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

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

Signature:

CHARLES DUARTE, Administrator, DHCFP

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

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: **ELIZABETH AIELLO, Chief of Nevada Check Up**

Address: **1100 E. William Street, Suite 211**

City: **Carson City** State**:** **NV** Zip**:** **89701**

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Submission Date: **12/28/2006**

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						**From**	0	% of FPL conception to birth	0	% of FPL
	From		% of FPL for **infants**		% of FPL	**From**	134	% of FPL for **infants**	200	% of FPL
	From		% of FPL for children ages **1 through 5**		% of FPL	**From**	134	% of FPL for 1 **through 5**	200	% of FPL
	From		% of FPL for children ages **6 through 16**		% of FPL	**From**	101	% of FPL for children ages **6 through 16**	200	% of FPL
	From		% of FPL for children ages **17 and 18**		% of FPL	**From**	101	% 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? Newborns are enrolled as of month of infant's birth if the family is currently enrolled and notification requirements are met.
	☐	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	6
	☐	N/A	☐	N/A

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

			Children may lose eligibility when 1 or more of the following conditions apply to the child: Moves out of state; becomes eligible for or is enrolled in Medicaid or any other creditable health insurance; turns 19 in the next month; becomes incarcerated; dies; gets married; becomes emancipated; leaves the home; or if the parent/guardian fails to pay quarterly premiums. Other circumstances include: NCU becomes aware of income changes; changes in household composition; loses contact with the household; information uncovered during an audit/investigation showing erroneous information provided that affects eligibility; if the client requests a re-evaluation and the child is no longer eligible afterwards.	
	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☐	No	☐	No
	☐	Yes	☒	Yes
	Enrollment fee amount		Enrollment fee amount	0
	Premium amount		Premium amount	70
	Yearly cap		Yearly cap	0
	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)	
			Sliding scale, maximum $70 per quarter. Premiums are prorated and charged as follows per quarter: 0% - 35% of FPL (Federal Poverty Level) = no premium; 36% to 150% of FPL = $15 per quarter; 151% to 175% = $35 per quarter; 176% - 200% FPL = $70 per quarter. No premiums charged for American Indians and Alaskan Natives.	
	☐	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	Our application was revamped to make it more "user friendly" and readable. This was completed through partnerships with Covering Kids and Families, outside users and advocacy groups.
~~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	
~~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	Cases requiring additional investigation are referred to Welfare Investigations & Recovery.
~~t)~~ Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.
Letter O above: We had a one time event as a "Back to School" television ad campaign, which was funded by the Robert Wood Johnson foundation through GMMB (a marketing group). This was not funded by the State of Nevada.

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 not 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:

- Population not covered: Check this box if your program does not cover the population included in the measure.
- Data not available: 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.
- Small sample size: 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.
- Other: 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:

- Provisional: 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.
- 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 in another annual report. Indicate in which year's annual report you previously reported the data.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 Nevada has two HMOs; one used Hybrid and the other used Administrative data gathering. The rates for both were added into the combined rate reported below.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006 Nevada has two HMOs; one used Hybrid and the other used Administrative data gathering. The rates for both were added into the combined rate reported below.
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*: One HMO used Hybrid and one used Administrative	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☒ Other. *Specify*: One HMO used Hybrid and one used Administrative.
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

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

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: 141 Denominator: 330 Rate: 42.7 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: 116 Denominator: 285 Rate: 40.7 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: 125 Denominator: 300 Rate: 41.7 3 visits Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: 47.5%

Annual Performance Objective for FFY 2008: 52.8%%

Annual Performance Objective for FFY 2009: 57.5%

Explain how these objectives were set: Performance Goals are based on the Quality Improvement System for Managed Care (QISMC) method. This calls for a 10% reduction in adverse outcomes. For a rate of 41.7%, its adverse outcome is 58.3% (100% - 41.7% = 58.3%) meaning that 58.3% did not meet the standard. A 10% reduction of 58.3% would be 5.8%, or a minimum rate of 47.5% (41.7% + 5.8% = 47.5%) the following year. Each year is calculated out as if the prior year's goal was met. If this does not occur, this goal will be modified.

Other Comments on Measure: Explanation of Progress:
Nevada has remained the same over the last three years on this indicator, though Nevada has decreased in relation to the national mean. Nevada's HMO contract that initiated November of 2006 provides for a pay for performance process for well child visits. The effect of this will not show in the trend number until data year 2007 numbers are received.

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:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☒HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005 Nevada has two HMOs; one used Hybrid and the other used Administrative data gathering. The rates for both were added into the combined rate reported below.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2006 - Both plans changed to Hybrid for this measure this year.
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*: One HMO used Hybrid and one used Administrative.	**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)* Percent with 1+ visits Numerator: 2186 Denominator: 3391 Rate: 64.5	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 1015 Denominator: 1718 Rate: 59.1	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 498 Denominator: 843 Rate: 59.1

FFY 2004	FFY 2005	FFY 2006
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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

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

Explanation of Progress:

Annual Performance Objective for FFY 2007: 63.2%

Annual Performance Objective for FFY 2008: 66.9%

Annual Performance Objective for FFY 2009: 70.2%

Explain how these objectives were set: The method is based on the QISMC method which calls for a 10% reduction in adverse outcomes. This means that for a rate of 59.1%, its adverse outcome is 40.9% (100%-59.1% = 40.9%) meaning that 40.9% did not meet the standard. A 10% reduction of 40.9% would be 4.1%, so the QISMC method would expect the MCO to have a minimum rate of 63.2% (59.1%+4.1% = 63.2%) the following year. Each year is calculated out as if the prior year's goal was met. If this does not occur, this goal will be modified.

Other Comments on Measure: Explanation of Progress:

Nevada's scores have declined over the last three years on this indicator. Nevada's HMO contract that initiated November of 2006 provides for a pay for performance process for well child visits. The effect of this will not show in the trend number until data year 2007 numbers are received.

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*: Data not gathered as part of quality plan	**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*: Data was not gathered for 2006.
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**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:** 2004	**Year of Data:**

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 92 Denominator: 115 Rate: 80 10-17 years Numerator: 95 Denominator: 126 Rate: 75.4 Combined rate (5-17 years) Numerator: 187 Denominator: 241 Rate: 77.6 Additional notes on measure: 2005 was the only year of collection data on asthma. Therefore no Performance Progress Year data is available.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: 79.8

Annual Performance Objective for FFY 2008: 81.8

Annual Performance Objective for FFY 2009: 83.6

Explain how these objectives were set: Based on year 2004 data which we do have available.

Other Comments on Measure: This measure was only reported from our HMOs through the EQRO in 2005. A clear direction was not communicated to the HMOs concerning this measure and it inadvertently was not tracked and validated. We will be working with the HMOs and our EQRO in the future in order to report accurately on this measure.

MEASURE: Children's Access to Primary Care Practitioners

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

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: 486 Denominator: 497 Rate: 97.8 7-11 years Numerator: 2765 Denominator: 3001 Rate: 92.1 25 months-6 years Numerator: 3730 Denominator: 4074 Rate: 91.6 12-19 years Numerator: 2308 Denominator: 2659 Rate: 86.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 508 Denominator: 515 Rate: 98.6 7-11 years Numerator: 2070 Denominator: 2228 Rate: 92.9 25 months-6 years Numerator: 3144 Denominator: 3506 Rate: 89.7 12-19 years Numerator: 1638 Denominator: 1840 Rate: 89 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 645 Denominator: 676 Rate: 95.4 7-11 years Numerator: 2043 Denominator: 2283 Rate: 89.5 25 months-6 years Numerator: 4098 Denominator: 4587 Rate: 89.3 12-19 years Numerator: 1633 Denominator: 1944 Rate: 84 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: 12-24 months: 96.4%
25 months - 6 years: 90.3%
7 - 11 years: 90.5%
12 - 19 years: 85%

Annual Performance Objective for FFY 2008: 12-24 months: 97.4%
25 months - 6 years: 91.3%
7 - 11 years: 91.5%
12 - 19 years: 86%

Annual Performance Objective for FFY 2009: 12-24 months: 98.4%
25 months - 6 years: 92.3%
7 - 11 years: 92.5%
12 - 19 years: 87%

Explain how these objectives were set: DHCFP modified the QISMC method into a hybrid method. It takes into consideration maximum performance levels, adding 1% to the previous level. If the rate is 90%, the goal 80%, the QISMC indicates 91% (90% + 1% = 91%). The QISMC hybrid would simply have the MCO stay above the 80% goal. Each year is calculated out as if the prior year's goal was met. If this does not occur, this goal will be modified.

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure: Nevada has fluctuated, basically remaining close to the same, over the last three years on this indicator. Nevada does remain above the national mean in these indicators.		

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	0	
Separate Child Health Program	39316	39317	0

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

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

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	62	10.9	12.9	2.2
1998 - 2000	67	11.3	11.2	1.8
2000 - 2002	66	8.2	11.1	1.3
2002 - 2004	72	8.6	11.7	1.3
2003 - 2005	63	10.0	9.8	1.5
Percent change 1996-1998 vs. 2003-2005	1.6%	NA	-24.0%	NA

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

Our state has had an extremely rapid population growth, including children under age 19, while at the same time maintaining close to the same number of uninsured children under age 19 below 200% of poverty. As a result of this, uninsured children in this category have decreased 24%. This decrease in the uninsured population can be partially attributed to the existence of the Nevada Check Up program. NCU was initiated in this time period and at the end of FFY 2006 had 27,746 children enrolled.

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

None identified.

~~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

There have been 782 children enrolled in Medicaid due to SCHIP referrals for FFY 2006.

We utilize a manual survey, which is done monthly, of all children referred to Medicaid. The results are tallied and reported to management.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

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

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

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

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

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

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

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

Goal:

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

Type of Goal:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation of Progress:

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

Other Comments on Measure:

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

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase the percentage of children enrolled in Nevada Check Up (SCHIP) by 5% annually.	**Goal #1 (Describe)** Increase the percentage of children enrolled in Nevada Check Up (SCHIP) by 5% annually.	**Goal #1 (Describe)** Increase the percentage of children enrolled in Nevada Check Up (SCHIP) by 5% annually.
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*: Nevada Check Up database	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: NCU database	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: NCU database
Definition of Population Included in the Measure: Definition of denominator: Monthly average number of children enrolled in NCU for FFY 2003 Definition of numerator: Monthly average number of children enrolled in NCU for FFY 2004	**Definition of Population Included in the Measure:** Definition of denominator: Monthly average number of children enrolled in NCU for FFY 2004 Definition of numerator: Monthly average number of children enrolled in NCU for FFY 2005	**Definition of Population Included in the Measure:** Definition of denominator: Monthly average number of children enrolled in NCU for FFY 2005 Definition of numerator: Monthly average number of children enrolled in NCU for FFY 2006
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The effect that the rate of increased enrollment of SCHIP eligible children within the State of Nevada has on the overall Uninsured Children under Age 19 with income below 200% of Poverty within this state. Numerator: 25480 Denominator: 24659 Rate: 103.3 Additional notes on measure: Rate = 3.3% increase in average monthly enrollment	**Performance Measurement Data:** Described what is being measured: The effect that the rate of increased enrollment of SCHIP eligible children within the State of Nevada has on the overall Uninsured Children under Age 19 with income below 200% of Poverty within this state. Numerator: 27335 Denominator: 25480 Rate: 107.3 Additional notes on measure: Rate: = 7.28% increase in average monthly enrollment	**Performance Measurement Data:** Described what is being measured: The effect that the rate of increased enrollment of SCHIP eligible children within the State of Nevada has on the overall Uninsured Children under Age 19 with income below 200% of Poverty within this state. Numerator: 27421 Denominator: 27335 Rate: 100.3 Additional notes on measure: Rate: .3% increase in average monthly enrollment.

FFY 2004	FFY 2005	FFY 2006
CPS Data located in section IIB.	CPS data located in section IIB	CPS data located in section IIB

Explanation of Progress:

Annual Performance Objective for FFY 2007: Legislatively approved caseload increase.

Annual Performance Objective for FFY 2008: Legislatively approved caseload increase.

Annual Performance Objective for FFY 2009: Legislatively approved caseload increase.

Explain how these objectives were set: Nevada, through revision of its State Plan, intends to associate this measure to the Legislatively Approved Caseload, which is determined through caseload growth projection models.

Other Comments on Measure: Explanation of Progress:
Over the last year NCU enrollment has leveled off. Potential reasons for this are being reviewed. One issue noted was an irregularity in the electronic referral file received from the Medicaid program. Temporary manual processes have been put into place, resulting in an immediate increase in enrollment. It is believed this process change will result in increased caseloads over the next several months.

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) Process applications and enroll NCU applicants within 30 days from the date the application is received.	**Goal #2 (Describe)** Process applications and enroll NCU applicants within 30 days from the date the application is received.	**Goal #2 (Describe)** Process applications and enroll NCU applicants within 30 days from the date the application is received.
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*: NCU weekly and monthly reports.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: NCU weekly and monthly reports.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: NCU weekly and monthly reports
Definition of Population Included in the Measure: Definition of denominator: Number of months Definition of numerator: Is derived using a total of all eligibility workers' oldest applications averaged for each month (represented as the number of days needed for processing each monthly reporting period). Figure is subsequently annualized.	**Definition of Population Included in the Measure:** Definition of denominator: Number of months. Definition of numerator: Is derived using a total of all eligibility workers' oldest applications, averaged for each month (represented as the number of days needed for processing for each monthly reporting period). Figure is subsequently annualized.	**Definition of Population Included in the Measure:** Definition of denominator: Number of months Definition of numerator: Is derived using a total of all eligibility workers' oldest applications averaged for each month (represented as the number of days needed for processing for each monthly reporting period.) Figure is subsequently annualized.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Efficiency of eligibility operations as it pertains to maximum duration of time taken to process program eligibility. Numerator: Denominator: Rate: 35 Additional notes on measure: Actual numerator is 414 days, actual denominator is 12 months = 35 days processing. Nevada did not meet this objective.	**Performance Measurement Data:** Described what is being measured: Efficiency of eligibility operations as it pertains to maximum duration of time taken to process program eligibility. Numerator: Denominator: Rate: 19 Additional notes on measure: Actual numerator is 229 days, actual denominator is 12 months = 19 days processing. The average monthly processing time for applications in FFY 2005 was 19 days. This represented an average NCU monthly processing time for applications decrease of 45% in	**Performance Measurement Data:** Described what is being measured: Efficiency of eligibility operations as it pertains to maximum duration of time taken to process program eligibility. Numerator: Denominator: Rate: 13 Additional notes on measure: Actual numerator is 152 days; actual denominator is 12 months = 13 days processing time.

FFY 2004	FFY 2005	FFY 2006
	FFY 2005.	

Explanation of Progress:

Annual Performance Objective for FFY 2007: 30 days or less.

Annual Performance Objective for FFY 2008: 30 days or less.

Annual Performance Objective for FFY 2009: 30 days or less.

Explain how these objectives were set: Current management is looking at data collection methodology for this measure; it is not believed that the 13 day rate is sustainable. The 30 day goal is the Department of Health and Human Services Director's goal for all eligibility processes.

Other Comments on Measure: Nevada was recently approved an 1115 HIFA waiver. The new HIFA caseload, as well as a recently discovered technical issue associated with the electronic Medicaid referral process, are expected to utilize existing resources. Therefore we do not believe the current 13 day rate is sustainable.

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) CKF: Achieve effective outreach & education activities by community-based organizations in collaboration with Covering Kids & Families (CKF). Schools: Increase school-based outreach programs in the State of Nevada, resulting in an increase in the number of applications submitted that are directly attributable to school-based outreach activities.	**Goal #3 (Describe)** CKF: Achieve effective outreach & education activities by community-based organizations in collaboration with Covering Kids & Families (CKF). Schools: Increase school-based outreach programs in the State of Nevada, resulting in an increase in the number of applications submitted that are directly attributable to school-based outreach activities.	**Goal #3 (Describe)** CKF: Achieve effective outreach & education activities by community-based organizations in collaboration with Covering Kids & Families (CKF). Schools: Increase school-based outreach programs in the State of Nevada, resulting in an increase in the number of applications submitted that are directly attributable to school-based outreach activities.
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*: NCU statistical reports.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: NCU statistical reports	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: NCU statistical reports.
Definition of Population Included in the Measure: Definition of denominator: CKF: Total number of applications referred by CKF in FFY2004. Schools: Total number of applications referred by School based organizations in FFY2004 Definition of numerator: CKF: Total number of applications referred by CKF in FFY2003. Schools: Total number of applications referred by School based organizations in FFY2003	**Definition of Population Included in the Measure:** Definition of denominator: CKF: Total number of applications referred by CKF in FFY2005 Schools: Total number of applications referred by School based organizations in FFY2005 Definition of numerator: CKF: Total number of applications referred by CKF in FFY2004. Schools: Total number of applications referred by School based organizations in FFY2004.	**Definition of Population Included in the Measure:** Definition of denominator: CKF: Total number of applications referred by CKF in FFY2006. Schools: Total number of applications referred by School based organizations in FFY2006 Definition of numerator: CKF: Total number of applications referred by CKF in FFY2005. Schools: Total number of applications referred by School based organizations in FFY2005
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The increase or decrease in applications which were referred by CKF coalition and schools to Nevada's SCHIP program	**Performance Measurement Data:** Described what is being measured: The increase or decrease in applications which were referred by CKF coalition and schools to Nevada's SCHIP program	**Performance Measurement Data:** Described what is being measured: The increase or decrease in applications which were referred by CKF coalition and schools to Nevada's SCHIP program

FFY 2004	FFY 2005	FFY 2006
between Federal Fiscal Year 2003 and 2004. Numerator: Denominator: Rate: Additional notes on measure: CKF: Numerator = 1317, Denominator = 482. Rate for CKF = 273.2% Schools: Numerator = 904, Denominator = 925. Rate for Schools = -2.3%	between FFY2004 and FFY2005 Numerator: Denominator: Rate: Additional notes on measure: CKF: Numerator = 2326, Denominator = 1317. Rate for CKF = 76.6% Schools: Numerator = 806, Denominator = 904. Rate for Schools = -10.8%	between FFY2005 and FFY2006. Numerator: Denominator: Rate: Additional notes on measure: CKF: Numerator = 2210; Denominator = 2326. Rate for CKF = -5% Schools: Numerator = 689; Denominator = 806. Rate for Schools = -14.2%

Explanation of Progress:

Annual Performance Objective for FFY 2007: n/a

Annual Performance Objective for FFY 2008: n/a

Annual Performance Objective for FFY 2009: n/a

Explain how these objectives were set: Applications are received from a multitude of referral sources. The CKF coalition is currently responsible for the majority of outreach activities that affect the SCHIP program. Subsequently any progress or lack thereof is outside of any direct influence of the State. The State of Nevada intends to modify the current State Plan and introduce a new measurement.

Other Comments on Measure:

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Achieve a high degree of satisfaction with parents and guardians of NCU participants as measured by an annual survey.	**Goal #1 (Describe)** Achieve a high degree of satisfaction with parents and guardians of NCU participants as measured by an annual survey.	**Goal #1 (Describe)** Achieve a high degree of satisfaction with parents and guardians of NCU participants as measured by an annual survey.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: New/revised as of 2004 reporting.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: As measured by an annual survey
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Results from annual customer satisfaction survey.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Health Plan of Nevada, Inc. contracted for and received The Myers Group's 2005 Final Report for the Customer Assessment of Health Plans that was submitted with the 2005 annual CMS report. Nevada Care's survey was also attached but not reported as it was not a validated CAHPS rated survey.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: CAHPS 3.0H Adult Medicaid Member Satisfaction Survey. (The Child Medicaid Member Satisfaction Survey was not administered in 2005). One HMO followed collection procedures, the second did not.
Definition of Population Included in the Measure: Definition of denominator: NCU enrollment from database. Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Members of Health Plan of Nevada, one of Nevada's two Managed Care Organizations. Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: HPN had 238 responses from the eligible member population from 1/05 - 5/05 yielding a 22% response rate. Nevada Care did not follow the standard CAHPS protocols so no member responses were counted. The overall response rate therefore was very low, 1% which meant that conclusions could not be drawn for the total population. Definition of numerator: The number of answers in the specific categories.
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: Customer satisfaction. Numerator: Denominator: Rate: Additional notes on measure: Nevada's Quality Assessment and Performance Improvement Strategy, completed in July 2004, requires the managed care organization to complete a customer satisfaction study in 2005.	**Performance Measurement Data:** Described what is being measured: Customer satisfaction Numerator: Denominator: Rate: Additional notes on measure: The report showed significant score improvement in the rating of Health Plan of Nevada. However, of the five composite areas and the attributes within the composites, there were no significant differences in summary rates when compared with 2004.	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure: There are many measures that are evaluated in this survey. Nevada Care did not complete a valid CAHPS survey.

Explanation of Progress:

Annual Performance Objective for FFY 2007: HPN will show improvement in all areas below the 25th percentile. A CAHPS survey will not be completed for the new HMO this year.

Annual Performance Objective for FFY 2008: Nevada Check Up will conduct a satisfaction survey for the Fee For Service population. The HMOs will conduct a CAHPS child survey.

Annual Performance Objective for FFY 2009: Ongoing data collection will be completed.

Explain how these objectives were set: As of 11/1/06, Nevada Care is no longer a contracted HMO for the Nevada Check Up program. The current contract has a HPN CAHPS survey for 2007, but the new HMO, Anthem, will not have had the enrollment time required to complete the survey in 2007. The EQRO budget proposal and the NCU budget proposal both have the provision for a child survey in 2008.

Other Comments on Measure: Explanation of Progress:
Nevada Care had no change; HPN did not have significant change in any of the 5 composite areas (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate; Courteous & Helpful Office Staff and Customer Service). HPN had a significant score improvement in Rating of Health Plan, which increased from 58% in 2004 to 70.8% in 2005.

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)** N/A
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) N/A	**Goal #3 (Describe)** N/A	**Goal #3 (Describe)** N/A
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) None reported for 2004. N/A	**Goal #1 (Describe)** None reported for 2005.	**Goal #1 (Describe)** None reported for 2006
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
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 #2 (Describe) N/A	**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) N/A	**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) Achieve year-to-year improvements in the percentage of targeted low income children that have had a visit with a dental provider during the year.	**Goal #1 (Describe)** Achieve year-to-year improvements in the percentage of targeted low income children that have had a visit with a dental provider during the year.	**Goal #1 (Describe)** Achieve year-to-year improvements in the percentage of targeted low income children that have had a visit with a dental provider during the year.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2004 HEDIS	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 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: 3754 Denominator: 8411 Rate: 44.6 Additional notes on measure: Comparison of HEDIS for Nevada with HEDIS Means nationally.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 3656 Denominator: 7186 Rate: 50.9 Additional notes on measure: Comparison of HEDIS for Nevada with HEDIS Means nationally.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 5475 Denominator: 11123 Rate: 49.2 Additional notes on measure: Comparison of HEDIS for Nevada with HEDIS Means nationally.

FFY 2004	FFY 2005	FFY 2006
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: 54.2%

Annual Performance Objective for FFY 2008: 58.8%

Annual Performance Objective for FFY 2009: 62.9%

Explain how these objectives were set: Performance goals are based on the QISMC methodology that calls for a 10% reduction in adverse outcomes.

Other Comments on Measure: Explanation of Progress:
The combined rate of dental visits, as well as each age group, increased in 2004 & slightly decreased in 2005. The rates continue to exceed the national mean in all age groups. The HMO contracts initiated November 1, 2006 extended the mandatory coverage area for dental services to the Managed Care Coverage areas in Northern Nevada. Contracts with MCOs impose standards for access and availability and DHCFP monitors to assure that standards are met.

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

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)** N/A
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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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) N/A	**Goal #3 (Describe)** N/A	**Goal #3 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
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FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) No goals indicated in 2004 report. N/A	**Goal #1 (Describe)** None reported	**Goal #1 (Describe)** None reported
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:*
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FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

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

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

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

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

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?

Federal regulations require states to prepare an annual technical report on the quality, timeliness and access to care furnished by the HMOs. To meet this effort, DHCFP contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO).

HSAG categorized the findings and developed a letter grading system to assess the health care provided by each plan. HSAG reviewed the HMOs Performance Improvement Projects, Annual Compliance Reviews, Performance Measures, and Survey Measures and provided recommendations for improvement.

FINDINGS:

QUALITY RELATED MEASURES

Average for Performance Measures HPN=C NVC=D

Average for Survey Measures HPN=D NVC=F

Average for Performance Improvement Projects HPN=A NVC=B

Average for Annual Compliance review HPN=A NVC=C

Overall Grade for Quality HPN=B NVC=C

TIMELINESS RELATED MEASURES

Average for Performance Measures HPN=C NVC=D

Average for Survey Measures HPN=C NVC=B

Average for Annual Compliance review HPN=A NVC=C

Overall Grade for Timeliness HPN=B NVC=C

ACCESS RELATED MEASURES

Average for Performance Measures HPN=C NVC=C

Average for Survey Measures HPN=C NVC=B

Average for Annual Compliance review HPN=A NVC=A

Overall Grade for Access HPN=B NVC=B

For detailed information this report is located on the DHCFP web site:
http://dhcfp.state.nv.us/pdf%20forms/NV2005-6_HMO_EQR-Tech_Report_F1.pdf

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?

DHCFP developed the "Nevada Medicaid and State Child Health Insurance Program (SCHIP) Managed Care 2005-2006 Quality Assessment and Performance Improvement Strategy" (Strategy), pursuant to

Code of Federal Regulations (42 CFR 438.200). The Strategy is in two parts: an overriding conceptual program and an annual Quality Strategy Work Plan (Work Plan).

The Strategy incorporates policies, procedures, contract compliance, and input from the public, stakeholder providers, recipient advocates, and multiple Nevada State departments that hold an interest in the improvement of access to care and of clinical and service quality received by Medicaid and SCHIP recipients.

This Strategy includes improvement measurement and activities provided by other departments. These activities are integrated into a single Strategy, which applies throughout the Nevada Medicaid and SCHIP managed care service area. DHCFP oversees the Strategy to verify that the performance of quality improvement functions is timely, consistent, and effective.

The Strategy is designed with the intent that recipients' services meet established standards for access to care, clinical quality of care, and quality of service, and that opportunities to improve are identified and pursued. The Strategy is designed to identify, document and verify that appropriate corrective actions are taken to address these issues.

The Annual External Quality Review Report and HEDIS data is available in October of every 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?

Performance Improvement Projects (PIPs) provide a structured method of assessing and improving the processes, and thereby outcomes of care for the population that a HMO serves. This structure facilitates the documentation and evaluation of improvements in care or service. PIPs are conducted by the HMOs to assess and improve the quality of clinical and nonclinical health care services received by recipients. Improving Diabetes Management and Improving Appropriate use of Asthma Medications for Children, were the two PIPs evaluated by HSAG for DHCFP.

PIP process compliance data as reported by HSAG for HPN was given a letter grade of an A.; receiving a 100% for its diabetes PIP and 93% for its asthma PIP. PIP process compliance data as reported by HSAG for NVC was given a letter grade of a B; receiving an 83% for its diabetes PIP and an 87% for its asthma PIP. No outcome scores were reported for these PIPs. These outcome scores will be added to next year's HSAG technical report.

For detailed information this report is located on the DHCFP web site:
http://dhcfp.state.nv.us/pdf%20forms/NV2005-6_HMO_EQR-Tech_Report_F1.pdf

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.

No additional data.

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?

The Covering Kids and Families (CKF) grant provides the outreach for the Nevada Check Up program. Nevada Check Up does not have state funding for outreach. The Robert Wood Johnson (RWJ) CKF grant ended 8/31/2006. Nevada has approved a "Fund for Healthy Nevadans" grant to continue CKF and CKF's provision of outreach activities. CKF also received a grant from the Corporation for National and Community Service for a Vista program to extend its outreach, networking and coalition building capabilities. CKF has two coalitions that assist with outreach and completion of applications.

~~2.~~ What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?

The efforts of coalition members and CKF staff have been beneficial. The 1-877-KIDS NOW phone number is a nationally recognizable phone number. School nurses are trained yearly by CKF coalition staff to know how to assist families in applying for NCU and Medicaid. These activities have helped to increase children's enrollment in NCU and Medicaid. Over the months tracked, approximately 17% of NCU applications processed indicate a referral from CKF. This is the second highest referral source next to a friend or relative. Another significant impact was seen with Nevada Health Centers, a Federally Qualified Health Center organization. Nevada Health Centers are coalition members who now have application assistors in their clinics. This year GMMB, through the RWJ Foundation completed a Back to School media campaign. This greatly increased Nevada Check Up's application volume and we have shown an increase in caseload, after some months of a decrease in caseload.

~~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?

All of the Nevada Check Up customer service staff is bilingual in Spanish which helps to target the Spanish speaking population. CKF grant outreach goals are as follows:

To increase: Native American applications by 10%; African American applications by 10%; Asian American applications by 10%; Applications for children 13 to 18 years old by 10%

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.

Nevada Check Up does not knowingly enroll anyone who has other insurance coverage. Questions on the application request the applicant to indicate if a child currently has health insurance coverage, if yes then they are required to indicate the type of coverage, the reason coverage was terminated and date of termination. Denial reasons, including "child has insurance" are compiled and reviewed monthly. Children who have had health insurance coverage within the last 6 months are not eligible for NCU, unless their guardians can demonstrate that the coverage was terminated through no fault of their own, or in rare occasions, when specific extreme financial hardship conditions are met. Additionally through vendor contract each calendar quarter, HMS Holdings Corporation matches the entire Nevada Medicaid/SCHIP population against its database of 225 insurance carrier eligibility files (450 million eligibility segments). HMS applies a complex algorithm to ensure accurate matches despite discrepancies in name spelling, addresses, dates of birth, etc. Staff verifies each matched policy with the carrier and identifies any additional coverage that may exist (pharmacy, dental, optical, etc.). Verified policies for Nevada's SCHIP population are sent to Nevada Check Up on a weekly basis and loaded into the MMIS system so that claims may be appropriately cost avoided and post-payment collection activities may ensue. For children who are already enrolled, when claims are processed through Nevada's fiscal agent and the HMOs, other insurance coverage can be discovered. When this happens, NCU issues a disenrollment notice to the family and they have 30 days to respond if they feel the State's decision was in error. Children served by NCU who were disenrolled due to receiving other insurance in FFY 2006 were 6.03% of all disenrollments.

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

Children having other insurance at the time of application constituted 6.74% of total denials for FFY 2006

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

Children who have had coverage in the last six months are ineligible for NCU unless their guardians can demonstrate that the coverage was terminated through no fault of their own. The mechanisms described in number 3 of this section are our best effort to deter substitution.

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.

The State's SCHIP and Medicaid programs both have annual redeterminations procedures with two primary differences.

For the SCHIP program, the redetermination form is a simplified pre-printed form, which provides all information provided from prior year. The applicant is required to notate any changes, sign and return the form. In addition, under the level of verification provided for SCHIP, limited new information is required (usually only updated pay information).

For the Medicaid program, the redetermination form is a blank form, requiring applicant to provide all previous information again. The applicant is required to complete all information, sign and return the information. For the level of verification provided, substantially more information is required.

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.

When a recipient is terminated from Medicaid, they are referred to the SCHIP program, and screened for SCHIP eligibility. During this referral process the state has notated, even when a child is subsequently determined to be eligible, a one to two month lapse in coverage may occur.

When an SCHIP recipient is determined to "appear eligible for Medicaid" their SCHIP coverage is terminated. These recipients are referred to the Medicaid program, and screened for Medicaid eligibility. If the applicant is determined eligible under Medicaid policy, the applicant may request prior medical eligibility if they had any eligible services. However a break in continuum of eligibility does normally occur.

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

Yes - NCU uses Medicaid's plan of service and provider panel. In order for a provider to be eligible to treat SCHIP participants, they must sign a Medicaid Contracting Provider agreement.

ELIGIBILITY REDETERMINATION AND RETENTION

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

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

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program?
  Two notices are sent.
- 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?)
  At 60 days prior to redetermination, a letter is sent requesting information. If not received in 30 days, a letter is sent advising the participant of disenrollment. They then have another 30 days to turn in their paperwork before they are actually disenrolled.

☐ 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)

Application was recently revised in cooperation with several advocacy groups throughout the state including the CKF coalition. Changes to the application include the clarification language requesting the applicant to provide proof of non-job related income, modification of format and simplification of language used throughout the application.

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

☐ Other, *please explain*:

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

The disenrollment notices have been the most effective, most likely due to the threat of lost coverage for non- compliance with our process.

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

☐ Yes
☒ No
☐ N/A

When was the monthly report or assessment last conducted?

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

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

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

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

COST SHARING

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

No

~~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?

We have no copays in our plan.

~~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 change

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.
Currently NCU eligibility staff does an initial investigation. If further investigation is warranted, all pertinent information is forwarded to the Division of Welfare and Supportive Services Investigations and Recovery Unit. This unit is responsible for investigations of allegations of recipient fraud within multiple public assistance programs for the State of Nevada.

We have an internal Surveillance and Utilization Review Services unit that specifically handles provider fraud and abuse.

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 76

Number of cases referred to appropriate law enforcement officials 41

~~c)~~ Beneficiary eligibility

Number of cases investigated 5

Number of cases referred to appropriate law enforcement officials 0

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

Enter any Narrative text below.

For question #2A above, providers are both Medicaid and SCHIP providers and the data is not tracked separately. Nevada's medical licensing boards oversee licensing for providers. If any action has been taken against a provider, (such as a conviction for Medicaid fraud) they are then reported to the Office of the Inspector General. For Medicaid providers in Nevada, our fiscal agent compares all new providers to the Office of the Inspector General's suspension list. If a provider has had suspension actions by the OIG, we will not allow them to become a Nevada Medicaid Provider. The provider re-enrollment process is scheduled every 3 years during a provider's contract term with Nevada.

For question #2B above, providers service both Medicaid and SCHIP, these numbers are for both populations and cannot be broken down.

2C Cases in investigation did not have a final resolution by 9/30/06. As of 11/20/06, an investigator on one of the cases notified us that the file was being referred to the District Attorney's office for possible prosecution.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

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

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments			
Managed Care	23,940,362	25,933,433	27230105
per member/per month rate @ # of eligibles	106	110	116
Fee for Service	15,203,672	15,963,856	16,762,049
Total Benefit Costs	39,144,034	41,897,289	43,992,154
(Offsetting beneficiary cost sharing payments)	(1,637,307)	(1,968,058)	(2,016,884)
Net Benefit Costs	$ 37,506,727	$ 39,929,231	$ 41,975,270

Administration Costs			
Personnel	1,279,152	1,343,110	1,410,265
General Administration	1,104,165	1,159,373	1,217,342
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	197,913	207,809	218,199
Outreach/Marketing costs	108,184	113,593	119,273
Other			
Health Services Initiatives			
Total Administration Costs	2,689,414	2,823,885	2,965,079
10% Administrative Cap (net benefit costs ÷ 9)	4,167,414	4,436,581	4,663,919

Federal Title XXI Share	27,466,023	28,965,236	30,042,623
State Share	12,730,118	13,787,880	14,897,726

TOTAL COSTS OF APPROVED SCHIP PLAN	40,196,141	42,753,116	44,940,349

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.
Non Federal funding is provided by the State of Nevada General Fund.

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.

This year was an election year; therefore, considerable advertising was done concerning many political issues. One of the topics of discussion that received attention was federal immigration reform. To date we have not been able to determine if this had a large influence on the SCHIP program. Our application volume was down in early summer but did rebound after the CKF Back to School media campaign. The actual elections were held after this reporting period. The Republican Party maintains control in Nevada. Our outgoing governor was very supportive of the SCHIP program. It is unknown which programs will have the favor of our incoming governor.

Concerning our fiscal environment, newly elected officials will enter office in January, so any change to the fiscal environment is not yet known. There is a legislative cap on certain activities that relate to the Department of Health and Human Services that may affect overall social service program growth in our state.

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

The CKF (Robert Wood Johnson funding) grant ended 8/31/06. The new grant dollars funding CKF are less and their focus has shifted to sustainable outreach coalitions and networks versus direct service. This has caused NCU to restructure our phone center process.

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

We had a successful open enrollment period, during which time one of our HMOs changed. In a very short period of time we moved many of our participants over to the new HMO. We assisted, through input and information provision, the achievement of sustainability of the CKF program.

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

We have recently been approved for a HIFA Waiver that will extend coverage in two ways. One will extend medically necessary care to pregnant women; the other is a premium assistance program for employer-sponsored insurance.

We are planning to amend our SCHIP State Plan to update Nevada's SCHIP goals. The current State Plan goals were developed early in Nevada's SCHIP program when program expansion and growth were key factors. The goals are now shifting to sustainable growth and outreach with greater emphasis on key processes and outcomes.

Enter any Narrative text below.