continuous enrollment. Anchor date (Enrolled as of 12/31/04) Delivery System of Care (Health Choice)	**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: Age strata 1 =12-24 mos. as of 12/31/05. 2 =25 mos. to 6 yrs as of 12/31/05. 3 =7-11 yrs as of 12/31/05. 4 =12-19 yrs as of 12/31/05. Continuous Enrollment strata 1/2=Continuously enrolled all of 2005. strata 3/4=Continuously enrolled all of 2004/2005. Allowable gap strata 1/2 No more than 1 month gap for the measurement year. strata 3/4 No more than 1 month gap during each year of continuous enrollment. Anchor date (Enrolled as of 12/31/05) Delivery System of Care (Health Choice)
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 a PCP visit 12-24 months Numerator: 638 Denominator: 666 Rate: 95.8 7-11 years Numerator: 9719 Denominator: 10817 Rate: 89.8 25 months-6 years Numerator: 10993 Denominator: 12092 Rate: 90.9 12-19 years Numerator: 12404 Denominator: 14532 Rate: 85.4 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 730 Denominator: 757 Rate: 96.4 7-11 years Numerator: 12146 Denominator: 13416 Rate: 90.5 25 months-6 years Numerator: 10993 Denominator: 12092 Rate: 90.9 12-19 years Numerator: 12404 Denominator: 14532 Rate: 85.4 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 824 Denominator: 862 Rate: 95.6 7-11 years Numerator: 14090 Denominator: 15609 Rate: 90.3 25 months-6 years Numerator: 15210 Denominator: 16877 Rate: 90.1 12-19 years Numerator: 18367 Denominator: 21429 Rate: 85.7 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

	12-24mos	25-6mos	7-11years	12-19years
Annual Performance Objective for FFY 2007:	95%	91%	91%	86%
Annual Performance Objective for FFY 2008:	96%	92%	92%	87%
Annual Performance Objective for FFY 2009:	97%	93%	93	89%

Explain how these objectives were set: Based on past three years progress.

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	0	53180	Infinity
Separate Child Health Program	196181	194811	-0.7

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

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

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	212	29.3	11.2	1.5
1998 - 2000	155	25.0	8.0	1.2
2000 - 2002	166	22.4	7.7	1.0
2002 - 2004	184	23.7	8.5	1.0
2003 - 2005	179	23.2	8.0	1.0
Percent change 1996-1998 vs. 2003-2005	-15.6%	NA	-28.6**%**	NA

** Significantly different from zero at the .10 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.

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

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

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

☒ No (skip to Question #4)

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

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

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

~~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

Since the implementation of NC Health Choice, October 1, 1998, through July 1, 2006, a total of 2,418,981 children have applied for Medicaid using the joint application for Medicaid and Health Choice. Of these, 2,122,445 have been enrolled in Medicaid. During the same time period, 774,506 children have been evaluated for Health Choice on the same joint application. Of these, 556,646 have been enrolled in Health Choice. An additional 1,707,284 children were enrolled in Medicaid through other programs.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. The format of this section has been revised for FFY 2006 to provide your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- SCHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, please enter the data you reported for each objective in the previous two years' annual reports (FFY 2004 and FFY 2005). In the third column, please report the most recent data available at the time you are submitting the annual report.

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

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

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not_report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective.

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

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

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

- Final: Check this box if the data you are reporting are considered final for FFY 2006.

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

Measurement Specification:
This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2006). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source. For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims), hybrid data (claims and medical records), survey data (specify the survey used), or other source. In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care , please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

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

Performance Measurement Data:
Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for

each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

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

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Reduce the number of uninsured cildren.	**Goal #1 (Describe)** Reduce the number of uninsured cildren.	**Goal #1 (Describe)** Reduce the number of uninsured children.
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*: Number and Percent of Children under 19 Years of Age, at or below 200 Percent of Poverty, by State: Three-Year Averages for, 2001, 2002 and 2003.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Number and Percent of Children under 19 Years of Age, at or below 200 Percent of Poverty, by State: Three-Year Averages for, 2002, 2003 and 2004.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Number and Percent of Children under 19 Years of Age, at or below 200 Percent of Poverty, by State: Three-Year Averages for, 2003, 2004 and 2005.
Definition of Population Included in the Measure: Definition of denominator: All children under age 19 in the state of NC (2,158,000) Definition of numerator: estimated number of uninsured children under age 19 in families<200%FPL (177,000)	**Definition of Population Included in the Measure:** Definition of denominator: All children under age 19 in the state of NC (2,178,000) Definition of numerator: estimated number of uninsured children under age 19 in families with income below 200% FPL (184,000)	**Definition of Population Included in the Measure:** Definition of denominator: All children under age 19 in the state of North (2,238,000) Definition of numerator: estimated number of uninsured children under age 19 in families with income below 200% FPL (179,000)
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: 2001-2003 average Numerator: 177000 Denominator: 2158000 Rate: 8.2 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: 2002-2004 average Numerator: 184000 Denominator: 2178000 Rate: 8.4 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: 2003-2005 average Numerator: 179000 Denominator: 2238000 Rate: 8 Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** Continue to reduce the number of uninsured children in North Carolina. As the population of children at all income levels in the state increases, the goal is to increase the number of children, at all income levels, who have health insurance. **Annual Performance Objective for FFY 2008:** Continue to reduce the number of uninsured children in North Carolina. As the population of children at all income levels in the state increases, the goal is to increase the number of children, at all income levels, who have health insurance. **Annual Performance Objective for FFY 2009:** Continue to reduce the number of uninsured children in North Carolina. As the population of children at all income levels in the state increases, the goal is to increase the number of children, at all income levels, who have health insurance. *Explain how these objectives were set:* It is the basic goal of the program to promote and insure access to health care and coverage for all children.		
Other Comments on Measure:		

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

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

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

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

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) To maintain SCHIP enrollment to fundable levels.	**Goal #1 (Describe)** To maintain SCHIP enrollment to fundable levels.	**Goal #1 (Describe)** To maintain SCHIP enrollment to fundable levels.
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*: The Division of Medical Assistance Eligibility Information System count of the number of enrolled children by actual per member per month costs of operating the program (DRIVE system).	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: The Division of Medical Assistance Eligibility Information System count of the number of enrolled children by actual per member per month costs of operating the program (DRIVE system).	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: The Division of Medical Assistance Eligibility Information System count of the number of enrolled children by actual per member per month costs of operating the program (DRIVE system).
Definition of Population Included in the Measure: Definition of denominator: The actual enrollment in NC Health Choice. Compare the number of children in the program to the actual number possible within allocated funds. Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: The actual enrollment in NC Health Choice. Compare the number of children in the program to the actual number possible within allocated funds. Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: The actual enrollment in NC Health Choice. Compare the number of children in the program to the actual number possible within allocated funds. Definition of numerator:
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: Progress is measured by the fact that funds were found to prevent the program from freezing in ffy 2004	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: Progress is measured by the fact that funds were found to prevent the program from freezing in ffy 2005	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: Progress is measured by the fact that funds were found to prevent the program from freezing in ffy 2006

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** Continue to enroll eligible children in Medicaid and SCHIP using funds available and without exceeding cap **Annual Performance Objective for FFY 2008:** Continue to enroll eligible children in Medicaid and SCHIP using funds available and without exceeding cap **Annual Performance Objective for FFY 2009:** Continue to enroll eligible children in Medicaid and SCHIP using funds available and without exceeding cap *Explain how these objectives were set:*		
Other Comments on Measure: In addition to limited state and federal funding, North Carolina has an enrollment cap of three percent growth every six months beginning in ffy 2006.		

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) To enroll a full measure of children in Medicaid.	**Goal #1 (Describe)** To enroll a full measure of children in Medicaid.	**Goal #1 (Describe)** To enroll a full measure of children in Medicaid.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Medicaid children enrolled in the MIC category as a result of effort to acquire health insurance for child on combined application form.
Status of Data 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*: Medicaid children enrolled in the MIC category. as a result of effort to acquire health insurance for child on combined application form.	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Medicaid children enrolled in the MIC category as a result of effort to acquire health insurance for child on combined application form.	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Eligible children in MIC (Medicaid Indigent Children) as of October 1, 1998. North Carolina Health Choice for Children opened on this date. Definition of numerator: Eligible children in MIC (Medicaid Indigent Children) as of October 1, 2004 less the number enrolled October 1, 1998.	**Definition of Population Included in the Measure:** Definition of denominator: Eligible children in MIC (Medicaid Indigent Children) as of October 1, 1998. North Carolina Health Choice for Children opened on this date. Definition of numerator: Eligible children in MIC (Medicaid Indigent Children) as of October 1, 2005 less the number enrolled October 1, 1998.	**Definition of Population Included in the Measure:** Definition of denominator: Eligible children in MIC (Medicaid Indigent Children) as of October 1, 1998. North Carolina Health Choice for Children opened on this date. Definition of numerator: Eligible children in MIC (Medicaid Indigent Children) as of October 1, 2006 less the number enrolled October 1, 1998.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: The increase in MIC enrollment since SCHIP started. Numerator: 152464 Denominator: 231891 Rate: 65.7 Additional notes on measure: Compare the number of children enrolled as of the end of the federal fiscal year to children enrolled just before the program started in 1998.	**Performance Measurement Data:** Described what is being measured: The increase in MIC enrollment since SCHIP started. Numerator: 181975 Denominator: 231891 Rate: 78.5 Additional notes on measure: Compare the number of children enrolled as of the end of the federal fiscal year to children enrolled just before the program started in 1998.	**Performance Measurement Data:** Described what is being measured: The increase in MIC enrollment since SCHIP started. Numerator: 199967 Denominator: 231891 Rate: 86.2 Additional notes on measure: Compared the number of children enrolled as of the end of the federal fiscal year to children enrolled just before the program started in 1998.
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

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

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase the access to primary care physicians	**Goal #1 (Describe)** Increase the access to primary care physicians	**Goal #1 (Describe)** Increase the access to primary care physicians
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*: 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**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: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 638 Denominator: 666 Rate: 95.8 Additional notes on measure: The above group is children 12-24 months old. For children 25 months-6 years, the numerator is 10,993/denominator is 12,092. Rate is 90.91%	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 730 Denominator: 757 Rate: 96.4 Additional notes on measure: Above measurement is for chldren 12-24 months old. For children 25 months-6 years, the numerator is 12,672/denominator is 14,281. Rate is 88.73%	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 824 Denominator: 862 Rate: 95.6 Additional notes on measure: Above measurement is for chldren 12-24 months old. For children 25 months-6 years, the numerator is 15,210/denominator is 16,877. Rate is 90.12%

FFY 2004	FFY 2005	FFY 2006
7-11 years 9719/10817 = 89.85% 12-19 years 12404/14532 = 85.36%	7-11 years 12,146/13,416 = 90.53% 12-19 years 15,911/18,546 = 85.79%	7-11 years 14,090/15,609= 90.27% 12-19 years 18,367/21,429 = 85.71%
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:

	12-24mos	25mos-6yrs	7-11yrs	12-19yrs
Annual Performance Objective for FFY 2007:	96%	90%	90%	86%
Annual Performance Objective for FFY 2008:	97%	91%	91%	87%
Annual Performance Objective for FFY 2009:	98%	92%	92%	88%

Explain how these objectives were set: Based on previous years progress

Other Comments on Measure:

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

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

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

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase the number of well child visits.	**Goal #1 (Describe)** Increase the number of well child visits.	**Goal #1 (Describe)** Increase the number of well child visits.
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*: 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of children with at least one visit.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children with at least one visit.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children with at least one visit
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 5417 Denominator: 9881 Rate: 54.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 6707 Denominator: 11823 Rate: 56.7 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 8177 Denominator: 14054 Rate: 58.2 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:** Increase percentage of well child visits to 60%. **Annual Performance Objective for FFY 2008:** Increase percentage of well child visits to 62%. **Annual Performance Objective for FFY 2009:** Increase percentage of well child visits to 64%. *Explain how these objectives were set:* Based on previous years performance.		
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) Improve immunization rates	**Goal #2 (Describe)** Improve immunization rates	**Goal #2 (Describe)** Improve immunization rates
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Currently the information system is undergoing renovation and the only data that are available are the statewide data. To be able to select for NCHC alone will not be possible this year.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The state immunization registry began rollout in June 2005 and is not available to provide sufficient data on Health Choice children. Therefore, only statewide data is available. According to the 2005 Child Health Report Card published by the NC Institute of Medicine, the immunization rate of all two-year old children is 82.9%. The rate for all children at school entry is 99.1%	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: According to the 2006 Child Health Report Card published by the NC Institute of Medicine, the immunization rate of all two-year old children is 85.2%. The rate for all children at school entry is 99.2%
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
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Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:

FFY 2004	FFY 2005	FFY 2006
Denominator: Rate: Additional notes on measure:	Denominator: Rate: Additional notes on measure:	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:** Strive for 100% immunization rates for both two year old children and those entering school. **Annual Performance Objective for FFY 2008:** Strive for 100% immunization rates for both two year old children and those entering school. **Annual Performance Objective for FFY 2009:** Strive for 100% immunization rates for both two year old children and those entering school. *Explain how these objectives were set:*		
Other Comments on Measure:		

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

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

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

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

In 2005, the State Center for Health Statistics (SCHS) began performing a survey of parents regarding their children's health including an assessment of various risk factors (physical activity, nutrition, tobacco use, oral health, etc. etc). The survey is called Child Health Assessment and Monitoring Program (CHAMP). At the request of the Division, SCHS staff added a question regarding health insurance including Medicaid and Health Choice as options. The answers to all of the survey questions are broken down by health insurer. This enables you to see how the Medicaid population compares to others. It is also broken down by gender, race, ethnicity, grade in school, etc. A few of the survey questions and answers are included below. The entire survey and results can be accessed at http://www.schs.state.nc.us/SCHS/champ/index.html.

During the past 12 months was there any time when the child was not covered by ANY health insurance? (Asked only for children who are currently covered by health insurance)

	Total	YES		NO	
Health Insurance		#	%	#	%
State Health Plan	261	5	0.9	256	99.1
Private	1,889	80	4.2	1,809	95.8
Health Choice	201	22	11.0	179	89.0
Medicaid	849	72	8.4	777	91.6
Other	424	16	2.9	408	97.1
Total	3,624	195	5.4	3,429	94.6

What was the MAIN reason that (CHILD) did/does not have health insurance coverage? (Asked for children who either are currently or were at some point in the past 12 months not covered by health insurance)

		1	2	3	other
Health Insurance	Total	#/%	#/%	#/%	#/%
State Health Plan	5	3/59.6	0/0	1/21.7	1/18.7
Private	80	17/24.8	7/6.6	38/49.7	18/18.9
Health Choice	22	9/36.0	1/3.7	5/25.3	7/34.9
Medicaid	70	25/29.4	7/8.9	14/21.6	26/40.1
Other	16	4/30.2	2/6.7	5/16.3	5/46.8
No insurance	304	190/63.3	28/10.3	28/7.7	58/18.7
Total	497	248/49.9	45/9.1	91/18.3	115/23.1

During the time when (CHILD) did not have health insurance was {he/she} eligible or still qualified to re-enroll in Medicaid? (Asked for children currently covered by Medicaid who were at some point in the past 12 months not covered by health insurance)

Health Insurance	Total	Total Number/Percentage		YES Number/Percentage		NO Number/Percentage	
Health Choice	20	5	18.7	15	81.3		
Medicaid	68	48	73.2	20	26.8		
Other	14	2	10.0	12	90.0		
Total	102	55	53.9	47	46.1		

During the past 12 months, how many times did a child go to a hospital emergency room for health care, including emergency room visits that resulted in a hospital admission?

Health Insurance	Total	1 # %	2 # %	3 # %	4+ times # %	None # %
StateHealthPlan	259	29/12.7	8/2.0	1/0.3	1/0.5	220/84.5
Private	1,888	274/14.8	78/4.9	26/1.4	26/1.3	1,484/77.6
Health Choice	201	34/17.8	23/10.8	7/3.3	7/3.4	130/64.6
Medicaid	844	163/20.6	70/8.6	34/4.8	35/4.8	542/61.3
Other	422	68/14.9	27/5.4	4/0.5	8/2.7	315/76.5
No insurance	306	42/14.0	11/3.8	7/2.5	1/0.2	245/79.4
Total	3,920	610/15.6	217/5.5	79/2.0	78/1.9	2,936/74.9

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?

Beginning in early 2007, at application and/or re-enrollment, children in the SCHIP program will be linked to a primary care provider within the Community Care Network of North Carolina (CCNC). CCNC currently works on quality and care outcomes for the Medicaid population. Data will be available after all children are linked to a provider through CCNC which should take a year.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found?

No.

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

None.

Enter any Narrative text below.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

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

Our outreach strategies continue to fall under three main areas of focus as follows:

1)Encouraging families to make the best use of their health insurance benefit once they are enrolled.

2)Direct outreach to families and those who serve families, including targeted outreach to children with special health care needs and minority populations.

3)Simplification of enrollment / re-enrollment processes.

North Carolina continues its Medical Home Campaign. The Campaign defines and highlights the importance of having a “medical home” for all of a child’s preventive and primary health care needs. It encourages families, especially those newly enrolled in Medicaid and SCHIP, to establish their medical home by going for regular well child checkups. Through “The Right Call Every Time” logo and tag line, it encourages families to use their medical home for primary care, not the emergency room, and defines when use of the ER is appropriate. For Children with Special Health Care Needs, it emphasizes the importance of a medical home in coordinating all of a child’s health care needs. All outreach efforts related to this initiative highlight key messages of the Medical Home and HC/NCHC Outreach Campaigns.

Direct outreach to families and those who serve families has become institutionalized. The most effective strategy has been outreach through schools and child care centers. Back to school enrollment drives, pre-K orientations, linkages with school lunch program outreach, and PTA meetings provide great opportunities. Most importantly, staying on the radar of school nurses, counselors, psychologists, social workers, and other school staff through exhibits/breakout sessions at conferences, direct mail, list serves, and web links is critical to maintaining a focus on outreach for these programs.

The child care community is targeted through Child Care Directors, Early Childhood Educators, Health Consultants, Resource and Referral Agencies, the Head Start, More At Four, and Smart Start Programs, and others through exhibits/breakout sessions at conferences, participation in new staff orientations, electronic post cards distributed through list serves, direct mailings and other methods. Medicaid and SCHIP are also marketed in state Early Child Care Directories. Our State’s TEACCH Early Childhood Education Project continues to provide incentives for getting uninsured children of low wage child care staff covered through the State’s child health insurance program. As opportunities arise, we continue to work with the business and faith communities, but have found

these efforts to be more labor intensive and low yield for general outreach, although appropriate for targeted minority outreach (see question 3 for outreach to targeted populations).

North Carolina is fortunate to have local Health Check Coordinators (HCCs) in 88 out of 100 counties (approximately 105 positions statewide) who spearhead grassroots outreach for our publicly-funded child health insurance programs. HCCs are a critical component in NC's efforts to institutionalize and sustain outreach. Through a seamless process, children are enrolled in Medicaid or SCHIP through a single (mail-in option) application form. Local departments of social services process these applications reviewing for Medicaid first, and then SCHIP for those who do not qualify for Medicaid.

An important strategy in successful outreach, enrollment, and re-enrollment continues to be the simplification of enrollment and re-enrollment processes. State outreach staff continues to work collaboratively with staff at the NC Division of Medical Assistance to develop family-friendly, low literacy, simplified and Title VI compliant notices, application forms and re-enrollment forms.

The NC Healthy Start Foundation, a statewide non-profit with whom the Division of Public Health contracts for their campaign and materials development expertise, has a website, the Child Health Insurance Public Web Site (http://www.nchealthystart.org/public/childhealth/index.htm). The site is continuously updated and receives a thorough annual review for accuracy and functionality. It provides online information, links to resources (application forms; benefits booklets) for families and the public.

The Outreach Web Site (http://www.NCHealthyStart.org/outreach/index.html) serves as a One-Stop-Shop for information and resources for folks doing outreach statewide. The web site continues to be updated with "News"; links to data and resources; "experiences to share" and "local contact information." This web site combined with the state-created outreach list serve (distribution 1,000+ individuals) continues to offer a powerful and responsive communication vehicle. Single-issue urgent communications, announcements of new articles on the web site (with links), and annual surveys to update and improve our offering of outreach materials are disseminated this way.

The DMA NC SCHIP (Health Choice) Web Site (http://www.dhhs.state.nc.us/dma/cpcont.htm) continues to be a primary resource for professionals, administrators and the public for a wealth of information regarding our State's CHIP Program.

The NC Family Health Resource Line (NC's Title V Line) is the "call to action" on all outreach materials and receives calls transferred from the National Insure Kids Now line. It is a bilingual line, with TTY for the hearing impaired, offering information, referral, and advocacy services. With a 95% service level for the 35,555 calls received in SFY 05-06, the majority of the calls the materials mailed pertained to Medicaid and SCHIP. Through the NCFHRL, we learn quickly about problems families

are experiencing in getting enrolled and accessing services. They continue to serve as our "eyes and ears", allowing us to intervene on their behalf and resolve larger system issues as we note trends in problem calls.

The State and the NC Healthy Start Foundation have partnered with two grant-funded initiatives (RWJF's Covering Kids and Families and a Rex Foundation Project) to pilot and accomplish our joint objectives. The NC Coalition to Promote Health Insurance for Children guides our efforts and assists in work plan development.

~~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?

Outreach through local departments of health and social services, schools, child care centers, health care professionals, and targeted outreach to special populations (including minorities and families who have children with special health care needs) continue to be the most effective outreach strategies. In addition, we can monitor the impact of outreach efforts through the volume of calls to the NC Family Health Resource Line, from logged responses to a question asked of callers, "How did you learn about the resource line?", and from data collected by the NC Healthy Start Foundation regarding materials distribution. The continued growth of our SCHIP enrollment is also indicative of the success of our overall efforts.

Local departments of social services continue to be key to outreach / enrollment success as they work with families who apply for various programs and recognize the opportunity to enroll children in either Health Check (Medicaid) or NC Health Choice (SCHIP). Our seamless outreach /enrollment / re-enrollment process assures that children transition between the two programs successfully as their family's economic situation fluctuates. All outreach / enrollment materials work for both programs. The same computer system (EIS) is used to track the eligibility status of children in these programs. These systems continue to ensure that once children are enrolled in either program, their continued eligibility is determined through a seamless process.

~~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?

In North Carolina, Medicaid and SCHIP and Medical Home (MH) outreach is targeted to minority and immigrant populations and to families who have children with special health care needs. State efforts also target geographically based on GIS Maps that show statewide patterns of population density by race/ethnicity.

There are two positions that work on outreach to minority populations: a State Health Check/NC Health Choice Minority Outreach Consultant (Division of Public Health) and a Latino Outreach Coordinator (NC Healthy Start Foundation). Both positions do state, regional and community level

outreach targeting families and those who serve them in the health, private not-for-profit, business, and faith communities.

All of the outreach materials for the HC/NCHC and MH Campaigns are bilingual, and a Hmong HC/NCHC Fact Sheet has also been developed. Leaders in minority communities are also included on our State Outreach List Serve.

The Latino community is a rapidly growing population in North Carolina and has been a major focus of minority outreach efforts. Direct outreach to families was done primarily at Latino festivals and events, through community-based organizations, and through Mobile Mexican and Guatemalan Consulates. In North Carolina, Latino mobile consulates travel to areas where there is a high density of their target population to offer services and link to resources. Latino media were also heavily used to target our Medicaid and SCHIP and Medical Home messages. Key partners with Latino outreach have been a host of community-based organizations, the NC Community Health Center Association's Latino / Migrant Health Workgroup, the NC Institute of Medicine's Latino Health Task Force, the NC Office of Minority Health and Health Disparities Latino Health Task Force, the NC Hispanic Chamber of Commerce, the State Latino Health Coalition/Center for International Understanding, the Association of Latino Professionals for Health Education, and the Office of Rural Health's Migrant Health Project and Migrant Health Sites.

The greatest challenges in working with the Latino community are trying to explain how health insurance works, how immigration issues impact eligibility for public insurance, and how to navigate our complex health care system.

A Fotonovela (Spanish picture story) was developed as a "bridge" piece to address these challenges. This funny and informative booklet explains the differences in how the health care system in the United States works as compared to Latino countries. It describes what health insurance is, how to apply for Medicaid and SCHIP, the importance of re-enrolling each year, and encourages use of a medical home.

Outreach is targeted to refugees from a host of countries through organizations that serve them, including the Refugee Resettlement Advisory Council. The United Hmong Association has partnered with the State to enroll children in Hmong communities in HC/NCHC. The United Hmong Association (UHA) has also worked with health care providers to explain Hmong health practices and beliefs so that care can be offered in a culturally competent manner. Through the UHA, the State HC/NCHC Minority Outreach Consultant has been invited to a Hmong New Year Celebration and other cultural events and gatherings. The Director continues to disseminate information through the 18 Hmong clan leaders.

Within the American Indian Community, tribal administrators and health outreach workers are the key outreach contacts. Outreach is targeted to families and those who serve them through pow-wows and festivals. In addition, the State Minority Outreach Consultant serves on the Institute of Medicine's Indian Health Task Force.

The African American population was targeted at several events which included distributing Medical Home materials during the Black Health Empowerment Project event, an exhibit at the Regional Fatherhood Symposium and the Carolinas HealthCare System's 4th Annual Diversity Conference. The NC Healthy Start Foundation also exhibited at an African American Women Empowerment Conference and at a large faith-based event.

Targeted outreach to minority populations will continue to be a major focus of the Campaigns as Public Health (DPH) staff works with sister agencies on Title VI compliance issues, efforts to eliminate health disparities and culturally competent outreach strategies and materials.

Children with Special Health Care Needs are targeted through agencies and organizations that serve them. DPH administers the Children with Special Health Care Needs Help Line for those "living with, caring for, or concerned about children with special health care needs." The line provides information and referral, specifically focusing on state and local resources available for CSHCN. A marketing piece was developed for use in statewide outreach. The Family Support Network of North Carolina through its Central Directory of Resources, Toll-Free Line, Parent to Parent Network and other programs also serves CSHCN. Both market HC/NCHC and MH to this target population.

There is a companion piece to the SCHIP benefits book called "NC Health Choice: Information of Children with Special Health Care Needs and their Families." This booklet provides "Ideas for Making Things Work", "Frequently Asked Questions", "What to Do When Things Go Wrong"; "Important Phone Numbers and Other Resources."

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.

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

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

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.

North Carolina has the same re-determination procedures to renew eligibility for Medicaid and SCHIP. There is one application for re-determination that is returned to and processed by the county department of social services. It is reviewed based on family income by a county eligibility caseworker. IF the child is determined to be Medicaid eligible, the child is enrolled in Medicaid. If the child is determined to be SCHIP eligible, the child is enrolled in SCHIP. The family is subsequently informed of the children's eligibility status and the child receives a card reflecting his or her eligibility status.

~~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.

North Carolina's process is so seamless that the biggest problem we face is that on occasion a Medicaid family does not realize initially that the child has been moved into SCHIP from Medicaid or vice versa. However, the Medicaid card is larger and does not have the imprint of Blue Cross and Blue Shield of North Carolina as the SCHIP card does.

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

SCHIP in North Carolina uses any willing provider indemnity system so that a previously Medicaid child does not have to change physicians or other providers when moving into SCHIP from Medicaid. Medicaid has a broad network of providers and uses a PPO system. Medicaid also initiates reminder calls to patients for well- child checkups. NC Health Choice does not offer this feature.

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?
  Four notices are sent to the family.
- 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?)
  Post card mailed to family 10 calendar days before re-enrollment form is mailed. Post card is a reminder that re-enrollment form is coming and to return it to the dss. Re-enrollment form is mailed at start of 11th month of certification period. Timely (10 day) notice is mailed if re-enrollment form not returned by 25th day of 11th month. This notice gives family 10 workdays to return needed information. After the 10th workday, notice mailed telling family status of child(ren)'s eligibility.

☐ 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)

Included in outreach section.

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

☐ Other, *please explain*:

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

Refer to outreach section

~~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?

A report "North Carolina Health Choice Re-enrollment Report Summary" is run twice a month. The following data is on statewide re-enrollment activity for the month of September 2006. Data from the first report is based on the pull check date and the second report data is based is as of the ten day grace period.

	Report One	Report Two
Total number eligible to reenroll	11,286	11,286
Total number who reenrolled	4,653	5,986
Percent of those reenrolled	41.22%	53.0%
Re-enrollees found eligible for Medicaid	1,411	1,731
Percent of those eligible found eligible for Medicaid	12.5%	15.3%
Those eligible to purchase extended coverage	266	273
Percent of those eligible to purchase extended coverage	2.35%	2.4%
Number terminated for failure to complete redetermination	3,431	1,949
Percent of those terminated for failure to complete review	30.40%	17.2%
Number terminated for other reasons	1,525	1,100
Percent who terminated for other reasons	13.51%	9.7%
Number of children who moved out of North Carolina	11	8
Number of children who no longer meet age requirement	22	28
Number who failed to pay enrollment fee	137	49
Those with applications pended		247
Percent with applications pended		2.1%

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

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

Total Number of Dis-enrollees	**Obtain other public or private coverage**		**Remain uninsured**		**Age-out**		**Move to new geographic area**		**Other**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
5,300	2,004	37			28		8			

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

The numbers above are derived from the September 2006 NCHC Re-enrollment Report Summary.

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?

Denial codes and termination codes are used to document why applications for Health Choice and denied and assistance is terminated. For applications, failure to pay the enrollment fee is the number two reason why applications are denied, the first reason being other insurance and the third is income.

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

No.

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

No changes in past federal fiscal year.

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

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

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

Children

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

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

Adults

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

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

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

- ☐ Parents and Caretaker Relatives
- ☐ Childless Adults

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

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

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

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

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

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

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

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

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

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

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

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

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

1. Does your state have a written plan that has safeguards and establishes methods and procedures for prevention, investigation and referral of cases of fraud and abuse? Please explain.
The benefits and claims processing of the separate SCHIP program is handled by the State Employees Health Plan which contracts with Blue Cross and Blue Shield of North Carolina. In the contract with BCBSNC, the contractor, requirements for program integrity are outlined below.

The Contractor shall operate a fraud detection program. The operation and administration shall include, but not be limited to, the following tasks:

Develop communications explaining fraud and abuse and communicate such information to interested parties, including Plan members, providers and Health Benefits Representatives (HBRs), encouraging them to report suspected fraud or abuse cases. Communication methods include EPB messages, provider newsletters, HBR newsletters and articles for employee and retiree newsletters.

Utilize the customer services tool-free telephone numbers to accept calls pertaining to fraud. All personnel shall be trained to recognize fraud. Rewards for personnel identifying fraud shall be maintained at a level to motivate personnel to identify fraud.

High dollar (the Contractor and Plan will mutually agree on specific dollar amount) member-submitted claims will be reviewed by personnel trained to detect fraud.

Information regarding potential fraud will be exchanged with other claims payors or governmental agencies. Special emphasis shall be given to identifying and correcting provider abuse. The Contractor shall develop or procure and execute computer programs with specially designed logic to detect aberrant patterns of utilization.

Investigate check forgeries that are identified through reconciliation of the Plan's bank account.

The Contractor will be responsible for all phases of the investigation, including medical review and contact with providers or members to verify services received. When the Contractor's investigation is complete, the Contractor shall communicate the results to the Plan. The Plan may refer the case to the NC Attorney General for resolution or may instruct the Contractor to forward the case to the local District Attorney. The Contractor shall provide follow-up assistance as needed to law enforcement agencies, the NC Attorney General and local District Attorneys. The Plan shall be provided with a report and meetings as mutually agreed upon by the Plan and the Contractor to review any fraud cases outstanding or under investigation. A case will not be considered closed until the Plan and the Contractor have determined that the case will not be prosecuted, or until a trial has been completed and, if a conviction occurs, sentence passed.

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 0

Number of cases referred to appropriate law enforcement officials 0

~~b)~~ Provider billing

Number of cases investigated 0

Number of cases referred to appropriate law enforcement officials 0

~~c)~~ Beneficiary eligibility

Number of cases investigated 171

Number of cases referred to appropriate law enforcement officials 1

3. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors?
The State Health Plan (SHP) is subject to an annual performance audit conducted by the NC Office of State Auditor. In addition, the SHP conducts monthly Operations Meetings with the Sub-Contractor to discuss performance and issues. The SHP requires monthly performance reports from the Sub-Contractor. Quarterly meetings are conducted with Sub-Contractor to review and discuss performance.

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	231,834,370	215,831,852	252,193,848
Managed Care	0	0	0
per member/per month rate @ # of eligibles	196	146	161
Fee for Service			
Total Benefit Costs	231,834,370	215,831,852	252,193,848
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$ 231,834,370	$ 215,831,852	$ 252,193,848

Administration Costs			
Personnel	47,637	50,000	55,000
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	543,271	1,084,675	1,084,675
Other County Administrative/Eligibility Determination	5,482,182	1,414,005	1,414,005
Health Services Initiatives			
Total Administration Costs	6,073,090	2,548,680	2,553,680
10% Administrative Cap (net benefit costs ÷ 9)	25,759,374	23,981,317	28,021,539

Federal Title XXI Share	177,098,313	164,134,808	190,653,050
State Share	60,809,147	54,245,724	64,094,478

TOTAL COSTS OF APPROVED SCHIP PLAN	237,907,460	218,380,532	254,747,528

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.
The DSS County Administration has $5.3 million budgeted; however, the Counties will support the expenditures beyond the $1.4 million.

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.

North Carolina continues to see increases in premiums from employer sponsored health coverage or decreases in dependent coverage. Also, large numbers of migrant families with SCHIP eligible children are entering the state to find work and make a home. These are factors that result in the increased need for SCHIP in North Carolina. As access to health care has become a major concern for all families in North Carolina, it has been a priority of the Governor and General Assembly to ensure North Carolina Health Choice operates in the most effective manner to serve those families most in need.

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

The greatest challenge each year is to ensure the program continues with the limited funding available.

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

To protect North Carolina's most vulnerable children, those from birth to age five, and to maximize limited SCHIP funds, the State legislature mandated the transition of these children from SCHIP to Medicaid as a Medicaid Expansion group. This collaborative effort among several state agencies, providers and the advocacy community resulted in over 26,000 children moving to the Medicaid program with no interruption in eligibility or services.

~~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.

In August 2005, the North Carolina General Assembly passed legislation effective January 1, 2006, that changed the North Carolina Children's Health Insurance Program. North Carolina went from a separate stand alone state children's health insurance program to a combination program. Medicaid eligibility was expanded to cover children birth through five with family income up to 200% of the federal poverty level. Children age 0-5 enrolled in SCHIP prior to January 2006 were moved to Medicaid. North Carolina Health Choice for Children enrollment was limited to children age 6-18 with family income up to 200% of the federal poverty level. The delivery of services to Health Choice children age 6-18 is also changing. During early 2007, SCHIP children will be assigned to a primary care case management (PCCM) system.

Enter any Narrative text below.