

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 and Territories *must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal 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. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

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

The framework is designed to:

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

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: LA
(Name of State/Territory)

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

Signature: _____
Kyle C. Viator

SCHIP Program Name(s): All, Louisiana

SCHIP Program Type:

- SCHIP Medicaid Expansion Only
 Separate Child Health Program Only
 Combination of the above

Reporting Period: 2008 *Note: Federal Fiscal Year 2008 starts 10/1/07 and ends 9/30/08.*

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Submission Date: 12/31/2008

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

		SCHIP Medicaid Expansion Program				Separate Child Health Program					
* Upper % of FPL are defined as <u>Up to and Including</u>											
Gross or Net Income: ALL Age Groups as indicated below											
Is income calculated as gross or net income?		<input type="checkbox"/>		Gross Income		Is income calculated as gross or net income?		<input checked="" type="checkbox"/>		Gross Income	
		<input checked="" type="checkbox"/>		Income Net of Disregards				<input type="checkbox"/>		Income Net of Disregards	
Eligibility						From	0	%	200	%	%
						From	201	%	250	%	%
	From	133	%	200	%	From	201	%	250	%	%
	From	133	%	200	%	From	201	%	250	%	%
	From	100	%	200	%	From	201	%	250	%	%

Is presumptive eligibility provided for children?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input type="checkbox"/>	<p>Yes - Please describe below:</p> <p>For which populations (include the FPL levels) [1000]</p> <p>Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period [1000]</p> <p>Brief description of your presumptive eligibility policies [1000]</p>

<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
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Is retroactive eligibility available?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes, for whom and how long? All children are eligible for three months prior to their date of application.	<input checked="" type="checkbox"/>	Yes, for whom and how long? Louisiana has two programs that operate as a separate Child Health Programs. 1. LaCHIP Phase IV, provides prenatal care to pregnant women otherwise ineligible for Medicaid through the SCHIP Unborn Option. For LaCHIP Phase IV, all children are eligible for up to three months, but no earlier than conception, prior to their date of application. 2. LaCHIP Phase V, also known as the LaCHIP Affordable Plan, provides benefits to children in families with income between 201-250% FPL. With the LaCHIP Affordable Plan, retroactive eligibility is not available.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input checked="" type="checkbox"/>	No
			<input type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program on-line?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes – please check all that apply	<input checked="" type="checkbox"/>	Yes – please check all that apply

	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in	
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input checked="" type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	
	<input checked="" type="checkbox"/>	Electronic signature is required	<input checked="" type="checkbox"/>	Electronic signature is required	
			<input type="checkbox"/>	No Signature is required	
<input type="checkbox"/>	N/A		<input type="checkbox"/>	N/A	

Does your program require a face-to-face interview during initial application	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes	
	Specify number of months		Specify number of months		
			12		
			<p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>The wait period applies to the LaCHIP Affordable Plan, 200 - 250% FPL. The wait period does not apply to the Unborn Option.</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <p>1. Lost insurance due to divorce or death of parent 2. Lifetime maximum reached 3. COBRA coverage ends 4. Insurance ended due to lay-off or business closure 5. Changed jobs; new employer does not offer dependent coverage 6. Employer no longer provides dependent coverage. 7. Monthly family premium exceeds 10% of gross income.</p>		
<input type="checkbox"/>	N/A		<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes

insurance status?			If yes, what database? [1000] Our TPL contractor has data match agreements with the carriers. The contractor uses their proprietary matching techniques to determine if private insurance coverage exists for our clients. If determined they do, follow up is conducted by eligibility worker at renewal and steps are taken to close the SCHIP Case if information is proven accurate.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No		
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes		
	Specify number of months		12	Specify number of months		12
	Explain circumstances when a child would lose eligibility during the time period in the box below			Explain circumstances when a child would lose eligibility during the time period in the box below		
	Family moves out of state, death, child reaches age 19, requests closure, or children originally ineligible and certified under fraudulent or misleading circumstances.			Family moves out of state, death, fails to pay premiums, child reaches age 19, requests closure, or children originally ineligible and certified under fraudulent or misleading circumstances.		
<input type="checkbox"/>	N/A		<input type="checkbox"/>	N/A		

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No		
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes		
	Enrollment fee amount		Enrollment fee amount			0
	Premium amount		Premium amount			50
	Yearly cap		Yearly cap			
	If yes, briefly explain fee structure in the box below			If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)		
				The unborn option has no enrollment fee amounts, premium amount, or yearly cap. The LaCHIP Affordable Plan (Phase V) does charge a \$50 per family, per month premium to enroll all eligible children. The yearly Cap is calculated as 5% of the family's gross income.		
<input type="checkbox"/>	N/A		<input type="checkbox"/>	N/A		

Does your program impose copayments or coinsurance?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards? (Note: if you checked off net income in the eligibility question, you must complete this question)	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below [1000]		If Yes, please describe below [1000]	
	Louisiana utilizes the standard Medicaid income deductions for children in our SCHIP Medicaid expansion program including: \$90 for each working parent, \$50 of all child support received, All child support paid outside of the home, and \$175/\$200 for child care expenses.		For the SCHIP Unborn Option, Louisiana utilizes the standard Medicaid income deductions for children in our SCHIP Medicaid expansion program including: \$90 for each working parent, \$50 of all child support received, all child support paid outside of the home, and \$175/\$200 for child care expenses. Gross income between 200-250% of the FPL would be disregarded when determining the eligibility for LaCHIP Phase V (LaCHIP Affordable Plan). Gross income between 200-250% of the FPL would be disregarded when determining the eligibility for LaCHIP Phase V (LaCHIP Affordable Plan).	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Which delivery system(s) does your program use?	<input type="checkbox"/>	Managed Care	<input type="checkbox"/>	Managed Care
	<input checked="" type="checkbox"/>	Primary Care Case Management	<input type="checkbox"/>	Primary Care Case Management
	<input type="checkbox"/>	Fee for Service	<input checked="" type="checkbox"/>	Fee for Service
	Please describe which groups receive which delivery system [500]		Please describe which groups receive which delivery system [500] Louisiana's Unborn Option uses the Medicaid Model delivery system for benefits. For LaCHIP Phase V (LaCHIP Affordable Plan), benefits are provided via third party contract with the State Employees Health Plan.	

Is a preprinted renewal form sent prior to eligibility expiring?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes

	<input type="checkbox"/> We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/> We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/> We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/> We send out form but do not require a response unless income or other circumstances have changed
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

Enter any Narrative text below. [7500]

Comments on Responses in Table:

- 2. Is there an assets test for children in your Medicaid program? Yes No N/A
- 3. Is it different from the assets test in your separate child health program? Yes No N/A
- 4. Are there income disregards for your Medicaid program? Yes No N/A
- 5. Are they different from the income disregards in your separate child health program? Yes No N/A
- 6. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program? Yes No N/A
- 7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and SCHIP? Yes No N/A

8. Indicate what documentation is required at initial application

	Self-Declaration	Self-Declaration with internal verification	Documentation Required
Income	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insured Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9. 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)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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b) Application

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c) Application documentation requirements

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d) Benefit structure

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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e) Cost sharing (including amounts, populations, & collection process)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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f) Crowd out policies

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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g) Delivery system

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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i) Eligibility levels / target population

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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j) Assets test in Medicaid and/or SCHIP

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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k) Income disregards in Medicaid and/or SCHIP

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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l) Eligibility redetermination process

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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m) Enrollment process for health plan selection

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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n) Family coverage

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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o) Outreach (e.g., decrease funds, target outreach)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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p) Premium assistance

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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q) Prenatal Eligibility expansion

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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r) Waiver populations (funded under title XXI)

Parents

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Pregnant women

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Childless adults

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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t) Other – please specify

a.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. For each topic you responded yes to above, please explain the change and why the change was made, below:

<p>a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)</p>	
<p>b) Application</p>	<p>Since the Medicaid Expansion and Separate Child Health program share the same application, it was revised to incorporate questions required for determining eligibility for the new LaCHIP Phase V (LaCHIP Affordable Plan).</p> <p>Our SCHIP Application was revised to include information regarding the new LaCHIP Phase V (LaCHIP Affordable Plan). The application also had to capture information regarding insurance that may have ended in the past 12 months. This was needed due to the 12 month uninsured wait period for LaCHIP Phase V. The application was also revised to capture whether or not an applicant is Alaskan Native or American Indian and part of a federally recognized tribe in order to exempt from cost sharing.</p>
<p>c) Application documentation requirements</p>	<p>Information required to grant an exception to the one year uninsurance period for LaCHIP Phase V is required. This may include verification of the cost of an employer sponsored insurance plan, or official documentation proving the reason a policy was terminated. Applicants claiming to be members of a federally recognized American Indian tribe or Alaskan Native may have to provide documentation in order to enroll without cost sharing.</p>
<p>d) Benefit structure</p>	<p>For the LaCHIP Phase V (LaCHIP Affordable Plan), a Third Party Administrator agreement was made with the Louisiana State Employees Health Plan for premium collection and benefits administration. The plan closely resembles coverage equal to that available to Louisiana State employees where service limits, premiums, copays, and deductibles apply.</p>
<p>e) Cost sharing (including amounts, populations, & collection process)</p>	<p>For LaCHIP Phase V a \$50 per family, per month premium is charged for enrollment. The invoicing and premium collection process is administered through a Third Party administrator, the LA State Employees Health Plan. Recipients also pay 50% of the cost of a prescription, up to a maximum of \$50 per prescription. Copays that equal 10% of the contracted rate for a medical service are charged for most services. Emergency Room services require a \$150 copay unless the patient is admitted.</p>
<p>f) Crowd out policies</p>	<p>The LaCHIP Phase V Plan requires recipients be uninsured for one year prior to certification, unless an exception for involuntary loss of coverage is met. Also, those with access to the State Employees Health Plan are not eligible.</p>

g) Delivery system	For the LaCHIP Phase V (LaCHIP Affordable Plan), a Third Party Administrator agreement was made with the Louisiana State Employees Health Plan for premium collection and benefits administration. The plan closely resembles coverage equal to that available to Louisiana State employees where premiums, copays, and deductibles apply.
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	LaCHIP Phase V was implemented in June 2008 to offer benefits to children with family income between 201-250% FPL.
j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	LaCHIP Phase V eligibility does not consider any income disregards. Eligibility is based on gross income.
l) Eligibility redetermination process	Telephone renewals have been allowed, which now account for 41% of SCHIP renewals. Recipients are also allowed to complete a renewal form via a web based portal.
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	<p>Act 407 of the Louisiana Legislature which expanded eligibility also provided funding for a marketing contract as well as a state conference to bring together outreach partners and state staff. It also provided other outreach tools.</p> <p>Act 407 of the Louisiana Legislature which expanded eligibility also provided funding for a marketing contract as well as a state conference to bring together outreach partners and state staff. It also provided other outreach tools.</p>
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	<p>Fraud and Abuse for the recently implemented LaCHIP Phase V (LaCHIP Affordable Plan) are handled by our third party administrator, the state employees health plan. Every employee referral, hotline referral, website referral, or provider referral are reviewed by the Director of Fraud and Abuse to determine the legitimacy of the information. Review includes review of claims data and/or data mining activities.</p>
t) Other – please specify	
a.	
b.	
c.	

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

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 is 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, data from the previous two years' annual reports (FFY 2006 and FFY 2007) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. 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 2008). 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 2008.
- Final: Check this box if the data you are reporting are considered final for FFY 2008.

- 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® 2007). 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) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the 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 2009, 2010, and 2011. Based on your recent performance on the measure (from FFY 2006 through 2008), 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 2006	FFY 2007	FFY 2008
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> MMIS</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> MMIS</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of June 30, 2006, the number of unique recipients who were enrolled for at least 14 of the last 15 months who had zero, one, two, three, four, five, or six or more well-care visits in their first 15 months of life.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2007, the number of unique recipients who were enrolled for at least 14 of the last 15 months who visited primary care practitioners at least once (twice, three times, four times, five times or six or more times) in their first 15 months of life.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2008, the number of unique recipients who were enrolled for at least 14 of the last 15 months who visited a primary care practitioner at least once (twice, three times, four times, five times, six times, or more times) in their first 15 months of life.</p>
<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2006	FFY 2007	FFY 2008
<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 1807 Denominator: 40223 Rate: 4.5</p> <p><u>4 visits</u> Numerator: 5363 Denominator: 40223 Rate: 13.3</p> <p><u>1 visit</u> Numerator: 1932 Denominator: 40223 Rate: 4.8</p> <p><u>2 visits</u> Numerator: 2890 Denominator: 40223 Rate: 7.2</p> <p><u>3 visits</u> Numerator: 3852 Denominator: 40223 Rate: 9.6</p> <p>Additional notes on measure: As children under 19 enrolled in Medicaid are included in this data set, we believe that a percentage of the total number with 0 visits are likely those recipients with TPL. Since Medicaid serves as only a payer of last resort, we suspect that Medicaid children who have TPL don't have administrative claims data on the MMIS because of reimbursement policy. We will further analyze data to make this determination during FFY07 and plan to have more to report in next year's annual report.</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 1677 Denominator: 36399 Rate: 4.6</p> <p><u>4 visits</u> Numerator: 4622 Denominator: 36399 Rate: 12.7</p> <p><u>1 visit</u> Numerator: 1928 Denominator: 36399 Rate: 5.3</p> <p><u>2 visits</u> Numerator: 2618 Denominator: 36399 Rate: 7.2</p> <p><u>3 visits</u> Numerator: 3279 Denominator: 36399 Rate: 9</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 1309 Denominator: 38972 Rate: 3.4</p> <p><u>4 visits</u> Numerator: 4740 Denominator: 38972 Rate: 12.2</p> <p><u>1 visit</u> Numerator: 1466 Denominator: 38972 Rate: 3.8</p> <p><u>2 visits</u> Numerator: 2134 Denominator: 38972 Rate: 5.5</p> <p><u>3 visits</u> Numerator: 3095 Denominator: 38972 Rate: 7.9</p> <p>Additional notes on measure: As children under 19 enrolled in Medicaid are included in this data set, we believe that a percentage of the total number with 0 visits are likely those recipients with TPL. Since Medicaid serves as only a payer of last resort, we suspect that Medicaid children who have TPL don't have administrative claims data on the MMIS because of reimbursement policy. We also began capturing FQHC/RHC claims for inclusion in our 2008 data.</p>
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The provider rate increases implemented in SFY07 and SFY08 caused an improvement for this objective. Other initiatives to raise awareness as to the importance of well-child visits and targeted reviews of children have decreased the number of children with zero visits from 4.5% to 3.4% in FFY08.

What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? A rate increase for providers that was implemented in 2007 and 2008 may have contributed to increased performance. A Pay for Performance (P4P) rewards systems was implemented and for the past two years, we have rewarded Primary Care Physicians/Pediatricians, who are enrolled in the CommunityCARE program, for participating in the immunization program. Further, those physicians who have high outcomes in terms of the number of children who receive immunizations received additional compensation.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2009: By FFY 09, we are hopeful to have increased our PFP initiatives and build upon the other quality initiatives already in place. In addition to these, we will perform targeted reviews of those children who have had zero visits per the HEDIS reporting data and work to intervene in order to maintain the percentage below 3.5% in FFY 09. We also hope to increase the number of 6+ well child visits to 51.8% in FFY 09 in an effort to move toward the HEDIS national mean for Medicaid.

Annual Performance Objective for FFY 2010: By FFY 10, we are hopeful to have increased our PFP initiatives and build upon the other quality initiatives already in place. In addition to these, we will perform targeted reviews of those children who have had zero visits per the HEDIS reporting data and work to intervene in order to maintain the percentage below 3.5% in FFY 10. We also hope to increase the number of 6+ well child visits to 52.8% in FFY 10 in an effort to move toward the HEDIS national mean for Medicaid.

Annual Performance Objective for FFY 2011: By FFY 11, we are hopeful to have increased our PFP initiatives and build upon the other quality initiatives already in place. In addition to these, we will perform targeted reviews of those children who have had zero visits per the HEDIS reporting data and work to intervene in order to reduce the percentage below 3.5% in FFY 11. We also hope to increase the number of 6+ well child visits to 53.8% in FFY 11 in an effort to move toward the HEDIS national mean for Medicaid.

Explain how these objectives were set: A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.

Other Comments on Measure: Claims data from Separate SCHIP (LaCHIP Phase V) is too new as the program was only implemented in June 2008 and not available for inclusion in this measure yet. Data for other phases of LaCHIP is based on March 2008, before the new program began.

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

FFY 2006	FFY 2007	FFY 2008
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> MMIS</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> MMIS</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of June 30th, 2006, the number of children who had at least one well-child visit during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2007, the number of children who had at least one well-child visit during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2008, the number of children who had at least one well child visit during the measurement year.</p>
<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 75245</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 76750</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 81972</p>

FFY 2006	FFY 2007	FFY 2008
<p>Denominator: 143769 Rate: 52.3</p> <p>Additional notes on measure: Ten months of this reporting period fell in the immediate aftermath of Hurricane Katrina and thus was likely responsible for a decline from the rates in FFY05 for this measure. We also believe the TPL issue we described for children in the first 15 months of life is a part of the issue relative to a number of children having no well child visits. We plan to evaluate and revise policies that may currently discourage well child screenings to occur during the same date of service as sick visits.</p>	<p>Denominator: 130961 Rate: 58.6</p> <p>Additional notes on measure: The agency is also exploring the impact of these services performed in rural health clinics and FQHCs which may not be captured in this measure because of current billing procedures.</p>	<p>Denominator: 134941 Rate: 60.7</p> <p>Additional notes on measure: We began capturing FQHC/RHC claims for inclusion in our 2008 data.</p>

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

FFY 2006	FFY 2007	FFY 2008
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The 2008 goal of 57.55% for this measure was met and exceeded by 3.15% to 60.7%</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? A rate increase for providers that was implemented in 2008 may have contributed to increased performance. Additional initiatives, including the push for childhood immunizations of school age children by the Office of Public Health may have contributed to this increase.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: In FFY 2009 we hope to increase the rate of well-care visits by adolescents by 2% to 62.7% in an effort to move toward the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2010: In FFY 2010 we hope to increase the rate of well-care visits by adolescents to by 2% to 64.7% in an effort to move toward the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2011: In FFY 2011 we hope to increase the rate of well-care visits by adolescents to by 2% to 66.7% in an effort to move toward the HEDIS national mean for Medicaid.</p> <p><i>Explain how these objectives were set:</i> A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.</p>		
<p>Other Comments on Measure:</p>		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2006	FFY 2007	FFY 2008
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> MMIS</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> MMIS</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of June 30, 2006, the number of recipients who meet the persistent asthma diagnosis for 2 years who have use the appropriate medications over the reporting period.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2007, the number of recipients who meet the persistent asthma diagnosis for two years who have the appropriate medications over the reporting period.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2008, the number of recipients who met the persistent asthma diagnosis for two years who have the appropriate medications over the reporting period.</p>
<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2006	FFY 2007	FFY 2008
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:</p> <p><u>10-17 years</u> Numerator: Denominator: Rate:</p> <p><u>Combined rate (5-17 years)</u> Numerator: 14308 Denominator: 16061 Rate: 89.1</p> <p>Additional notes on measure: As the HEDIS definition changed in the 2007 version to only capture those children with a persistent asthma diagnosis for the last 2 years rather than just the last 1 year, the denominator was significantly smaller in data reported for FFY06. In order to provide more useful data and trending, we will analyze the data provided for FFY05 using the HEDIS 2007 guidelines.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:</p> <p><u>10-17 years</u> Numerator: Denominator: Rate:</p> <p><u>Combined rate (5-17 years)</u> Numerator: 14424 Denominator: 15963 Rate: 90.4</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 6316 Denominator: 6747 Rate: 93.6</p> <p><u>10-17 years</u> Numerator: 5772 Denominator: 6260 Rate: 92.2</p> <p><u>Combined rate (5-17 years)</u> Numerator: 16751 Denominator: 18268 Rate: 91.7</p> <p>Additional notes on measure: Combined rate is for all children under 19 meeting the HEDIS criteria for comparison sake as this is what was used in past years. Beginning in FFY09, we will report on appropriate age numbers for all three categories as we will have information for at least two points in time for comparison.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? We were hoping to continue utilizing initiatives to increase the use of appropriate medications for children with asthma to 92%. While we improved significantly since FFY07, we fell short of our ambitious goal by .03%, reaching 91.7% for 2008.

What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? We will continue our efforts to improve outcomes for children with asthma including: 1) offering CEU for nurses/asthma management, 2) pilot phase of performing Quality Reviews specific to asthma management based on the Chronic Care Model with provider offices, & 3) intervention with patients for education through telephone contact and follow up with PCP's.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2009: In FFY 09 we are hoping to continue utilizing these initiatives to maintain the current level of use of appropriate medications for children with asthma which is above the HEDIS national mean for Medicaid.

Annual Performance Objective for FFY 2010: In FFY 10 we are hoping to continue utilizing these initiatives to maintain the current level of use of appropriate medications for children with asthma which is above the HEDIS national mean for Medicaid.

Annual Performance Objective for FFY 2011: In FFY 11 we are hoping to continue utilizing these initiatives to maintain the current level of use of appropriate medications for children with asthma which is above the HEDIS national mean for Medicaid.

Explain how these objectives were set: A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2006	FFY 2007	FFY 2008
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2007</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> MMIS</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> MMIS</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of June 30, 2006, the number of unique recipients who visited PCPs by HEDIS defined age groups & who were enrolled for a certain number of prior months per age group as defined by HEDIS.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2007, the number of unique recipients who visited PCPs by HEDIS-defined age groups and who were enrolled for a certain number of prior months per age group as defined by HEDIS.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: As of March 30, 2008, the number of unique recipients who visited PCPs by HEDIS-defined age groups and who were enrolled for a certain number of prior months per age group as defined by HEDIS.</p>
<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>

FFY 2006	FFY 2007	FFY 2008																																																						
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 40182</td> <td>Numerator: 123611</td> </tr> <tr> <td>Denominator: 43820</td> <td>Denominator: 144359</td> </tr> <tr> <td>Rate: 91.7</td> <td>Rate: 85.6</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 142902</td> <td>Numerator: 163964</td> </tr> <tr> <td>Denominator: 178906</td> <td>Denominator: 194330</td> </tr> <tr> <td>Rate: 79.9</td> <td>Rate: 84.4</td> </tr> </table> <p>Additional notes on measure: On this measure, we plan to also continue investigating during FFY07 whether our reimbursement policy relative to payment of claims for children with TPL results in us having an artificially inflated number of kids showing up without a PCP visit.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 40182	Numerator: 123611	Denominator: 43820	Denominator: 144359	Rate: 91.7	Rate: 85.6	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 142902	Numerator: 163964	Denominator: 178906	Denominator: 194330	Rate: 79.9	Rate: 84.4	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 38195</td> <td>Numerator: 116278</td> </tr> <tr> <td>Denominator: 40053</td> <td>Denominator: 135481</td> </tr> <tr> <td>Rate: 95.4</td> <td>Rate: 85.8</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 139123</td> <td>Numerator: 152495</td> </tr> <tr> <td>Denominator: 162925</td> <td>Denominator: 179585</td> </tr> <tr> <td>Rate: 85.4</td> <td>Rate: 84.9</td> </tr> </table> <p>Additional notes on measure: We plan to also continue investigating during FFY08 whether our reimbursement policy relative to payment of claims for children with TPL results in our having an artificially inflated number of kids showing up without a PCP visit. The agency is also exploring the impact of these services performed in rural health clinics and FQHCs which may not be captured in this measure because of current billing procedures.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 38195	Numerator: 116278	Denominator: 40053	Denominator: 135481	Rate: 95.4	Rate: 85.8	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 139123	Numerator: 152495	Denominator: 162925	Denominator: 179585	Rate: 85.4	Rate: 84.9	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 42803</td> <td>Numerator: 122572</td> </tr> <tr> <td>Denominator: 44649</td> <td>Denominator: 138158</td> </tr> <tr> <td>Rate: 95.9</td> <td>Rate: 88.7</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator: 147340</td> <td>Numerator: 158596</td> </tr> <tr> <td>Denominator: 168499</td> <td>Denominator: 181032</td> </tr> <tr> <td>Rate: 87.4</td> <td>Rate: 87.6</td> </tr> </table> <p>Additional notes on measure: We began capturing FQHC/RHC claims for inclusion in our 2008 data.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 42803	Numerator: 122572	Denominator: 44649	Denominator: 138158	Rate: 95.9	Rate: 88.7	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator: 147340	Numerator: 158596	Denominator: 168499	Denominator: 181032	Rate: 87.4	Rate: 87.6
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FFY 2006	FFY 2007	FFY 2008
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? FFY 08 data shows rate increases for all age groups reported.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? A rate increase for providers that was implemented in 2008 may have contributed to increased performance. Additional initiatives, including the push for childhood immunizations of school age children by the Office of Public Health may have also contributed to this increase.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: In FFY 2009 we hope to maintain the rate of children's access to primary care practitioners as we are currently above the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2010: In FFY 2010 we hope to maintain the rate of children's access to primary care practitioners as we are currently above the HEDIS national mean for Medicaid.</p> <p>Annual Performance Objective for FFY 2011: In FFY 2011 we hope to maintain the rate of children's access to primary care practitioners as we are currently above the HEDIS national mean for Medicaid.</p> <p><i>Explain how these objectives were set:</i> A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.</p>		
<p>Other Comments on Measure:</p>		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

- 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 2007	FFY 2008	Percent change FFY 2007-2008
SCHIP Medicaid Expansion Program	152409	142691	-6.38
Separate Child Health Program	1877	5172	175.55

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

The enrollment increase in the Separate Child Health Program is the result of two factors. First, the Unborn (Phase IV) program began in May 2007 so the enrollment numbers reported in the FFY07 report were not based on a full year. Secondly, Phase V (LaCHIP Affordable Plan) began covering kids between 201-250% FPL in June 2008, increasing enrollment exponentially.

- 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 2005-2007. 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 2008 Annual Report Template.

Period	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	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	175	26.6	14.6	2.2
1998 - 2000	161	25.8	13.7	2.0
2000 - 2002	123	18.6	9.7	1.4
2002 - 2004	106	17.5	8.6	1.4
2003 - 2005	88	15.7	7.3	1.3

2004 - 2006	85	15.0	7.4	1.3
2005 - 2007	91	16.0	8.0	1.4
Percent change 1996-1998 vs. 2005-2007	-48.0%	NA	-45.2%	NA

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

The State of Louisiana has taken deliberate actions since the inception of LaCHIP to slowly but surely reduce the number of uninsured children. This data illustrates how effective the phased-in approach of eligibility expansion, focus on simplification of policies to keep children enrolled and consistently strong grassroots outreach efforts done by our eligibility staff have resulted in Louisiana being ahead of the curve on this very important healthcare indicator.

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

We believe that the estimates available through a small sample size are not adequate for tracking the rate of uninsured children in this state due to its being less populous. In order to obtain more reliable state specific data we commissioned a household insurance survey by our state's flagship university.

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)	Louisiana Health Insurance Survey conducted by the Louisiana State University Public Policy Research Lab
Reporting period (2 or more points in time)	Initial survey conducted during Summer 2003 and updated Summer 2005 and Summer 2007. The most recent data available comes from a quarterly update conducted in October 2008 of Parish Level Estimates.
Methodology	The 2007 Louisiana Health Insurance Survey (LHIS) is the third in a series of surveys designed to provide the most accurate and comprehensive assessment of Louisiana's uninsured populations possible. Each wave of the LHIS has been based on over 10,000 Louisiana households and 27,000 Louisiana residents, thus allowing for detailed estimates of uninsured populations for each of DHH's nine regions and across very specific subpopulations (e.g. African-American children under 200% of federal poverty). Each wave of the LHIS has also incorporated important improvements in methodology to assure that the survey results in this report reflect our best understanding of how to estimate uninsured populations. The 2005

	<p>LHIS, for example, included a survey of Medicaid recipients and corresponding adjustments to the final uninsured estimates to account for the Medicaid bias. The 2007 LHIS takes this another step forward by developing an innovative methodological tool to adjust uninsured estimates for the Medicaid undercount at the individual level. Importantly, the technique provides results comparable to the methodology utilized in the 2005 LHIS, but has the advantage of adjusting the data based on individual-level probabilities that Medicaid eligible respondents have misreported as uninsured.</p> <p>To assure reporting is as accurate as possible, initial respondents are screened to make sure they are the most knowledgeable person in the household about family health care and health insurance. Once the most knowledgeable person in the household has been selected, respondents are asked to identify all members of the household and a series of questions asking to identify all members of the household and a series of questions asking whether members of the household are covered by particular types of insurance, purchased insurance, Medicaid, Medicare, or through the military. Respondents are asked to verify uninsured status for any individual not identified as having any form of coverage. Only household members who are identified as not having any form of coverage are included in the final estimate as uninsured.</p> <p>The initial sampling strategy was designed to generate responses from 10,000 Louisiana households with at least 65 households from each parish and 800 households from each DHH region. To assure adequate sampling of minority and poor residents, an over sample of 1,000 respondents from telephone prefixes where the median income was below the statewide median and where the minority population was 30 percent or greater was also conducted. Because of the large population shifts in the New Orleans area, an oversample of 500 households from Orleans Parish was also put into place.</p> <p>Because of the sampling design employed, the probability of being selected into the final sample was dependent on the parish in which the respondent resided. To account for this, the results were weighted to adjust for sampling differences across parishes. Specifically, the sampling weight was constructed as the parish population divided by the number of individuals sampled in the parish. Because differences in response rates among different segments of the population may also result in biased estimates of uninsured rates, the data were also weighted based on demographic characteristics where sample estimates do not closely mirror census-based population estimates. In the 2007 LHIS, results are weighted to account for the most recent estimates of statewide population available, July 2006 U.S. Census Estimates. Importantly, these estimates account for post-hurricane population shifts and reflect the best estimates available of current population. A comparison of unweighted and weighted sample estimates to census data is provided in Table 3. As can be seen in Table 3, the estimates provided by the 2007 LHIS nicely match the population estimates from the U.S. census.</p> <p>As a final adjustment, uninsured estimate are adjusted to account for the wide Medicaid bias. A long line of empirical research has demonstrated that Medicaid recipients often misreport their insurance status. Our greatest concern in the current report is the extent that they misreport as uninsured. In this situation, estimates of uninsured populations would be biased upward and the estimates of Medicaid populations would be biased downward. The results presented in this report have been adjusted to account for this bias. The methodology used to make these adjustments is fully described in a working paper</p>
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	(Barnes, Goidel, and Terrell 2007). The methodology is an improvement over the methodology used in the 2005 report in that the current adjustments account for the probability that any given individual eligible for Medicaid misreported their insurance status, whereas the previous technique made aggregate adjustments to insurance status based on levels of misreporting. It is important to note that the methodology used in 2005 is consistent with other research that had adjusted for misreporting, that the 2007 procedure reflects a step forward in this area, and that the difference between these two procedures are often small.
Population (Please include ages and income levels)	All Louisiana households, 2006 Census Population Estimate -- 4,287,768
Sample sizes	10,051 Louisiana households representing health insurance status on 28,138 individuals including 8,339 children under age 19.
Number and/or rate for two or more points in time	11.1% of all children were uninsured in 2003. This number decreased to 7.6% 2005, and to 5.4% in 2007. In March 2008, 5.5% of all children were identified as uninsured.
Statistical significance of results	Estimates for uninsured children are based on 8,339 Louisiana children (under 10). The margin of error for a sample of this size is +/- 1.07 percentage points.

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

Prior to this study, estimates of the number of non-elderly uninsured in Louisiana were based on Current Population Survey's March Supplement. While the CPS estimates have been invaluable as the only consistent longitudinal, statewide estimates of the uninsured, they have historically been limited in terms of the overall sample size for any given state and the geographical distribution of respondents. The CPS has since addressed some of these concerns by increasing the number of households included in the sample and diversifying the strata from which these households are drawn. CPS includes approximately 2000 households from Louisiana. While the increase in sample size makes the CPS a better estimate of statewide uninsured populations, it remains limited in its capacity to generate regional and parish-level estimates.

This study also addressed what health researchers have long known—that a substantial proportion of Medicaid enrollees misreport their insurance status, often reporting themselves (or their families) as uninsured or as having private insurance. The consequence of this undercount is that survey-based estimates of the uninsured often include respondents who are actually covered through Medicaid or LaCHIP. That is, they overstate uninsured rates. Because Louisiana has a high proportion of respondents on Medicaid, particularly children enrolled in Medicaid or LaCHIP, the consequences of the Medicaid undercount are likely to be more substantial in Louisiana (and in other Southern states) than has been reported in the existing literature.

Aside from the methodological improvements, the timing of the 2007 LHS adds greatly to its significance. The 2007 LHS reflects the most comprehensive effort since the 2005 hurricanes to gauge how changes in population shifts and post-hurricane economic growth have affected the state's uninsured populations. The most obvious impact is the loss of state population, particularly in the New Orleans area. According to current July 2006 Census estimates, Louisiana lost 4.9 percent of its population. Most of this loss was from Orleans Parish where population declined by over 50 percent to approximately 228,782 residents. Since most of the population "permanently" displaced to other states was relatively poor, one would expect a net decline in uninsured rates. Less obvious is how changes in population within Louisiana may have affected uninsured rates, particularly at the regional level. For example, the population of East Baton Rouge Parish increased by 4.7 percent (or 19,264 residents).

The 2007 LHS has been designed to provide the best possible estimate of uninsured populations statewide, within each of the nine Department of Health and Hospitals regions, and across key demographic characteristics.

- 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.)

Overall, there is consistent and compelling evidence that the decline in the number of uninsured children is largely related to the increase in the number of children covered by LaCHIP or Medicaid. Given the sample sizes, we have more confidence in the regional estimates and scaled the parish-level estimates so that the regional totals match those from the full report. In terms of methodology, the 2007 LHIS improves upon work from the 2005 LHIS. The net effect of these changes is to provide more conservative (higher) and more accurate initial estimates of the uninsured. Our confidence in survey research resides not in individual point estimates but rather in confidence intervals around which we can be reasonably certain the true population parameter resides. The 2007 Survey was designed in such a way as to assure large samples by regional demographic characteristics such that we could have reasonably high confidence in our estimates. Quarterly updates of this survey also ensure the most recent and relevant data is available.

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

None that we are aware of at this time.

- D. How does your State use this alternate data source in SCHIP program planning?

State officials plan to use the data from this survey to target hard-to-reach eligible children for enrollment into LaCHIP, while at the same time make informed decisions about how to focus on policy to build coverage options for those subsets of children who remain uninsured.

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

During this reporting period, October 2007 to September 2008, there has been a net increase in enrollment of children in Title XIX by 11,628, bringing the statewide enrollment total to 529,429. There was also a growth in the enrollment of SCHIP children under Title XXI by 13,559 children, bringing the statewide enrollment total to 124,578. These enrollment figures come from two reports: Recipient CHIP Quarterly Statistic Report and Children Under 19 Recipient Statistic Report, both of which come from the mainframe and are run monthly by Production Control at Unisys.

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. (If your goals reported in the annual report now differ from Section 9 of your SCHIP state plan, please indicate how they differ in "Other Comments on Measure." Also, the state plan should be amended to reconcile these differences). The format of this section provides 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, report data from the previous two years' annual reports (FFY 2006 and FFY 2008) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. 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 2008).

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. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

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 2008.
- Final: Check this box if the data you are reporting are considered final for FFY 2008.
- 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® 2008). 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 (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the 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. Any quality improvement activity described should involve the SCHIP program, benefit SCHIP enrollees, and relate to the performance measure and your progress. An example of a quality improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. SCHIP would either be the primary lead or substantially involved in the project. 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 2009, 2010 and 2011. Based on your recent performance on the measure (from FFY 2006 through 2008), 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, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the SCHIP state plan.

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

FFY 2006	FFY 2007	FFY 2008
<p>Goal #1 (Describe) Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for LaCHIP. Identify and enroll a net addition of 2,000 uninsured eligible children by Oct.1, 2006 in Title XXI SCHIP.</p>	<p>Goal #1 (Describe) Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for LaCHIP. Prevent a reduction of the number of children covered as of the end of FFY06 thus increasing the number of uninsured eligible children by Oct. 1, 2007.</p>	<p>Goal #1 (Describe) Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for LaCHIP. Identify and enroll a net addition of 4,500 uninsured eligible children by Oct. 1, 2008 in Title XXI SCHIP.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Goal revised to more accurately account for anticipated growth in FFY06 taking the known factors into account.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>
<p>Performance Measurement Data: Described what is being measured: Net change of children enrolled in LaCHIP at a point in time. Subtract the number of children enrolled at the end of FFY06 by the number enrolled in LaCHIP at the end of FFY05. The goal for increased FFY 06 (2,000) was based on the last six months of FFY05. Actual enrollment declined by 1,100. Numerator: Denominator: Rate: Additional notes on measure: FFY06 was the first year in the</p>	<p>Performance Measurement Data: Described what is being measured: Net change of children enrolled in LaCHIP at a point in time. Subtract the number of children enrolled at the end of FFY06 by the number enrolled in LaCHIP at the end of FFY05. The goal for stabilizing enrollment in FFY 07 to prevent further reductions was based on the last six months of FFY06 due to the impact of population shifts in the aftermath of Hurricane Katrina. Actual enrollment increased by over 4,000. Numerator: Denominator: Rate:</p>	<p>Performance Measurement Data: Described what is being measured: Net change of children enrolled in LaCHIP at a point in time. Subtract the number of children enrolled at the end of FFY07 from the number enrolled in LaCHIP at the end of FFY08. Actual enrollment increased by 13,559. Numerator: Denominator: Rate: Additional notes on measure: Continued aggressive outreach to potentially eligible children as well as the stabilization of</p>

FFY 2006	FFY 2007	FFY 2008
<p>program's existence that we experienced a reversal in helping to reduce the rate of uninsured children by increasing enrollment in LaCHIP. There are two reasons we identify for this: 1) out-migration of many existing LaCHIP eligibles as a result of Hurricanes Katrina & Rita & 2) The requirements of the DRA Citizenship/Identity verifications requirements have made it difficult for many U.S. citizen children to prove they meet the criteria to maintain or obtain LaCHIP.</p>	<p>Additional notes on measure: A reinvigorated outreach effort was pushed by the state after the largest dip in LaCHIP enrollment since the program's inception in 12/06. A reduction of nearly 5,500 LaCHIP children was due to the resumption of renewal process in Metro New Orleans for the first time since Katrina. Multiple initiatives include community blitzes (see outreach section of report) resulting in enrollment gains to more than negate losses related to this and other DRA Citizenship & Identity verification requirements.</p>	<p>the Unborn (Phase IV) program and implementation of Phase V (LaCHIP Affordable Plan) have contributed to the steady enrollment increases.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? We far exceeded our goals by increasing enrollment of LaCHIP children by 4,000 despite drastic reductions out of our control in Q1 of FFY07.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? We far exceeded our goals by increasing enrollment of LaCHIP children by 13,559 due to continued aggressive outreach and increasing numbers in the Unborn (Phase IV) and Phase V (LaCHIP Affordable Plan) programs.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Prevent a reduction of the number of children covered as of the end of FFY06 thus increasing the number of uninsured eligible children by Oct. 1, 2007.</p> <p>Annual Performance Objective for FFY 2008: Identify and enroll a net addition of 2,250 uninsured eligible children by Oct. 1, 2008 in Title XXI SCHIP.</p> <p>Annual Performance Objective for FFY 2009: Identify and enroll a net addition of 2,250 uninsured eligible children by Oct. 1, 2009 in Title XXI SCHIP.</p> <p><i>Explain how these objectives were set:</i> Known factors for FFY07 will result in enrollment reductions still related to the aftermath of Hurricanes Katrina & Rita which are out of our control. The rate of increases projected for FFY08 & FFY09 are based on the trends of enrollment growth prior to the hurricanes.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Identify and enroll a net addition of 4,500 uninsured eligible children by Oct. 1, 2008 in Title XXI SCHIP.</p> <p>Annual Performance Objective for FFY 2009: Identify and enroll a net addition of 4,500 uninsured eligible children by Oct. 1, 2009 in Title XXI SCHIP.</p> <p>Annual Performance Objective for FFY 2010: Identify and enroll a net addition of 2,250 uninsured eligible children by Oct. 1, 2010 in Title XXI SCHIP.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Identify and enroll a net addition of 4,500 uninsured eligible children by Oct. 1, 2009 in Title XXI SCHIP.</p> <p>Annual Performance Objective for FFY 2010: Identify and enroll a net addition of 3,000 uninsured eligible children by Oct. 1, 2010 in Title XXI SCHIP.</p> <p>Annual Performance Objective for FFY 2011: Identify and enroll a net addition of 1,500 uninsured eligible children by Oct. 1, 2011 in Title XXI SCHIP.</p> <p><i>Explain how these objectives were set:</i> These objectives were set based on a proportion of remaining uninsured kids in this income group per the LHIS which we are targeting to add every fiscal year.</p>

FFY 2006	FFY 2007	FFY 2008
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?

FFY 2006	FFY 2007	FFY 2008
<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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 2006	FFY 2007	FFY 2008
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?

FFY 2006	FFY 2007	FFY 2008
<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment

FFY 2006	FFY 2007	FFY 2008
<p>Goal #1 (Describe)</p>	<p>Goal #1 (Describe)</p>	<p>Goal #1 (Describe) Increase enrollment of kids in LaCHIP Affordable Plan (Phase V).</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Our goals for increasing SCHIP Enrollment are covered in Objective Related to Reducing the Number of Uninsured Children.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Our goals for increasing SCHIP Enrollment are covered in Objective Related to Reducing the Number of Uninsured Children.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Increase enrollment in separate SCHIP for children between 201-250% FPL at a point in time. Subtract the number of children enrolled in separate SCHIP at the end of FFY08 from the number enrolled in separate SCHIP at the end of FFY09. Numerator: Denominator: Rate: Additional notes on measure:</p>

FFY 2006	FFY 2007	FFY 2008
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? This is a new Annual Performance Objective. Therefore, there is nothing available in the 2007 Annual Report for comparison.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Increase enrollment in separate SCHIP for children between 201-250% FPL. Identify and enroll a net addition of 3,500 uninsured eligible children by Oct. 1, 2009 in Title XXI SCHIP.</p> <p>Annual Performance Objective for FFY 2010: Identify and enroll a net addition of 1,000 uninsured eligible children by Oct. 1, 2010 in Title XXI SCHIP.</p> <p>Annual Performance Objective for FFY 2011: Identify and enroll a net addition of 500 uninsured eligible children by Oct. 1, 2011 in Title XXI SCHIP.</p> <p><i>Explain how these objectives were set:</i> These objectives were set based on a proportion of remaining uninsured kids in this income group per the LHS which we are targeting to add every fiscal year.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to SCHIP Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?

FFY 2006	FFY 2007	FFY 2008
<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to SCHIP Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?

FFY 2006	FFY 2007	FFY 2008
<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment

FFY 2006	FFY 2007	FFY 2008
<p>Goal #1 (Describe) Continue aggressive outreach to the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 15,000 uninsured eligible children by Oct. 1, 2006 in Title XIX Medicaid programs.</p>	<p>Goal #1 (Describe) Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. As in LaCHIP, we are hopeful that we are able to maintain the enrollment level seen at the end of FFY06 by October 2007 without greater enrollment reductions.</p>	<p>Goal #1 (Describe) Continue aggressive outreach to the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 15,000 uninsured eligible children by Oct. 1, 2009 in Title XIX Medicaid programs.</p>
<p>Type of Goal: <input type="checkbox"/> New/revISED. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revISED. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revISED. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>

FFY 2006	FFY 2007	FFY 2008
<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: For the first time since the inception of LaCHIP, we experienced a net decrease in enrollment of children covered by Medicaid. From the beginning to end of FFY the enrollment of children under the age of 19 in Medicaid dropped by 11,000. As in SCHIP enrollment this was a direct result of outmigration from Hurricanes Katrina & Rita as well as the loss of citizen children who failed to meet the new rigorous requirements of the DRA Citizenship/Identity verificant changes.</p>	<p>Performance Measurement Data: Described what is being measured: The goal to maintain enrollment levels as of the end of FFY06 during this enrollment period was based on the trends with enrollment reductions due to significant population shifts in Louisiana post-Katrina. Actual enrollment of children in Medicaid Under 19 as of September 30, 2006 is compared to enrollment on September 30, 2007.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: As anticipated we experienced a net decrease in enrollment of children covered by Medicaid in FFY07. Actual enrollment dropped by nearly 35,000. This was a result of outmigration from Hurricanes Katrina & Rita as well as the loss of citizen children who failed to meet the new rigorous requirements of the DRA Citizenship/Identity verificant changes in Q1 of FFY07. In fact, in the last three quarters of FFY07, Medicaid enrollment grew by over 20,000.</p>	<p>Performance Measurement Data: Described what is being measured: Net change of children enrolled in LaCHIP at a point in time. Subtract the number of children enrolled at the end of FFY08 from the number enrolled in Medicaid at the end of FFY07. Actual net enrollment increased by 25,187.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Due to factors out of our control we were unable to keep enrollment at the same levels it was at the end of FFY06. However, significant progress was made on increasing enrollment of Medicaid children in the last three quarters of FFY07 to negate many of those losses related to Katrina and the DRA that we anticipate to continue in FFY08.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? We far exceeded our goal by increasing enrollment of Title XIX Medicaid by 25,000 kids.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>

FFY 2006	FFY 2007	FFY 2008
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: As in LaCHIP, we are hopeful that we are able to maintain the enrollment level seen at the end of FFY06 by October 2007 without greater enrollment reductions.</p> <p>Annual Performance Objective for FFY 2008: Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 12,000 uninsured eligible children by Oct., 2008 in Title XIX Medicaid programs.</p> <p>Annual Performance Objective for FFY 2009: Continue to impact the rate of uninsured children in Louisiana through outreach and enrollment of families potentially eligible for Medicaid. Identify and enroll a net addition of 12,000 uninsured eligible children by Oct., 2009 in Title XIX Medicaid programs.</p> <p><i>Explain how these objectives were set:</i> For FFY07, there are factors out of our control related to outmigration that will likely impact Medicaid enrollment of children as projected. An approximate growth rate of 2% as seen pre-Katrina, would allow us to meet the targets set forth for FFY08 & FFY09</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Identify and enroll a net addition of 15,000 uninsured eligible children by Oct. 1, 2008 in Title XIX Medicaid programs.</p> <p>Annual Performance Objective for FFY 2009: Identify and enroll a net addition of 15,000 uninsured eligible children by Oct. 1, 2009 in Title XIX Medicaid programs.</p> <p>Annual Performance Objective for FFY 2010: Identify and enroll a net addition of 15,000 uninsured eligible children by Oct. 1, 2010 in Title XIX Medicaid programs.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Identify and enroll a net addition of (Medicaid eligible children shows increase of 10,000 uninsured eligible children by Oct. 1, 2009 in Title XIX Medicaid.</p> <p>Annual Performance Objective for FFY 2010: Identify and enroll a net addition of 7,500 uninsured eligible children by Oct. 1, 2010 in Title XIX Medicaid programs.</p> <p>Annual Performance Objective for FFY 2011: Identify and enroll a net addition of 5,000 uninsured eligible children by Oct. 1, 2011 in Title XIX Medicaid programs.</p> <p><i>Explain how these objectives were set:</i> These objectives were set based on a proportion of remaining uninsured kids in this income group per the LHis which we are targeting to add every fiscal year. Also, the weakening economy will likely mean a greater proportion of enrollees into Medicaid.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p>	Explanation of Progress: <p style="text-align: center;">How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p>	Explanation of Progress: <p style="text-align: center;">How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p>

FFY 2006	FFY 2007	FFY 2008
<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?

FFY 2006	FFY 2007	FFY 2008
<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2006	FFY 2007	FFY 2008
<p>Goal #1 (Describe) To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p>	<p>Goal #1 (Describe) To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p>	<p>Goal #1 (Describe) To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Consumer Assessment of Health Plans Survey (CAHPS®) methodologies as well as input from –program management were taken into account to meet particular needs of monitoring progress.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Consumer Assessment of Health Plans Survey (CAHPS®) methodologies as well as input from program management were taken into account to meet particular needs of monitoring progress.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Consumer Assessment of Health Plans Survey (CAHPS®) methodologies as well as input from program management were taken into account to meet particular needs of monitoring progress.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2005</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

FFY 2006	FFY 2007	FFY 2008
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Data reported for FFY06 is the same as FFY05 due to the fact that survey is only conducted bi-annually and will not be available until late 2007.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Data reported for FFY06 is the same as FFY05 due to the fact that survey is only conducted bi-annually and will not be available until Spring 2008 due to other priorities related to the impact of Hurricane Katrina which prevented this survey from being repeated as planned in 2007.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Data reported for FFY08 is the same as FFY05 and FFY06 due the survey only conducted bi-annually. The state is currently working to draft a new survey to be completed in the coming months.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p> <p>Annual Performance Objective for FFY 2008: To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p> <p>Annual Performance Objective for FFY 2009: To maintain a high level of recipient satisfaction with the medical home provided through Louisiana Medicaid's PCCM, CommunityCARE.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Still awaiting data from 2007 survey in order to complete response on this measure.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? We are still awaiting data from the upcoming survey in order to complete a response on this measure.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2006	FFY 2007	FFY 2008
<p>Goal #2 (Describe)</p>	<p>Goal #2 (Describe) To provide more LaCHIP and Medicaid children have annual dental exams by ensuring greater access to preventative dental services.</p>	<p>Goal #2 (Describe) To provide more LaCHIP and Medicaid children to have annual dental exams by ensuring greater access to preventative dental services.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> version 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of enrolled members 2-18 years of age who had at least one dental visit during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of enrolled members 2-21 years of age who had at least one dental visit during the measurement year.</p>
<p>Year of Data:</p>	<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 196158 Denominator: 497513 Rate: 39.4</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 212359 Denominator: 536621 Rate: 39.6</p> <p>Additional notes on measure: We began capturing FQHC/RHC claims for inclusion in our 2008 data.</p>

FFY 2006	FFY 2007	FFY 2008
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? N/A</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?N/A</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: In FFY 2008 we will strive for increased access to preventative dental care for members who are 2-18 years of age in order that at least 39% of members have at least one dental visit during the year. Annual Performance Objective for FFY 2009: In FFY 2009 we will strive for increased access to preventative dental care for members who are 2-18 years of age in order that at least 39.5% of members have at least one dental visit during the year.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The FFY 08 goal of 39% of members having at least one dental visit during the year was reached.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?A rate increase for providers that was implemented may have contributed to increased performance.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: In FFY 2009 we hope to increase the rate by 1% to 40.57% in an effort to move toward the HEDIS audit means for Medicaid. Annual Performance Objective for FFY 2010: In FFY 2010 we hope to increase the rate by 1% to 41.57% in an effort to move toward the HEDIS audit means for Medicaid.</p>

FFY 2006	FFY 2007	FFY 2008
	<p>Annual Performance Objective for FFY 2010: In FFY 2010 we will strive for increased access to preventative dental care for members who are 2-18 years of age in order that at least 40% of members have at least one dental visit during the year.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2011: In FFY 2011 we hope to increase the rate by 1% to 42.57% in an effort achieve toward the HEDIS audit means for Medicaid.</p> <p><i>Explain how these objectives were set:</i> A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
<p>Other Performance Measurement Data:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2006	FFY 2007	FFY 2008
<p>Goal #1 (Describe)</p>	<p>Goal #1 (Describe) Increase the number of well-care visits by adolescents to ensure preventative care is provided to this hard-to-reach age group.</p>	<p>Goal #1 (Describe) Increase the number of well-care visits by adolescents to ensure preventative care is provided to this hard-to-reach age group.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> version 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of enrolled members who were 12-21 years of age and who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of enrolled members who were 12-21 years of age and who had at least one comprehensive well-care visit during the measurement year.</p>
<p>Year of Data:</p>	<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 67427 Denominator: 204717 Rate: 32.9</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: 73294 Denominator: 213754 Rate: 34.3</p> <p>Additional notes on measure: We began capturing</p>

FFY 2006	FFY 2007	FFY 2008
		FQHC/RHC claims for inclusion in our 2008 data.
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? N/A.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: In FFY 2008 we hope to maintain the rate of well-care visits by adolescents to 32.5%. Annual Performance Objective for FFY 2009: In FFY 2009 we hope to increase the rate of well-care visits by adolescents to 33%.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? We exceeded our goal by not only maintaining our rate of 32.9%, but increasing it to 34.29%.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? A rate increase for providers that was implemented in 2008 may have contributed to increased performance.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: In FFY 2009 we hope to increase the rate of well-care visits by adolescents to by .5% to 34.79% in an effort to move toward the HEDIS national mean for Medicaid. Annual Performance Objective for FFY 2010: In FFY 2010 we hope to increase the rate of well-care visits by adolescents to by .5% to 35.29% in an effort to move toward the HEDIS national mean for Medicaid.</p>

FFY 2006	FFY 2007	FFY 2008
	<p>Annual Performance Objective for FFY 2010: In FFY 2010 we hope to increase the rate of well-care visits by adolescents to 33.5%.</p> <p><i>Explain how these objectives were set:</i> We plan to use the school-based health centers to make sure more adolescents have access to preventative care.</p>	<p>Annual Performance Objective for FFY 2011: In FFY 2011 we hope to increase the rate of well-care visits by adolescents to by .5% to 35.79% in an effort to move toward the HEDIS national mean for Medicaid.</p> <p><i>Explain how these objectives were set:</i> A workgroup of our clinical Medicaid staff and contractors was developed to advise SCHIP management on tracking these HEDIS measures and other quality indicators. The workgroup consists of nurses and pharmacists who are intimately involved in these initiatives and use their expertise to advise SCHIP management of the progress made and planned direction for these quality initiatives.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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?

None other than those outlined above.

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?

None.

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

No.

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

N/A

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

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? [7500]

Louisiana Medicaid has broadened outreach efforts during this past reporting period through expansion of the Outreach Blitz Campaign Model. This model uses a business to business approach coupled with on-site community enrollment events in a specific region or parish. These campaigns have been conducted in rural and urban areas around the state with positive results in all areas where it has been implemented. Experienced outreach workers from DHH along with Covering Kids & Families (CKF) staff and interested community partners have blanketed areas with this type of door to door outreach effort. During a Blitz, LaCHIP applications are distributed in counter top take one application holders.

Since the inception of the Blitz Model of outreach in the Greater New Orleans Area, outreach staff has revisited the area to reinforce the partnerships that were built in the original blitz. A full scale blitz was conducted in New Orleans during this reporting period. This effort allowed outreach workers to build partnerships with new businesses and organizations who have recently returned to the area. Blitz initiatives have been conducted in the rural areas of North and Southeast Louisiana with equally successful results. Not only has this type of initiative been successful at getting information about LaCHIP into the hardest to reach areas of the state but it has also served as a very successful public awareness tool.

Outreach staff has continued to work hard at building relationships with private businesses and employers throughout the state to deliver information about LaCHIP to their employees who either do not have access to private health insurance or cannot afford the coverage that is available to them. This has been accomplished through employee benefits fairs and also through direct distribution of applications and literature to new hires on an individual basis. Outreach workers have also been able to get payroll stuffers with LaCHIP information placed in employee pay check envelopes in businesses around the state. This same literature has been used for distribution at banks in rural areas around the state.

Funding for eleven Covering Kids & Families Regional Contractors to cover the entire state has been carried over. These agencies around the state are under contract to develop regional coalitions of stakeholders and conduct outreach initiatives, in collaborations with Regional DHH outreach staff. These regional coalitions have grown over this past reporting period and this was shown through the attendance at the Fall Louisiana Covering Kids & Families Statewide Coalition Meeting in which over two hundred community partners participated. Growth in these regional coalitions has been made possible by the work that the contractors are doing to build relationships with employers, non-profit organizations, school systems and faith based organizations in their respective coverage areas. The outreach efforts of these community based organizations augment those of our Medicaid Eligibility outreach staff.

The LaCHIP budget for the period beginning July 2008 provided funding for a major LaCHIP marketing campaign, a large LaCHIP outreach conference and many other initiatives to increase enrollment and retention of eligible children in LaCHIP and Medicaid.

Both CKF and Medicaid Eligibility outreach workers have been able to successfully promote the Public Access On-line application. The on-line application center allows potential clients to apply for LaCHIP and Medicaid coverage via the DHH website. Current clients can also update their contact information and request replacement Medicaid cards through the on-line application center. This has been done through the use of outstation equipment during regular outreach practices by the Medicaid staff. The CKF Contractors have built relationships with local government agencies and parish libraries to place shortcuts to the LaCHIP on-line application on public access computers in their service areas.

Another enhancement in statewide outreach practices in this reporting period is the involvement of a greater number of Medicaid Eligibility workers in outreach around the state. This involvement has been accomplished by continued encouragement from regional and state office management. Eligibility workers have also been able to see the results of their outreach efforts in higher enrollment numbers statewide and greater retention rates of children in LaCHIP and Medicaid in their service areas.

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?

Again this year DHH partnered with school systems in providing over 900,000 children with information about the program, piggy backing with the free/reduced lunch program in sending literature home. Effectiveness of this outreach is measured by monitoring the application origination report which gives outreach staff a view of how applications are received by potential clients.

Positive word of mouth outreach has continued to be an important method of getting information to potential clients. This has been accomplished by DHH and CKF Contractors conducting inservice trainings to non-profit organizations, faith based organizations, private employers and other government agencies. These trainings provide a clear, consistent message about LaCHIP and the benefits that the program has to offer. Effectiveness can be measured through increased enrollment in the program in areas of the state that have traditionally had higher uninsured rates for children and families.

3. Which of the methods described in Question 2 would you consider a best practice(s)? **[7500]**

Word of mouth outreach has continued to be a best practice for the LaCHIP program. Through greater awareness of the program and program benefits by community partners this will continue to increase enrollment and retention rates in LaCHIP and Medicaid.

4. 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? **[7500]**

The bilingual Strategic Enrollment Unit that services the Spanish and Vietnamese speaking populations around the state has continued to increase their outreach efforts. This unit is centrally located in Baton Rouge with one worker stationed in North Louisiana. Outreach to migrant farming communities has been conducted to increase awareness of LaCHIP and increase enrollment in LaCHIP and Medicaid for families who have traditionally perceived that they were not eligible for coverage in these programs. There continues to be a tremendous increase in the Spanish speaking community in the Greater New Orleans Area due to the growth of the construction industry in the area. Workers have conducted targeted outreach initiatives to these communities. One of these efforts was a recent soccer tournament that was hosted by Spanish radio stations and local Hispanic owned business which drew in several thousand participants.

Rural areas have been targeted with Outreach Blitz initiatives that have proved to be successful in these communities. During these campaigns several experienced Medicaid Eligibility outreach workers along with CKF staff members and community partners blanket a target area with business to business outreach efforts where LaCHIP applications are distributed and on-site enrollment events. This is an effective means of getting information about LaCHIP and Medicaid into the hands of potentially eligible clients in rural areas. It is also a great public relations tool. Communities see that they do not necessarily have to come to the local Medicaid office to apply for coverage or ask questions about their existing case, Medicaid staff will come to them where they live, shop and worship.

5. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

The percentage of uninsured children in the state of Louisiana who are eligible for but not enrolled in Medicaid or LaCHIP is 5.5%. This figure is down from 8.9% in 2005. In actual numbers of children this number is down from 83,669 children in 2005 to 41,595 children in 2007. This information was made available through the 2007 Louisiana Household Insurance Survey that was conducted by the Louisiana State University Public Policy Research Lab. A sampling of 10,000 households which included 27,000 Louisiana residents was used to calculate the percentage of uninsured children in Louisiana. A 2009 survey will be available next year to update this data.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

All states should answer the following question

1. Do you have substitution prevention policies in place?

- Yes
 No

If yes, indicate if you have the following policies:

- Imposing waiting periods between terminating private coverage and enrolling in SCHIP
 Imposing cost sharing in approximation to the cost of private coverage
 Monitoring health insurance status at the time of application
 Other, please explain **[7500]**

States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states should also answer this question if you have a point at which the state will implement or modify a current substitution policy should substitution levels become unacceptable.

2. Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy. **[7500]**

Louisiana implemented LaCHIP Phase V (LaCHIP Affordable Plan) in June 2008. For this program, all three of the substitution of coverage policies listed above are in place. There is a one year wait period between termination of private coverage and enrollment in LaCHIP Phase V, unless one of our hardship exemptions are met. The program also imposes a cost sharing mechanism that requires families to pay a \$50 per family per month premium for enrollment of children. Prescription and medical service co-payments are in effect. Health insurance status is monitored at the time of application through applicant questions. We also monitor through our agency's Third Party Liability program.

All States must complete the following 3 questions

3. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

Monthly reports provide data on application rejections. This enables the agency to track the number of applicants that were denied coverage due to presence of health insurance.

4. At the time of application, what percent of SCHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] and what percent of applicants are found to have other insurance [(# applicants found to have other insurance/total # applicants) * 100]? Provide a combined percent if you cannot calculate separate percentages. **[50]**

1.6% had Medicaid and 7.3 % had other insurance

- a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # applicants who would have to complete a waiting period)*100]? **[50]**

60% (6 out of 10) for the month of August 2008

- b. Of those found to have other, private insurance, what percent must remain uninsured until the waiting period is met [(# applicants who must complete waiting period/total # applicants who would have to complete a waiting period)*100]? **[50]**

40% (4 out of 10) for the month of August 2008

5. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP (i.e., (# applicants who drop coverage/total # applicants) * 100)? **[7500]**

For our Medicaid expansion SCHIP Program without a Section 115 Waiver, there can be no waiting period if a person drops private health coverage in order to become eligible for and enroll in LaCHIP.

For LaCHIP Phase V (LaCHIP Affordable Plan), an applicant cannot drop group health plan coverage in order to enroll since the program requires applicants to be uninsured for one year prior to enrolling in the program.

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. **[7500]**

Yes. The same redetermination procedures to renew eligibility for Medicaid and SCHIP are in place. All programs can be renewed by telephone, renewal form, web based form, and by ex-parte (a review made by the agency without the active involvement of the enrollee). However, Administrative Renewals (automatic recertification of cases that are unlikely to have changes which would cause ineligibility) are not used for the SCHIP program.

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. **[7500]**

Since the delivery model and benefits for Medicaid and SCHIP (Phases I-IV), recipients are not made aware of the change and it appears seamless. For changes between Medicaid Expansion SCHIP to the Separate SCHIP, clients are notified of the change in advance of the actual change taking place. Clients who move to the Separate SCHIP Program must be made aware that cost sharing is involved with their participation in the program, as well as a change in benefits. When a recipient moves from the Separate SCHIP Program (Phase V) to Medicaid/Medicaid Expansion (Phases I-IV), they are again notified in writing to explain they are eligible for a no cost program with different benefits and delivery model.

3. Are the same delivery systems (such as managed care or fee for service,) or provider networks used in Medicaid and SCHIP? Please explain. **[7500]**

The same delivery system is used for Medicaid and the Medicaid Expansion SCHIP programs for children under 200%. This is a Primary Care Case Management delivery system. For LaCHIP Phase V (LaCHIP Affordable Plan), a Fee for Service delivery model is provided through a Third Party Administrator, the agency who operates our State Employees Health Plan.

4. For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

Louisiana uses a joint application for the Medicaid Expansion and Separate SCHIP programs.

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? **[500]**

For those that are needed, an initial notice is mailed to the family regarding redetermination. Caseworkers mail an additional notice prior to disenrollment or a reduction in benefits.

- 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?) **[500]**

For those that are needed, the initial renewal notice is mailed to families a month prior to their eligibility expiring. A second notice is mailed at least 10 days prior to expiration of benefits as a reminder that a renewal is needed in order to prevent coverage from ending.

- Sends targeted mailings to selected populations
 - Please specify population(s) (e.g., lower income eligibility groups) **[500]**

Holds information campaigns

Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]***

Our program also explores information available through other systems (i.e., Food Stamps, Department of Labor, State Online Query, The Work Number.com) to determine if ex-parte renewals can be conducted. Families are also allowed the option of renewing coverage over the phone, via a web based portal, or an automated phone system after hours.

- Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:* **[500]**

Other, *please explain:* **[500]**

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

Telephone renewals account for approximately 41% of SCHIP renewals. Also, the ex-parte renewal process where we utilize other existing data available to us, in order to determine additional eligibility, has made a great deal of difference in our ability to keep eligible children enrolled. Ex-parte accounts for approximately 36% of SCHIP renewals.

3. What percentage of children in the program are retained in the program at redetermination (i.e., (# children retained/total # children up for redetermination) * 100)? What percentage of children in the program are disenrolled at redetermination (i.e., (# children disenrolled/total # children up for redetermination) * 100) **[500]**

Of all 10,428 children in LaCHIP due for renewal in August 2008, 33% were disenrolled. There is a multitude of reasons why these children became disenrolled. Some of these reasons include moving to Medicaid or other program, moving out of state, aging out, obtaining other insurance, or now being over the income limit.

4. 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? **[7500]**

August 2008. Note that the "Other" column below includes all remaining children who were disenrolled for reasons other than those listed below.

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. **[7500]**.

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 (specify)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
3615	2235	21	270	2	491	5	76	1	548	4

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

Monthly management reports which track the number of individuals who are disenrolled from LaCHIP and the reason for disenrollment are run directly from the state's Medicaid eligibility system. The above review of disenrollees was based on the administrative data for the month of October 2008.

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? **[7500]**

In June 2008, Louisiana implemented LaCHIP Phase V (LaCHIP Affordable Plan) for children in families with income between 201% - 250% FPL. A \$50 per family per month premium is charged to participate in the program. Since this is a new program, we have not undertaken any formal assessment to document this. A rough estimate of 10% of children enrolled in LaCHIP Phase V lose coverage each month due to failure to pay their premium. However, some of these children are re-enrolled when past-due payment is made.

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? **[7500]**

Not at this time.

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? **[7500]**

Not at this time.

EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

1. Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

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

Children

- Yes, Check all that apply and complete each question for each authority.
- Family Coverage Waiver under the State Plan
- SCHIP Section 1115 Demonstration
- Medicaid Section 1115 Demonstration
- Health Insurance Flexibility & Accountability Demonstration

Adults

- Yes, Check all that apply and complete each question for each authority.
- Family Coverage Waiver under the State Plan
- SCHIP 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
- Pregnant Women
3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**
- LaCHIP considers Title XXI children for premium reimbursement under Section 1906 (HIPP) authority if they are uninsured at the time of application and Employer Sponsored Insurance is available.
4. What benefit package does the ESI program use? **[7500]**
- N/A for Section 1906
5. Are there any minimum coverage requirements for the benefit package? **[7500]**
- In addition to meeting the cost effectiveness test, the benefit package must consist of a major medical plan with inpatient and outpatient hospital, physician, home health, and pharmaceutical services.
6. Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**
- Yes, for Medicaid and SCHIP enrollees (but not for parents ineligible for Medicaid)
7. Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**
- No cost sharing for Medicaid (regardless of age) and Medicaid Expansion SCHIP enrollees.
8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

0 Number of childless adults ever-enrolled during the reporting period

247	Number of adults ever-enrolled during the reporting period
635	Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

No substitution exists. Child cannot have private coverage at the time of SCHIP enrollment and can only be enrolled in HIPP if it will result in a cost savings to the agency.

10. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

Identifying the cases most suitable for HIPP and locating the resources to establish eligibility and enroll, even with a maximum degree of automation, as it is a labor intensive process and difficult for a small staffing unit.

11. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

Continued enrollment increase.

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

None at this time.

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

None available at this point.

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **[7500]**

We do not capture the amount that the employer/employee/state pays toward the coverage. We are only concerned that it is cost effective for us to pay the employee share for the coverage. Therefore, the total state expenditures and average amount each entity pays towards coverage is not available.

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: _____

Employer: _____

Employee: _____

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

N/A for Section 1906 HIPP

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

The state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid.

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

No.

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

No.

**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:

(1) prevention,

(2) investigation,

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

We use the federal rules and regulations and the authority provider in our Medical Assistance Program Integrity Law (MAPIL) LA RS 46:437.1 – 440.1 and the Surveillance and Utilization Review System (SURS Rule) Louisiana Register, Vol. 29, No. 04, April 20, 2003 pp. 583 – 604 as our general procedures. Specific procedures and process are covered in the SURS Manual.

The same plan in place for our Medicaid program exists for children covered through the Unborn Option.

Fraud and Abuse for the recently implemented LaCHIP Phase V (LaCHIP Affordable Plan) are handled by our third party administrator, the state employees health plan. Every employee referral, hotline referral, website referral, or provider referral are reviewed by the Director of Fraud and Abuse to determine the legitimacy of the information. Review includes review of claims data and/or data mining activities.

If the state does not have a written plan, do managed health care plans with which your program contracts have written plans?

Yes

No

Please Explain: **[500]**

N/A

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

Provider Credentialing

_____ Number of cases investigated

_____ Number of cases referred to appropriate law enforcement officials

Provider Billing

1139 Number of cases investigated

128 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

543 Number of cases investigated

_____ Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP

Medicaid and SCHIP Combined

3. Does your state rely on contractors to perform the above functions?

Yes, please answer question below.

No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

DHH's Program Integrity section conducts oversight of the contractor for this program. Program Integrity has one state staff physically located in the Unisys' Surveillance and Utilization Review Systems [SURS] unit. Program Integrity staff conducts case direction and makes all final determinations as to issuing notices of sanctions. Program Integrity staff review various reports related to complaint and referrals by Unisys' SURS unit.

For LaCHIP Phase V, the DHH contract monitor works closely with key personnel from the state employees health plan to accurately oversee this function of the program.

5. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?

Yes

No

Please explain: **[500]**

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

In responding to #2 above, it should be noted that data was not able to be separated between Provider Credentialing and Provider Billing; therefore they are reported together under Provider Billing.

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 2008. 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

	2008	2009	2010
Benefit Costs			
Insurance payments			
Managed Care			
Fee for Service	183525343	220001403	232697656
Total Benefit Costs	183525343	220001403	232697656
(Offsetting beneficiary cost sharing payments)	-78760	-1283007	-2216000
Net Benefit Costs	\$ 183446583	\$ 218718396	\$ 230481656

Administration Costs

Personnel	5721743	6770072	6432366
General Administration	232930	275607	261859
Contractors/Brokers (e.g., enrollment contractors)	80710	95498	90734
Claims Processing	5301615	6272968	5960059
Outreach/Marketing costs	2355634	2787230	2648196
Other (e.g., indirect costs)			
Health Services Initiatives			
Total Administration Costs	13692632	16201375	15393214
10% Administrative Cap (net benefit costs ÷ 9)	20382954	24302044	25609073

Federal Title XXI Share	159150488	187747881	196503196
State Share	37988727	47171890	49371674

TOTAL COSTS OF APPROVED SCHIP PLAN	197139215	234919771	245874870
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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) [500]

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

Louisiana experienced a shortfall due to the fact that our allotment for FFY08 was less than it had been in FFY07 despite the fact that we experienced continual growing enrollment and per member costs. The formula which the allotments are based on has been widely viewed as flawed for states who administer these programs. One particular problem with the formula is that it penalizes states with a factor that reduces your allotment as your rate of uninsured drops, despite the fact that this most often associated with increased enrollment in public programs including SCHIP. Furthermore, particularly problematic for Louisiana in FFY08 was the fact that another factor in determining the allotment is average wage data from the U.S. Department of Labor from 2 years prior. The time period reviewed for this allotment formula was the year after Hurricane Katrina where Louisiana's economy was supporting significantly inflated wages due to the workforce shortages as a result of out-migration.

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2008		2009		2010	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care		\$		\$		\$
Fee for Service	122103	\$ 120	124795	\$ 128	133900	\$ 132

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

For children covered through the Unborn option, the PMPM is significantly higher in FFY08, 09 and 10 and is not taken into account for the chart above. Children covered under the newly implemented Phase V (LaCHIP Affordable Plan) program are also excluded since enrollment numbers have not stabilized and an accurate projection can not be made at this time. The number of eligibles and PMPM are based on SCHIP enrollees under 250% FPL. The number of eligibles in chart above is from points in time at the end of the three fiscal years.

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				
* Upper % of FPL are defined as Up to and Including									
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? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. **[1000]**

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 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2008	2009	2010	2011	2012
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in 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 for managed care					
Fee for Service Average cost per enrollee in 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 for managed care					
Fee for Service Average cost per enrollee in 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 for managed care					
Fee for Service Average cost per enrollee in 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)

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Administration Costs

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

Federal Title XXI Share

State Share

--	--	--	--	--	--

TOTAL COSTS OF DEMONSTRATION

--	--	--	--	--	--

When was your budget last updated (please include month, day and year)? [500]

Please provide a description of any assumptions that are included in your calculations. **[500]**

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

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP. **[7500]**

Both the political and fiscal environment in Louisiana were highly favorable to increasing access to health care for uninsured children.

During the reporting period we saw the election of a new Governor. Governor Bobby Jindal (R) has been highly supportive of SCHIP and continued the momentum to reduce the uninsured children in the state. During the campaign in the fall of 2007, then Congressman, Jindal expressed his support for SCHIP reauthorization legislation (CHIPRA) and was quoted in the paper as saying he was in favor of overriding the Presidential veto.

Immediately after his January 12th inauguration, Governor Jindal traveled to Washington and met with HHS officials requesting approval of Louisiana's expansion of SCHIP to 250% FPL and approval of that expansion was announced by the Governor and CMS Administrator Kerry Weems in a press conference in Baton Rouge on***.

On June 5th, Governor Jindal held a press conference in Monroe to announce the launch of LaCHIP Affordable Plan and the increase in enrollment of more than 10,000 children during the first five months of his administration.

Alan Levine was named by Governor Jindal to head the Department of Health & Hospitals. In his first meeting with LaCHIP staff, Secretary Levine stated that he wanted outreach to continue at the very high level described to him. The Secretary has been highly supportive and vocal in his support of enrolling all eligible children in public coverage and improving quality and access once they are enrolled.

Political coverage for children in Louisiana has wide bipartisan support. During most of the reporting period, Louisiana—with its oil based economy—experienced budget surpluses. The Executive Budget for SFY 07-08 and 08-09 included funding to enroll additional children in Medicaid and LaCHIP as well as unprecedented funding for outreach and marketing. In addition, the legislature approved provider rate increases for physicians as well as dentists, resulting in additional pediatric practices participating in the program.

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

Louisiana has been unable to implement 2007 legislation expanding SCHIP eligibility to 300% FPL because of the conditions in the August 17, 2007 CMS letter. There is widespread support in the state for expanding coverage to children with the legislation having passed unanimously. The need is genuine as we are increasingly seeing children who have had the security of health coverage through either Medicaid or SCHIP suddenly lose coverage because of a modest increase in the parent's earnings. Employer sponsored insurance is either unavailable or unaffordable and the child becomes uninsured and this is the new "hole in the bucket." This is further confirmed by Louisiana's 2007 state specific survey data which shows that a higher percentage of uninsured children are in households with income between 200 and 300% FPL than below 200% FPL.

The condition that is most problematic and out of the LaCHIP program's control is that private coverage in the state cannot have decreased by more than 2% in the past 5 years.

Another challenge is the CPS official data on the number and percentage of uninsured children and the wide gap between that data and the findings from the Louisiana Household Insurance Survey—a state specific survey conducted by LSU Policy Research Lab of 10,000 Louisiana households. The Department believes that CPS data greatly overstates the number and percentage of uninsured children in the state.

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

Ultimately the goal is not to increase enrollment in SCHIP and Medicaid but to decrease the number and percentage of uninsured children in the state. The 2007 Louisiana Household Insurance Survey (LHIS) showed that the percentage of low income uninsured children had decreased to 5.4% (from 7.1% in 2005).

Expansion of eligibility to 250% FPL with a separate state SCHIP program (LaCHIP Affordable Plan) effective 6/1/08 is a notable achievement. However, the biggest accomplishments were in our program for children below 200% FPL.

Louisiana eligibility caseworkers continued to close fewer than 1% of SCHIP children at renewal for procedural reasons (failure to complete renewal process, unable to locate). This impacts not only overall enrollment numbers but stability and continuity of coverage for eligible children.

The number of local initiatives receiving funding for outreach and enrollment assistance increased from four to ten. The Robert Wood Johnson Foundation (RWJF) Covering Kids & Families model of funding organizations who then engage local stakeholders in regional coalitions has worked well in Louisiana.

The "blitz" model for outreach which originated in New Orleans in April of 2007 was replicated throughout the state in most regions and/or parishes. An outreach blitz is a concentrated effort (for a day to a week) in a defined geographic area by eligibility staff and community partners to identify, inform, and enroll uninsured children into LaCHIP. In larger blitzes, eligibility staff from other geographic areas of the state participate. Thousands of applications in take-one holders are distributed, on-site applications and renewal assistance events are held, and earned media is generated. It is a highly effective way to increase visibility of the program and reach children who would otherwise remain unenrolled.

During the summer, Louisiana spent extensive time preparing a proposal for a MaxEnroll grant (Robert Wood Johnson Foundation funded grants to improve enrollment in SCHIP and Medicaid which will be administered by the National Academy for State Health Policy). Many hours were spent in preparing the proposal but the unintended positive consequence was that it focused on long term planning—weaknesses, strengths, opportunities—that would not have occurred otherwise.

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. **[7500]**

As previously mentioned, the August 17th, 2007 CMS letter established conditions that made it impossible for Louisiana to expand coverage to children up to 300% FPL. If policy is changed either through SCHIP reauthorization or within CMS, a State Plan Amendment will be submitted requesting approval to expand coverage to 300% FPL.

Louisiana has submitted a Section 1115 Waiver to change the Medicaid delivery model (including Medicaid expansion SCHIP) from PCCM to MCOs and Enhanced PCCM networks. While actual implementation is not anticipated until October 2010, design and development will be a major focus. One of the primary reasons for the change is to improve quality of care for children.

Presumptive eligibility for children in SCHIP as well as Medicaid was unanimously approved by the legislature in 2007. The details for how this can be operationalized to accelerate enrollment and access to health care will be worked out and a State Plan Amendment submitted to CMS for approval.

The Hispanic population in Louisiana and particularly New Orleans is rapidly growing and even greater focus will be placed on identifying, informing, and enrolling eligible children.

The basic format and style of the LaCHIP Application Form is now 10 years old. It has gone through many revisions and while it is simpler than pre-1998 it is still not “simple.” A major facelift and update to the application form is planned to further reduce the barrier that completion of the form as a condition of a child getting coverage presents.

Currently in Louisiana while a family can apply jointly for TANF and LaCHIP they cannot apply jointly for Food Stamps and LaCHIP. This is significant as LaCHIP children between ages 6 and 18 may be eligible for or enrolled Food Stamps (100 to 133% FPL). DHH and DSS intend to work together to develop a process that will allow joint application for Food Stamps and LaCHIP/Medicaid with the information electronically submitted from DSS to DHH.

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