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.

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: **AL**

(Name of State/Territory)

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

Signature:

Fern M. Shinbaum

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

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: **12/29/2008**

(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?	☐	Gross Income	**Is income calculated as gross or net income?**	☐	Gross Income		
		☐	Income Net of Disregards		☒	Income Net of Disregards		
Eligibility					**From**		% of FPL conception to birth		% of FPL *
	From		% of FPL for **infants**		% of FPL *	**From**	134	% of FPL for **infants**	200	% of FPL *
	From		% of FPL for children ages **1 through 5**		% of FPL *	**From**	134	% of FPL for children ages 1 **through 5**	200	% of FPL *
	From		% of FPL for children ages **6 through 16**		% of FPL *	**From**	101	% of FPL for children ages **6 through 16**	200	% of FPL *
	From		% of FPL for children ages **17 and 18**		% of FPL *	**From**	101	% of FPL for children ages **17 and 18**	200	% of FPL *

	☐	No	☒	No	
Is presumptive eligibility provided for children?	☐	Yes, for whom and how long? **[1000]**	☐	Yes - Please describe below: For which populations (include the FPL levels) **[1000]** Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period **[1000]** Brief description of your presumptive eligibility policies **[1000]**

	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☐	No
	☐	Yes, for whom and how long?	☒	Yes, for whom and how long? If a parent submits an application for an eligible newborn within 60 days after the birth, coverage can be retroactive to the date of birth
	☐	N/A	☐	N/A

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

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

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

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

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

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

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	3
			To which groups (including FPL levels) does the period of uninsurance apply? **[1000]** All	
			List all exemptions to imposing the period of uninsurance **[1000]** 1. Involuntary loss of group coverage. 2. Termination of individual coverage policy 3. Termination of COBRA policy. 4. Exhaustion of benefits in a group plan.	
	☐	N/A	☐	N/A

Does your program match prospective enrollees to a database that details private insurance status?	☐	No	☐	No
	☐	Yes	☒	Yes
			If yes, what database? **[1000]** Blue Cross Blue Shield of Alabama	
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
			1. If termination is requested by a parent; 2. If the child moves out of state; or, 3. If the child turns 19 years of age.	
	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☐	No	☐	No
	☐	Yes	☒	Yes
	Enrollment fee amount		Enrollment fee amount	

	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
			Children in families with incomes up to and including 150%FPL pay an annual premium of $50/child. Children with incomes above 150% FPL pay an annual premium of $100/child. If a family has more than 3 children, the family only has to pay the premiums for 3 children. Native Americans pay no premiums and no co-pays.	
	☐ N/A		☐ N/A	

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

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

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

Does your program require income disregards? **(Note: if you checked off net income in the eligibility question, you must complete this question)**	☐ No		☐ No	
	☐ Yes		☒ Yes	
	If Yes, please describe below **[1000]**		If Yes, please describe below **[1000]**	
			Three disregards are applied to the monthly family income when applicable: (1)$90 for each working adult applied to earned income; (2) up to $50 of child support payments received; and, (3) up to $200 and $175 for each child or dependent adult in day care for ages 0-23 months and 2 years and over, respectively.	
	☐ N/A		☐ N/A	

Which delivery system(s) does your program use?	☐	Managed Care	☐	Managed Care
	☐	Primary Care Case Management	☐	Primary Care Case Management
	☐	Fee for Service	☒	Fee for Service
	Please describe which groups receive which delivery system **[500]**		Please describe which groups receive which delivery system **[500]**	

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

Enter any Narrative text below. **[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	☒	☐	☐
Citizenship	☐	☐	☒
Insured Status	☐	☒	☐

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

Pregnant women	☐	☐	☐	☐	☐	☒
Childless adults	☐	☐	☐	☐	☐	☒
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☐	☐	☐	☒	☐

t) Other – please specify

a. _____	☐	☐	☐	☐	☐	☐
b. _____	☐	☐	☐	☐	☐	☐
c. _____	☐	☐	☐	☐	☐	☐

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

Topic	Explanation
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	*Some sections (4,6 8 and MLIF) had semantic revisions. *For administrative purposes, Plan First received & accepted dates were added *Instructional notes were added to the Household Members section to help gather more accurate Hispanic family information. *Notes were made to the income section to get better income information re: overtime pay. *Revisions were made to the signature page to better clarify the affirmation of statements & a signature line was added for the application assistor.
c) Application documentation requirements	
d) Benefit structure	The benefit package had two (2)changes: (1)ALL Kids began to reimburse for up to four (4) standardized developmental screenings (96110), conducted in association with well-child visits, in the first four years of life. No diagnosis or high risk condition is required for these screenings to be reimbursed; and, (2) The allowable annual maximum dental benefits charge was increased from $1,000 to $1,500 (exclusive of preventive/diagnostic dental services).
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	

g) Delivery system	In May, 2007, through the state bid process, the mental health network vendor was changed from United Behavioral Health to Blue Cross Blue Shield.
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	
j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	
l) Eligibility redetermination process	
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	ALL Kids staff continued outreach strategies utilizing community based staff and media. Specific materials have been developed for Limited English Proficiency populations, athletes, faith based groups, and specific partner groups.
p) Premium assistance	
q) Prenatal Eligibility Expansion	
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	

a.	
b.	
c.	

Enter any Narrative text below. **[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.

- <u>Same data as reported in a previous year's annual report</u>: 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
Did you report on this goal? ☒ Yes ☐ No	**Did you report on this goal?** ☒ Yes ☐ No	**Did you report on this goal?** ☒ Yes ☐ No

If Data Not Reported, Please Explain Why:
☐ Population not covered.
☐ Data not available. *Explain*:
☐ Small sample size (less than 30).
     Specify sample size:
☐ Other. *Explain*:
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☐ Data not available. *Explain*:
	☐ Small sample size (less than 30).
	     Specify sample size:
	☐ Other. *Explain*:
		If Data Not Reported, Please Explain Why:
		☐ Population not covered.
		☐ Data not available. *Explain*:
		☐ Small sample size (less than 30).
		     Specify sample size:
		☐ Other. *Explain*:

Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: HEDIS Version 2006	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: HEDIS Version 2007	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: 2008
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: The data are from our vendor, Blue Cross Blue Shield of Alabama
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators are calculated corresponding to the number of members who had received: zero, one, two, three, four, five, six or more well child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators are calculated corresponding to the number of members who had received: zero, one, two, three, four, five, six or more well child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators are calculated, corresponding to the number of members who had received: zero, one, two, three, four, five, six ore more well-child visits with a PCP during their first 15 months of life. The PCP does not have to be the practitioner assigned to the member.

FFY 2006	FFY 2007	FFY 2008
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2006	**FFY 2007**	**FFY 2008**
HEDIS Performance Measurement Data:	**HEDIS Performance Measurement Data:**	**HEDIS Performance Measurement Data:**
(If reporting with HEDIS/HEDIS-like methodology)	*(If reporting with HEDIS/HEDIS-like methodology)*	*(If reporting with HEDIS/HEDIS-like methodology)*
Percent with specified number of visits	Percent with specified number of visits	Percent with specified number of visits
<table><tr><td>0 visits Numerator: 7 Denominator: 215 Rate: 3.3</td><td>4 visits Numerator: 42 Denominator: 215 Rate: 19.5</td></tr><tr><td>1 visit Numerator: 9 Denominator: 215 Rate: 4.2</td><td>5 visits Numerator: 50 Denominator: 215 Rate: 23.3</td></tr><tr><td>2 visits Numerator: 15 Denominator: 215 Rate: 7</td><td>6+ visits Numerator: 66 Denominator: 215 Rate: 30.7</td></tr><tr><td>3 visits Numerator: 26 Denominator: 215 Rate: 12.1</td><td></td></tr></table>	<table><tr><td>0 visits Numerator: 12 Denominator: 225 Rate: 5.3</td><td>4 visits Numerator: 37 Denominator: 225 Rate: 16.4</td></tr><tr><td>1 visit Numerator: 9 Denominator: 225 Rate: 4</td><td>5 visits Numerator: 68 Denominator: 225 Rate: 30.2</td></tr><tr><td>2 visits Numerator: 15 Denominator: 225 Rate: 6.7</td><td>6+ visits Numerator: 70 Denominator: 225 Rate: 31.1</td></tr><tr><td>3 visits Numerator: 14 Denominator: 225 Rate: 6.2</td><td></td></tr></table>	<table><tr><td>0 visits Numerator: 13 Denominator: 269 Rate: 4.8</td><td>4 visits Numerator: 44 Denominator: 269 Rate: 16.4</td></tr><tr><td>1 visit Numerator: 6 Denominator: 269 Rate: 2.2</td><td>5 visits Numerator: 68 Denominator: 269 Rate: 25.3</td></tr><tr><td>2 visits Numerator: 13 Denominator: 269 Rate: 4.8</td><td>6+ visits Numerator: 100 Denominator: 269 Rate: 37.2</td></tr><tr><td>3 visits Numerator: 25 Denominator: 269 Rate: 9.3</td><td></td></tr></table>
Additional notes on measure: 96.7% of CHIP enrollees (who meet the HEDIS definition for this measure) had a well child visit within the first 15 months of life.	Additional notes on measure: 94.7% of CHIP enrollees (who met the HEDIS definition for this measure) had a well child visit within the first 15 months of life.	Additional notes on measure:
Other Performance Measurement Data:	**Other Performance Measurement Data:**	**Other Performance Measurement Data:**
(If reporting with another methodology)	*(If reporting with another methodology)*	*(If reporting with another methodology)*
Numerator:	Numerator:	Numerator:
Denominator:	Denominator:	Denominator:
Rate:	Rate:	Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

Explanation of Progress:

    How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? In comparison, the measure of 6+ visits, the recommended number of visits, improved in FY 2008 over FY 2007. Additionally, this rate was the same for the Blue Cross Blue Shield of Alabama book of business.

    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

    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: Maintain the percentage of children who receive 6 or more visits in the first 15 months of life at 37%.

    Annual Performance Objective for FFY 2010: Maintain the percentage of children who receive 6 or more visits in the first 15 months of life at 37%.

    Annual Performance Objective for FFY 2011: Maintain the percentage of children who receive 6 or more visits in the first 15 months of life at 37%.

    Explain how these objectives were set: Based on historical data.

Other Comments on Measure:

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

FFY 2006	FFY 2007	FFY 2008

Did you report on this goal?
☒ Yes
☐ No
 	
If Data Not Reported, Please Explain Why:
☐ Population not covered.
☐ Data not available. *Explain*:
☐ Small sample size (less than 30)
    Specify sample size:
☐ Other. *Explain*:
	Did you report on this goal?
	☒ Yes
	☐ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☐ Data not available. *Explain*:
	☐ Small sample size (less than 30).
	    Specify sample size:
	☐ Other. *Explain*:
		Did you report on this goal?
		☒ Yes
		☐ No
		
		If Data Not Reported, Please Explain Why:
		☐ Population not covered.
		☐ Data not available. *Explain*:
		☐ Small sample size (less than 30).
		    Specify sample size:
		☐ Other. *Explain*:

Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: HEDIS Version 2006	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: HEDIS Version 2007	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: 2008
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data are from our vendor, from Blue Cross Blue Shield of Alabama.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the enrollee.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the enrollee.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Members who had at least one well-child visit with a PCP during the measurement year. The PCP does not have to be the practitioner assined to the member.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

FFY 2006	FFY 2007	FFY 2008
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 1899 Denominator: 5232 Rate: 36.3 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 1927 Denominator: 5242 Rate: 36.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 2444 Denominator: 5683 Rate: 43 Additional notes on measure:

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

FFY 2006	FFY 2007	FFY 2008
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:
How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The FY 2007 rate was 37% compared to the FY 2008 rate of 43%. Not only did ALL Kids performance improve in FY 2008 compared to ALL Kids in FY 2007, but ALL Kids performance was better than the Blue Cross Blue Shield of Alabama book of business for this indicator which was 32%.   **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   **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:** The percentage of CHIP enrollees (who meet the HEDIS definition) have had at least 1 well-child visit with a PCP during the measurement year will be maintained at at least 43%.   **Annual Performance Objective for FFY 2010:** The percentage of CHIP enrollees (who meet the HEDIS definition) have had at least 1 well-child visit with a PCP during the measurement year will be maintained at at least 43%.   **Annual Performance Objective for FFY 2011:** The percentage of CHIP enrollees (who meet the HEDIS definition) have had at least 1 well-child visit with a PCP during the measurement year will be maintained at at least 43%.   *Explain how these objectives were set:* Based on historical data.
Other Comments on Measure:

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2006	FFY 2007	FFY 2008

Did you report on this goal?
☒ Yes
☐ No
 	
If Data Not Reported, Please Explain Why:
☐ Population not covered.
☐ Data not available. *Explain*:
☐ Small sample size (less than 30).
    Specify sample size:
☐ Other. *Explain*:
	Did you report on this goal?
	☒ Yes
	☐ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☐ Data not available. *Explain*:
	☐ Small sample size (less than 30).
	    Specify sample size:
	☐ Other. *Explain*:
		Did you report on this goal?
		☒ Yes
		☐ No
		
		If Data Not Reported, Please Explain Why:
		☐ Population not covered.
		☐ Data not available. *Explain*:
		☐ Small sample size (less than 30).
		    Specify sample size:
		☐ Other. *Explain*:

Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2006	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2007	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2008
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data are from our vendor, Blue Cross Blue Shield of Alabama.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For each enrollee in the denominator, those who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and , leukotriene modifiers, or methylxanthines, in the measurement year. The list of NDCs provided a the http://www.ncqa.org was used to identify appropriate prescriptions.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For each enrollee in the denominator, those who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and , leukotriene modifiers, or methylxanthines, in the measurement year. The list of NDCs provided a the http://www.ncqa.org was used to identify appropriate prescriptions.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Dispensed at least one prescription for a preferred therapy during the measurement year. The list of NDCs provided at http://www.ncqa.org was used to identify appropriate prescriptions.

FFY 2006	FFY 2007	FFY 2008
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2006	FFY 2007	FFY 2008
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications <u>5-9 years</u> Numerator: 225 Denominator: 237 Rate: 94.9 <u>10-17 years</u> Numerator: 426 Denominator: 450 Rate: 94.7 <u>Combined rate (5-17 years)</u> Numerator: 651 Denominator: 687 Rate: 94.8 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications <u>5-9 years</u> Numerator: 276 Denominator: 287 Rate: 96.2 <u>10-17 years</u> Numerator: 529 Denominator: 563 Rate: 94 <u>Combined rate (5-17 years)</u> Numerator: 805 Denominator: 850 Rate: 94.7 Additional notes on measure: The denominators reflect the number of children in the eligible population excluding 3 children who had contraindications for the medications.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications <u>5-9 years</u> Numerator: 314 Denominator: 326 Rate: 96.3 <u>10-17 years</u> Numerator: 608 Denominator: 637 Rate: 95.4 <u>Combined rate (5-17 years)</u> Numerator: 922 Denominator: 963 Rate: 95.7 Additional notes on measure: For 18 year olds (which is reported by Blue Cross Blue Shield of AL as 18-56 year olds) the numerator was 43 and the denominator was 47 for a rate of 91.49%.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The ALL Kids rates for FY 2008 were better than in FY 2007 with the exception of 18 year olds.

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? As detailed in another section, ALL Kids conducted a pilot project in several counties in which certain enrollees with asthma were given care management. This may have served to improve our performance in this area.

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: The percentage of children, 5-17 years of age, enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for a preferred therapy, during the measurement year will be maintained at at least 95%.

Annual Performance Objective for FFY 2010: The percentage of children, 5-17 years of age, enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for a preferred therapy, during the measurement year will be maintained at at least 95%.

Annual Performance Objective for FFY 2011: The percentage of children, 5-17 years of age, enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for a preferred therapy, during the measurement year will be maintained at at least 95%.

Explain how these objectives were set: Based on historical data.

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2006	FFY 2007	FFY 2008

Did you report on this goal?
☒ Yes
☐ No
 	
If Data Not Reported, Please Explain Why:
☐ Population not covered.
☐ Data not available. *Explain*:
☐ Small sample size (less than 30).
    Specify sample size:
☐ Other. *Explain*:
	Did you report on this goal?
	☒ Yes
	☐ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☐ Data not available. *Explain*:
	☐ Small sample size (less than 30).
	    Specify sample size:
	☐ Other. *Explain*:
		Did you report on this goal?
		☒ Yes
		☐ No
		
		If Data Not Reported, Please Explain Why:
		☐ Population not covered.
		☐ Data not available. *Explain*:
		☐ Small sample size (less than 30).
		    Specify sample size:
		☐ Other. *Explain*:

Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2006	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2007	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2008
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data were provided by our vendor, Blue Cross Blue Shield of Alabama.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees ages 12-24 months and 25 months - 6 years of age with at least one visit with a PCP in the measurement year,enrollees ages 7-11 and 12-19 years of age with at least one visit with a PCP in the measurement year or in the year prior to the measurement year. To count towards the measure, the visit must be with an identified PCP.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees ages 12-24 months and 25 months - 6 years of age with at least one visit with a PCP in the measurement year,enrollees ages 7-11 and 12-19 years of age with at least one visit with a PCP in the measurement year or in the year prior to the measurement year. To count towards the measure, the visit must be with an identified PCP.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Age 12-24 months and 25 months-6 years of age with at least one visit with a PCP in the measurement year, 7-11 and 12-19 years of age with at least one visit with a PCP in the measurement year or in the year prior to the measurement year. The visit must be with an identified PCP.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

FFY 2006	FFY 2007	FFY 2008
HEDIS Performance Measurement Data:	**HEDIS Performance Measurement Data:**	**HEDIS Performance Measurement Data:**
(If reporting with HEDIS/HEDIS-like methodology)	*(If reporting with HEDIS/HEDIS-like methodology)*	*(If reporting with HEDIS/HEDIS-like methodology)*
Percent with a PCP visit	Percent with a PCP visit	Percent with a PCP visit
<u>12-24 months</u> <u>7-11 years</u> Numerator: 479 Numerator: 7125 Denominator: 501 Denominator: 7938 Rate: 95.6 Rate: 89.8 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 5261 Numerator: 12391 Denominator: 6039 Denominator: 14303 Rate: 87.1 Rate: 86.6 Additional notes on measure:	<u>12-24 months</u> <u>7-11 years</u> Numerator: 492 Numerator: 7607 Denominator: 515 Denominator: 8325 Rate: 95.5 Rate: 91.4 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 5396 Numerator: 13246 Denominator: 6147 Denominator: 15047 Rate: 87.8 Rate: 88 Additional notes on measure:	<u>12-24 months</u> <u>7-11 years</u> Numerator: 578 Numerator: 8062 Denominator: 597 Denominator: 8781 Rate: 96.8 Rate: 91.8 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 6075 Numerator: 14217 Denominator: 6723 Denominator: 15868 Rate: 90.4 Rate: 89.6 Additional notes on measure:
Other Performance Measurement Data:	**Other Performance Measurement Data:**	**Other Performance Measurement Data:**
(If reporting with another methodology) Numerator: Denominator: Rate: Additional notes on measure:	*(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	*(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008

Explanation of Progress:

How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? All FY 2008 ALL Kids rates for all age groups were higher than FY 2007 ALL Kids rates. Additionally, FY 2008 ALL Kids rates were higher than the rates for the Blue Cross Blue Shield of Alabama book of business, the rates for the Blue Cross Blue Shield Association and, with the exception of one age group, Quality Compass.

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

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: Percent with a PCP visit:

12 - 24 months   7 - 11 years
Rate: 97%   Rate: 92%

25 months - 6 years   12 - 19 years
Rate: 90%   Rate: 90%

Annual Performance Objective for FFY 2010: Percent with a PCP visit:

12 - 24 months   7 - 11 years
Rate: 97%   Rate: 92%

25 months - 6 years   12 - 19 years
Rate: 90%   Rate: 90%

Annual Performance Objective for FFY 2011: Percent with a PCP visit:

12 - 24 months   7 - 11 years
Rate: 97%   Rate: 92%

25 months - 6 years   12 - 19 years
Rate: 90%   Rate: 90%

Explain how these objectives were set: Based on historical data

Other Comments on Measure:

SECTION IIB: ENROLLMENT AND UNINSURED DATA

1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2007	FFY 2008	Percent change FFY 2007-2008
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	106691	110821	3.87

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

2. The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 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.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	115	22.4	10.5	2.0
1998 - 2000	86	19.1	7.5	1.6
2000 - 2002	82	14.3	6.9	1.2
2002 - 2004	66	12.9	5.7	1.1
2003 - 2005	48	11.4	4.2	1.0
2004 - 2006	46	11.0	4.0	1.0
2005 - 2007	51	12.0	4.4	1.0

Percent change 1996-1998 vs. 2005-2007	-55.6%	NA	-58.1%	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 increase in the number and rate of uninsured children below 200% FPL is within the standard error for each measure. CHIP and Medicaid collaborate closely to enroll and retain participants. As a result, enrollment between both programs has substantially increased in the past 5 years.

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

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

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

☒ No (skip to Question #4)

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

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

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

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

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

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

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

    In the past, CHIP has answered this question by looking at the net increases in enrollment in SOBRA Medicaid and the Alabama Child Caring Foundation since the inception of CHIP in Feb. 1998. We are no longer confident in using these means to answer the question. We are in the process of developing a formula to answer this question and hope to report a number in the FY 2009 Annual Report.

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
Goal #1 (Describe) The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state.	**Goal #1** (Describe) The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income uninsured children is equal to or less than 5% of children in the state.	**Goal #1** (Describe) The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The end target for this goal was reduced from equal to or less than 10% to equal to or less than 5% because the target had been reached at least since FY 2004. While the same numerator and denominator are being used, the explanation of these numbers has been revised to better explain the definitions.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The goal to reduce the percentage of uninsured children to less than 5% was achieved in 2007.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Report Analysis 3 year averages.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Report Analysis 3 year averages (2005-2007)	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Report Analysis 3 year average 2005-2007 coverage
Definition of Population Included in the Measure: Definition of denominator: The number of children, less than 19 years of age. Definition of numerator: Children, under 19 years of age, at or below 200% FPL who are uninsured.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children, less than 19 years of age in AL (the CPS "Persons in Poverty Universe" data). Definition of numerator: The number of children, less than 19 years of age, at or below 200% FPL who are uninsured.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children, less than 19 years of age in AL (the CPS "Persons in Poverty Universe") data. Definition of numerator: The number of children, less than 19 years of age, at or below 200% FPL who are uninsured.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
Performance Measurement Data: Described what is being measured: Numerator: 48000 Denominator: 1141000 Rate: 4.2 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The rate of decrease in the number of low-income uninsured children who are potentially eligible for AL SCHIP or Medicaid. Numerator: 46000 Denominator: 1152000 Rate: 4	**Performance Measurement Data:** Described what is being measured: The rate of decrease in the number of low-income uninsured children who are potentially eligible for AL CHIP or Medicaid. Numerator: 51000 Denominator: 1165000 Rate: 4.4

FFY 2006	FFY 2007	FFY 2008
	Additional notes on measure:	Additional notes on measure:
Explanation of Progress:	**Explanation of Progress:**	**Explanation of Progress:**
How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	**How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** Our goal to reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state was achieved in FY2006 and maintained in FY 2007.	**How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** The percentage of uninsured children increased by 0.4% since FY 2007. However, the goal of having a rate of uninsured children less than or equal to 5% of those in the state was met.
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?	**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?** Greater efficiency in application processing time and new program implementation activities which allow greater opportunity for application submissions.	**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?** CHIP piloted 3 activities in an effort to increase the number of children who renewed their ALL Kids coverage: (1) Telephone calls were made to families that had begun the renewal process but had not yet completed it; (2) A change in the premium notice was made to try to encourage families to pay in a more timely fashion; and, (3) A change in the renewal letter was made which stated more clearly the steps that families need to take in order to renew.
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 2007:** The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state. **Annual Performance Objective for FFY 2008:** The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state. **Annual Performance Objective for FFY 2009:** The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state. *Explain how these objectives were set:* The objectives were set based on the FY 2006 objective.	**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 2008:** To reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state **Annual Performance Objective for FFY 2009:** To reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state **Annual Performance Objective for FFY 2010:** To reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state *Explain how these objectives were set:* The objectives were based on historical data.	**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:** The number of low-income uninsured children in AL will be maintained at less than or equal to 5% of all children in the state. **Annual Performance Objective for FFY 2010:** The number of low-income uninsured children in AL will be maintained at less than or equal to 5% of all children in the state. **Annual Performance Objective for FFY 2011:** The number of low-income uninsured children in AL will be maintained at less than or equal to 5% of all children in the state. *Explain how these objectives were set:* Objectives were based on historical data.

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) A sampling methodology will be established that will allow ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, to be tracked to ascertain whether or not those applicants were ultimately enrolled in Medicaid.	**Goal #2** (Describe) Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%.	**Goal #2** (Describe) Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The goal was revised to (1)remove a 2004 date of completion, (2) to remove the Alabama Child Caring Foundation (ACCF) as part of the tracking system, and (3) better articulate the goal. ACCF was removed because its waiting list situation would make tracking too cumbersome.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The process for obtaining this data was set up in FY 2006 so that we could report this data beginning FY 2007.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: A sample of applicants which were referred to Medicaid was reviewed to determine how many were subsequently enrolled in Medicaid.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: A sample of applicants that were referred to Medicaid was reviewed to determine how many were subsequently enrolled in Medicaid. The data in the sample reflect a 3 month lag period from the month the sample is drawn. For example, for the October 2006 file, data reflect July 2006. Therefore, data prepared for this report reflect a sample period from July 2006 to June 2007.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: A sample of applicants that were referred to Medicaid was reviewed to determine how many were subsequently enrolled in Medicaid. The data in the sample reflect a 3 month lag period from the month the sample is drawn. For example, for the January 2008 file, data reflect Octover 2007. Therefore, data prepared for this report frelect a sample period from Oct. 2007 - Feb. 2008.
Definition of Population Included in the Measure: Definition of denominator: The number of applicants (pulled for this sample) which were referred/sent to Medicaid from ALL Kids. Definition of numerator: Out of the sample of applicants referred from ALL Kids to Medicaid, the number of appllicants which were subequently enrolled in Medicaid (as determined by the disposition of the application within the Medicaid system).	**Definition of Population Included in the Measure:** Definition of denominator: The denominator represents the number of applicants in annual sample who were referred to Medicaid. (150 applicants x 12 months = 1800 applicants) Definition of numerator: The numerator represents the number of applicants in annual sample referred to Medicaid that enrolled in the program.	**Definition of Population Included in the Measure:** Definition of denominator: The denominator represents the number of applicants who were referred to Medicaid (150*5=750). Definition of numerator: The numerator represents the number of applicants referred to Medicaid that enrolled in the program.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

FFY 2006	FFY 2007	FFY 2008
Performance Measurement Data: Described what is being measured: This goal will measure the degree to which referrals made by the ALL Kids eligibility staff to the Medicaid Agency are ultimately enrolled in Medicaid. Numerator: Denominator: Rate: Additional notes on measure: This goal was revised at the end of FY 2006 and tracking began in late FY 2006 No data for FY 2006 is yet available. Data will be reported beginning in FY 2007.	**Performance Measurement Data:** Described what is being measured: The degree to which referrals made by the ALL Kids eligibility staff to the Medicaid Agency are ultimately enrolled in Medicaid. Numerator: 809 Denominator: 1800 Rate: 44.9 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The degree to which referrals made by the ALL Kids eligibility staff to the Medicaid Agency are ultimately enrolled in Medicaid. Numerator: 314 Denominator: 750 Rate: 41.9 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?** **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?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** The data in 2007 establish the baseline for this objective. **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?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** The percentage of applicants referred to Medicaid from ALL Kids who ultimately enrolled in Medicaid slightly decreased in FY 2008 from FY 2007. **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?**
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 2007:** Based on the data observed during FY 2006, future goals will be set in FY 2007. **Annual Performance Objective for FFY 2008:** Based on the data observed during FY 2006, future goals will be set in FY 2007.	**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 2008:** Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%. **Annual Performance Objective for FFY 2009:** Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%.	**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:** This goal will be discontinued after FY 2008 as an annual goal. The status of this goal may be reviewed in the future but not as an annual activity. **Annual Performance Objective for FFY 2010:** This goal will be discontinued after FY 2008 as an annual goal. The status of this goal may be reviewed in the future but not as an annual activity.

FFY 2006	FFY 2007	FFY 2008
Annual Performance Objective for FFY 2009: Based on the data observed during FY 2006, future goals will be set in FY 2007. *Explain how these objectives were set:* Because of the lack of baseline data, setting future goals for this area is being deferred until FY 2007.	**Annual Performance Objective for FFY 2010:** Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%. *Explain how these objectives were set:* Based on baseline data.	**Annual Performance Objective for FFY 2011:** This goal will be discontinued after FY 2008 as an annual goal. The status of this goal may be reviewed in the future but not as an annual activity. *Explain how these objectives were set:* N/A
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 #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **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
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? **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 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**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?** **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 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*	**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?** **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:** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to SCHIP Enrollment

FFY 2006	FFY 2007	FFY 2008
Goal #1 (Describe) The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.	**Goal #1** (Describe) The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %.	**Goal #1** (Describe) The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The goal, itself, was not revised but the definition of the numerator was refined.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The goal itself was revised to accurately depict the data collection methodology.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The core of the goal remained the same but the wording was refined in order to better encapsulate its real meaning.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Administrative data	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Administrative data	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Administrative data
Definition of Population Included in the Measure: Definition of denominator: The number of ALL Kids enrollees who were due to renew. Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids but who disenrolled for non-payment of premium.	**Definition of Population Included in the Measure:** Definition of denominator: The number of ALL Kids enrollees who were due to renew. Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids but who disenrolled for non-payment of premium.	**Definition of Population Included in the Measure:** Definition of denominator: The number of ALL Kids enrollees who were due to renew. Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids who disenrolled for non-payment of premium.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
Performance Measurement Data: Described what is being measured: Numerator: 1974 Denominator: 61800 Rate: 3.2 Additional notes on measure: See notes in FY 2005.	**Performance Measurement Data:** Described what is being measured: (See description of Goal #1) Numerator: 2066 Denominator: 64104 Rate: 3.2 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The magnitude to which financial barriers prohibit renewal in ALL Kids. Numerator: 1865 Denominator: 67384 Rate: 2.8 Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **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?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** Performance remained the same. **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?** No	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** The rate for non-payment of premium of payment for enrollees who did not renew decreased by 0.4% since FY 2007. **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?** During FY 2008, CHIP piloted 2 activities aimed at positively impacting this goal: (1) A change in the premium notice was made to try to encourage families to pay in a more timely fashion; and, (2) A change in the renewal letter was made which stated more clearly the steps that families need to take in order to renew.
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 2007:** The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. **Annual Performance Objective for FFY 2008:** The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. **Annual Performance Objective for FFY 2009:** The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. *Explain how these objectives were set:* Because this goal has not been met since FY 2004, the target percentage of "not more than 3%," was kept the same as in previous years.	**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 2008:** The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %. **Annual Performance Objective for FFY 2009:** The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %. **Annual Performance Objective for FFY 2010:** The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %. *Explain how these objectives were set:* Based on historical data	**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:** The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. **Annual Performance Objective for FFY 2010:** The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. **Annual Performance Objective for FFY 2011:** The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. *Explain how these objectives were set:* Based on historical data.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to SCHIP Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe) A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.	**Goal #2** (Describe) A higher percentage of families with ALL Kids enrolled child(ren) report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.	**Goal #2** (Describe) A higher percentage of families with ALL Kids enrolled child(ren) report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Enrollees who completed the applicable questions on the New Enrollees Survey and Continuous Enrollees Survey. Definition of numerator: The number of families with ALL Kids enrolled children who report on the New Enrollees survey and on Continuous Enrollees survey financial barriers to accessing care since enrollment in ALL Kids.	**Definition of Population Included in the Measure:** Definition of denominator: Enrollees who completed the applicable questions on the New Enrollees Survey and Continuous Enrollees Survey Definition of numerator: Enrollee who report on the New Enrollees Survey and on the Continuous Enrollees Survey financial barriers to accessing care since enrollment in ALL Kids	**Definition of Population Included in the Measure:** Definition of denominator: Enrollees who completed the applicable questions on the New Enrollees Survey and Continuous Enrollees Survey. Definition of numerator: Enrollees who report on the New Enrollees Survey and on the Continuous Enrollees Survey financial barriers to accessing care since enrollment in ALL Kids
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

FFY 2006	FFY 2007	FFY 2008
Performance Measurement Data: Described what is being measured: The number of families with ALL Kids enrolled children who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment. Numerator: Denominator: Rate: Additional notes on measure: Before enrollment, 20% of the families reported that they could not afford care. After enrollment only 2.7% reported that they could not afford care.	**Performance Measurement Data:** Described what is being measured: The number of enrollees who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment. Numerator: Denominator: Rate: Additional notes on measure: Before enrollment, 20% of the families reported that they could not afford care. After enrollment only 1.8% reported that they could not afford care. This reflects an 18.2% improvement in affordability of health care.	**Performance Measurement Data:** Described what is being measured: The number of enrollees who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment. Numerator: Denominator: Rate: Additional notes on measure: Before enrollment, 20% of the families reported that they could not afford care. After enrollment 2% reported that they could not afford care. This reflects a 90% reduction in non-affordability of health care.
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **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?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** The percentage of families with ALL Kids enrolled children who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment was reduced further in 2007 than in 2006. **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?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** The percentage of families with ALL Kids enrolled children who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment was reduced further in 2008 than in 2007. **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?**
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 2007:** A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids. **Annual Performance Objective for FFY 2008:** A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.	**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 2008:** A higher percentage of families with ALL Kids enrolled child(ren) report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids. **Annual Performance Objective for FFY 2009:** A higher percentage of families with ALL Kids enrolled child(ren) report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.	**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:** This goal is being discontinued. **Annual Performance Objective for FFY 2010:** This goal is being discontinued.

FFY 2006	FFY 2007	FFY 2008
Annual Performance Objective for FFY 2009: A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids. *Explain how these objectives were set:* This measure has been continually met in FY 2004 and FY 2005 and seemed appropriate to the objective.	**Annual Performance Objective for FFY 2010:** A higher percentage of families with ALL Kids enrolled child(ren) report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids. *Explain how these objectives were set:* Based on historical data.	**Annual Performance Objective for FFY 2011:** This goal is being discontinued. *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:** The information by which this goal was measured was derived from the New and Continuous Enrollee Surveys. Because the New, Continuous, and Adolescent Supplement surveys have yielded the same positive information since their inception, these surveys are being discontinued in favor of the the development of new surveys to be conducted by the third party insurance vendor. It is anticipated that new goals will be developed for this objective.

Objectives Related to SCHIP Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **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
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?	**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?**	**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?**
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 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**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 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*	**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:** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment

FFY 2006	FFY 2007	FFY 2008
Goal #1 (Describe) The percentage of Medicaid eligible but uninsured children will be less than 5%.	**Goal #1 (Describe)** The percentage of Medicaid eligible but uninsured children will be less than 5%.	**Goal #1 (Describe)** The percentage of Medicaid eligible but uninsured children will be less than 5%.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The goal was revised to make it more quantifiable.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Medicaid eligibility data as well as CPS data were used.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Medicaid data; CPS Data Report 3 year analysis (2005-2007_	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Data Report 3 year analysis (2006-2008)
Definition of Population Included in the Measure: Definition of denominator: The number of Medicaid eligible children in the state. Definition of numerator: The number of Medicaid eligible children who are uninsured.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children, less than 19 years of age in the "Persons in Poverty Universe" in CPS data. Definition of numerator: The number of uninsured children under 19 years of age who are at or below 100% FPL.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children, less than 19 years of age in the "Persons in Poverty Universe" in CPS data. Definition of numerator: The number of uninsured children under 19 years of age who are at or below 100%FPL.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
Performance Measurement Data: Described what is being measured: The measure captures the number of children who are potentially eligible for Medicaid insurance but who are uninsured. Numerator: 29000 Denominator: 316202 Rate: 9.2 Additional notes on measure: Since this is the first year that these data were reviewed, it is not known if the target of "less than 5%" is appropriate. This measure will be reviewed annually and the target percentage may be revised in the future.	**Performance Measurement Data:** Described what is being measured: The number of children who are potentially eligible for Medicaid insurance but who are uninsured. Numerator: 30000 Denominator: 1152000 Rate: 2.6 Additional notes on measure: As stated last year, the measure will be reviewed annually and that the target percentage may be revised.	**Performance Measurement Data:** Described what is being measured: The number of children who are potentially eligible for Medicaid insurance but who are uninsured. Numerator: 38000 Denominator: 1165000 Rate: 3.3 Additional notes on measure: As stated over the last two years, the measure will be reviewed annually and the the target may be revised.

FFY 2006	FFY 2007	FFY 2008
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **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?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** A comparison cannot be made because a different methodology was used. **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?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** The rate of children who were potentially eligible for Medicaid insurance but who were uninsured increased by 0.7% since FY 2007, however, the goal to remain below 5% was maintained. **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?**
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 2007:** The percentage of Medicaid eligible but uninsured children will be less than 5%. **Annual Performance Objective for FFY 2008:** The percentage of Medicaid eligible but uninsured children will be less than 5%. **Annual Performance Objective for FFY 2009:** The percentage of Medicaid eligible but uninsured children will be less than 5%. *Explain how these objectives were set:* The goal seemed appropriate to the objective. Because no baseline data were available, the target of 5% appeared to be a good beginning point. This target may be revised in the future based on the coming years' data.	**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 2008:** The percentage of Medicaid eligible but uninsured children will be less than 5%. **Annual Performance Objective for FFY 2009:** The percentage of Medicaid eligible but uninsured children will be less than 5%. **Annual Performance Objective for FFY 2010:** The percentage of Medicaid eligible but uninsured children will be less than 5%. *Explain how these objectives were set:* Based on historical data	**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:** The percentage of Medicaid eligible but uninsured children will be less than 5%. **Annual Performance Objective for FFY 2010:** The percentage of Medicaid eligible but uninsured children will be less than 5%. **Annual Performance Objective for FFY 2011:** The percentage of Medicaid eligible but uninsured children will be less than 5%. *Explain how these objectives were set:* Based on historical data.
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: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **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
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?	**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?**	**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?**
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 2078:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**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 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*	**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:** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** *Explain how these objectives were set:*
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 #3 (Describe)	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **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
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?	**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?**	**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?**
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 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**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 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*	**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:** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2006	FFY 2007	FFY 2008
Goal #1 (Describe) A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #1 (Describe)** A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #1 (Describe)** A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined objective	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state-defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state-defined goal.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Data was retrieved from the New Enrollee and Continuing Enrollee surveys.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the New Enrollee survey with answers on the Continuous Enrollee survey.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the New Enrollee survey with answers on the Continuous Enrollee survey.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questionson the New Enrollee survey eith answers on the Continuous Enrollee survey.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:

FFY 2006	FFY 2007	FFY 2008
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate:
Additional notes on measure: The results of the New Enrollees Survey show that before enrollment in ALL Kids, 79% of the children/families said that the child had 1 provider that was usually seen for routine care. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, 94% of the children/families said that the child had 1 provider that was usually seen for routing care.	Additional notes on measure: The results of the New Enrollees Survey show that before enrollment in ALL Kids, 80% of the children/families said that the child had one provider that was usually seen for routine care. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, 91% of the children/families said that the child had one provider that was usually seen for routine care.	Additional notes on measure: The results of the New Enrollee survey show that before enrollment in ALL Kids, 81% of the children/families said that the child had one provider that was usually seen for routine care. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, 93% of the children/families said that the child had one provider that was usually seen for routine care.
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **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?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** In comparison to 2006, there was less of an improvement observed. However, survey data in 2007 did show that a higher number of new enrollees had a usual source of care prior to enrolling in ALL Kids. **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?** No	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** In 2008, there was a 12% improvement in the number of families that reported a usual source of care after enrollment in ALL Kids than before. In 2007, there was an 11% improvement in this measure. In comparison, 1% more families reported a usual source of care in 2008 than did in 2007. **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?**

FFY 2006	FFY 2007	FFY 2008
Annual Performance Objective for FFY 2007: A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2008:** A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2009:** A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids. *Explain how these objectives were set:* The measure seemed appropriate to the objective.	**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 2008:** A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids **Annual Performance Objective for FFY 2009:** A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids **Annual Performance Objective for FFY 2010:** A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids *Explain how these objectives were set:* Historical data	**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:** A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2010:** A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2011:** A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids. *Explain how these objectives were set:*
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 #2 (Describe) A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #2** (Describe) A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #2** (Describe) A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined objective.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state-defined objective.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state-defined goal.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Data was retrieved from New Enrollee surveys and Continuous Enrollee surveys.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: N/A	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who complete the appropriate question on the Continuous Enrollee Survey.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who complete the appropriate questionon the Continuous Enrollee survey.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: According to the New Enrollees Survey, in the 12 months prior to ALL Kids, 39% of the children had had an ER visit. According to the Continuous Enrollees Survey, after enrollment in ALL Kids, in the most recent 12 months only 30% of the children had used the ER.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: According to the New Enrollees Survey, in the 12 months prior to ALL Kids, 37% of the children had had an ER visit. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, in the most recent 12 months only 31% of the children had used the ER.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: According to the New Enrollee survey, in the 12 months prior to having ALL Kids, 47% of the children had an ER visit. According to the Continuous Enrollee survey, after enrollment in ALL Kids, in the most recent 12 month period, only 31% of the children had used the ER.
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **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?** **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 2007:** A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2008:** A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2009:** A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** In comparison to 2006, there was less of an improvement observed. However, as more children remain insured in the state system (either in Medicaid or ALL Kids), this decrease is appropriate. **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?** **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 2008:** A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2009:** A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** In 2008, there was a 16% reduction in the number of families that reported having an ER visit in the most recent 12 months after enrollment in ALL Kids. In 2007, there was a 6% reduction in the number of families that reported having an ER visit in the most recent 12 months after enrollment in ALL Kids. In comparison, there was a 10% improvement in this measure in 2008 over 2007. **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?** **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:** A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2010:** A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.

FFY 2006	FFY 2007	FFY 2008
Explain how these objectives were set: The measure seemed appropriate to the objective.	**Annual Performance Objective for FFY 2010:** A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids. *Explain how these objectives were set:* Based on historical data.	**Annual Performance Objective for FFY 2011:** A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids. *Explain how these objectives were set:* Based on historical data
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) Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs.	**Goal #3** (Describe) Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.	**Goal #3** (Describe) Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This goal was streamlined to accomodate this report format.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state-defined objective.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: State-defined objective
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: The sources for the measurement of this goal are administrative files showing contracts (for the provision of specialty services) between the ADPH (for ALL Kids) other state agencies which provide specialty services for children with special health care needs, claims data, and provider reimbursement data.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: The sources for the measurement of this goal are administrative files showing contracts (for the provision of specialty services) between the ADPH (for ALL Kids) and other state agencies which provide specialty services for children with special health care needs, claims data, and provider reimbursement data.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: The sources for the measurement of this goal are administrative files showing contracts (for the provision of specialty services) between the ADPH (for ALL Kids) and other state agencies which provide specialty services for children with special health care needs, claims data, and provider reimbursement data.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

FFY 2006	FFY 2007	FFY 2008
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure: During FY 2006, ALL Kids maintained contracts with the Department of Rehabilitation and the Department of Mental Health and Mental Retardation for the provision of services to ALL Kids enrollees with special health care needs.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: During FY 2007, ALL Kids maintained contracts with the Department of Rehabilitation and the Department of Mental Health and Mental Retardation for the provision of services to ALL Kids enrollees with special health care needs.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: During FY 2008, ALL Kids maintained contracts with the Department of Rehabilitation and the Department of Mental Health and Mental Retardation for the provision of services to ALL Kids enrollees with special health care needs.
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **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?** **Please indicate how CMS might be of assistance in improving the completeness or accuracy of your**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** **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?** Working with two additional state programs that serve CSHCN to assess the need to add as PLUS partners.	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** same **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?**

FFY 2006	FFY 2007	FFY 2008
reporting of the data. **Annual Performance Objective for FFY 2007:** Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs. **Annual Performance Objective for FFY 2008:** Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs. **Annual Performance Objective for FFY 2009:** Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs. *Explain how these objectives were set:* The measure seemed appropriate to the objective.	**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 2008:** Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs. **Annual Performance Objective for FFY 2009:** Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs. **Annual Performance Objective for FFY 2010:** Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs. *Explain how these objectives were set:*	**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:** Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs. **Annual Performance Objective for FFY 2010:** Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs. **Annual Performance Objective for FFY 2011:** Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs. *Explain how these objectives were set:* historical data
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

FFY 2006	FFY 2007	FFY 2008
Goal #1 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #1** (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #1** (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state-defined objective.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state-defined goal.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. *Specify*: ☐ Other. *Specify*: Data from the New Enrollee and Continuous Enrollee surveys.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The measurement is the percentage of enrollees/families who, on the New Enrollee Survey, answered the question pertaining to this area, indicating that they had a well child check-up in the past year compared with the percentage of children/families who, on the Continuous Enrollee Survey (children who had been enrolled at least 12 months), answered this same question since enrollment in ALL Kids.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The measurement is the percentage of enrollees/families who, on the New Enrollee Survey, indicated that they had a well child check-up in the past year , compared with the percentage of children/families who, on the Continuous Enrollee Survey (children who had been enrolled at least 12 months), answered this same question since enrollment in ALL Kids.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The measure is the percentage of enrollees/families who, on the New Enrollee survey, indicated that they had a well child check-up in the past year, compared with the percentage of children/families who, on the Continuous Enrollee survey (children who had been enrolled at least 12 months), answered this same question since enrollment in ALL Kids.
Year of Data: 2006	**Year of Data:** 2007	**Year of Data:** 2008

FFY 2006	FFY 2007	FFY 2008
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Before ALL Kids, 85% said they always or usually got needed routine preventive care. After AL Kids, 96% said they always or usually got needed routing preventive care.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Before ALL Kids, 83% said they always or usually got needed routine preventive care. After ALL Kids, 96% said they always or usually got needed routine preventive care.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Before ALL Kids, 82% said they always or usually got needed routine preventive care. After ALL Kids, 94% said they always or usually got needed routine preventive care.
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **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?** **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 2007:** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** Performance improved. **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?**	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** In 2008, there was a 12% increase in families that reported always or usually getting routine preventive care after enrollment in ALL Kids. In 2007, there was a 13% increase in families that reported always or usually getting routine preventive care after enrollment in ALL Kids. There was less of an improvement observed. However, this may be the result of Alabama's coordinated effort to retain children in health insurance programs. **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?**

FFY 2006	FFY 2007	FFY 2008
in the past year since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2008:** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2009:** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids. *Explain how these objectives were set:*	**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 2008:** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2009:** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids. **Annual Performance Objective for FFY 2010:** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids. *Explain how these objectives were set:* Based on historical data.	**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:** This goal is being discontinued. **Annual Performance Objective for FFY 2010:** This goal is being discontinued. **Annual Performance Objective for FFY 2011:** This goal is being discontinued. *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:** The information by which this goal was measured was derived from the New and Continuous Enrollee Surveys. Because the New, Continuous, and Adolescent Supplement surveys have yielded the same positive information since their inception, these surveys are being discontinued in favor of the development of new surveys to be conducted by the third party insurance vendor. It is anticipated that new goals will be developed for this objective.

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

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a dental visit in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #2** (Describe)	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Throughout the history of ALL Kids, this goal has been achieved. Therefore, after FY 2005, it was discontinued as a goal so that the program may focus on other yet to be achieved goals.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:

FFY 2006	FFY 2007	FFY 2008
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **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?** **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 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** **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?** **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 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** **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?** **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:** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** *Explain how these objectives were set:*
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 #3 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a vision screening in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #3** (Describe)	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Throughout the history of ALL Kids, this goal has been achieved. Therefore, after FY 2005, it was discontinued as a goal so that the program may focus on other yet to be achieved goals.	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:

FFY 2006	FFY 2007	FFY 2008
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **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?** **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 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** **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?** **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 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?** **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?** **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:** **Annual Performance Objective for FFY 2010:** **Annual Performance Objective for FFY 2011:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

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

The Alabama SCHIP program partners with the University of Alabama at Birmingham School of Public Health to evaluate SCHIP enrollees' experiences with the program and their access to and utilization of health services while enrolled. In particular, UAB School of Public Health distributes and analyzes two surveys for ALL Kids: a New Enrollee Survey and a Continuous Enrollee Survey with adolescent supplements for those children 12 or older.

The Continuous Enrollee Survey began in October 1999 and provides ongoing feedback to the program regarding enrollees' access to and utilization of health services. The survey captures data from children who have been enrolled in ALL Kids for at least twelve months. The response rate has averaged 52% over the life of the survey. For FY 2008, 37% of respondents had been on the program twelve to twenty four months, and 63% had been enrolled greater than two years.

Specific questions address the enrollees' access to a medical home. Ninety-four percent (94%) of respondents indicated that they have either one provider or group of providers they use for sick or routine health care. Ninety-one percent (91%) said that they have no problem finding a doctor that accepts ALL Kids and 91% rated their satisfaction with their child's personal doctor as "high". After ALL Kids enrollment, only 10% said they didn't need routine care and of those that did need routine care 94% said they got it always or usually. Eighty-two percent (82%) reported that they had a dental visit in the 12 months prior to the survey.

Ninety-six percent (96%) reported no problems or barriers to obtaining needed prescriptions. Parents also reported high levels of access for specialty services. In fact, 96% reported that there was no time in the previous twelve months when their child needed specialty care and they could not access these services.

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?

We plan to complete data collection and analysis of the UAB New and Continuous Enrollee surveys during the first part of FY 2009. While we plan to discontinue these specific surveys through UAB, we plan to develop and conduct different enrollee surveys through our insurance vendor, Blue Cross Blue Shield of Alabama. It is anticipated that some data will be available for the FY 2009 Annual SCHIP Report.

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

A pilot project was begun in FY 2007 in five counties which offered case management services to enrollees identified as having asthma. The program objectives included; reducing hospital admissions and emergency room visits, increasing the use of controller medications as prescribed and decreasing the use of rescue medications. The case management intervention phase of the project started in October 2006, and concluded March 31, 2008.   Data regarding the results are still being analyzed at this time.

The behavioral health vendor conducted a Quality Improvement (QI) activity related to improving the treatment of Attention Deficit/Hyperactivity Disorder. ADHD was a top five inpatient and outpatient diagnosis for children accessing behavioral health services (ages 0-12). The QI activity began in July 2005, and ended April 2008 (vendor changed). The two components measured were: (1) enrollees seen for a second visit within 45 days of initial diagnosis, and (2) a minimum of four psychotherapy visits within six months of the initial diagnosis. Educational materials were provided, and care management staff reached out to enrollees. No overall improvements were demonstrated, as both measures had increases and decreases quarter to quarter.

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.

New Enrollees Survey

Continuous Enrollees Survey

Adolescent-Provider Communication and Enrollment in SCHIP Survey

Changes in Dental Care Access and Utilization after Enrollment in Alabama SCHIP: Three Year Examination

The program conducts 2 ongoing surveys; one with new enrollees and one with continuous enrollees so that the program can assess the impact of ALL Kids on its enrollees. The New Enrollees Survey looks at health status indicators in the 12 months prior to ALL Kids enrollment and the Continuous Enrollees Survey looks at health status indicators since enrollment in ALL Kids. All elements indicate that health status should be improving.

Approximately 49% of the enrollees who received the continuous enrollee survey also received a supplemental adolescent survey. All recipients were twelve years of age and older and the survey supplement was filled out by the parent, the adolescent or the parent working in conjunction with their child to answer the survey questions. The majority of surveys were filled out either by the parent or the parent and the adolescent together. However, 28% indicated that the adolescent filled out the survey. The survey focuses on adolescent issues such as emotional and behavioral concerns. To date, there has been a 52% response rate.

The survey results show that 25% of adolescents reported calling their health care provider for advice. Of those that did call, 72% said they usually or always got the help or advice that they were seeking. Forty-seven percent (47%) of adolescents reported that their health care provider had discussed with them taking responsibility for their own health. Similarly, 55% said the provider gave them reassurance and support about taking responsibility for their own health. However, only 46% of adolescents responding to the survey reported having the opportunity to speak with their provider privately.

The conclusions drawn from the dental analysis are as follows:

1. Enrolling children in a State Children's Health Insurance Program with a comprehensive benefit package for dental as well as general health care for 12 months can significantly increase their access to dental care and utilization of that care;

2. Particular characteristics of the children and their families increases the likelihood that they will have better access and will utilize the services to which they have improved access;

3. Universal provision of dental care coverage holds promise to not only reduce access and increase utilization of dental care services, but to also reduce disparities observed between particular groups of children.

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]**

    Due to the success of previous efforts, (Alabama was noted as having the lowest uninsured rate among 17 Southern states in the Southern Institute on Children & Families report: "Uninsured Children in the South", Third Edition, November 2007, prepared for Henry J. Kaiser Family Foundation"), most outreach activities have continued as in FY 07. New efforts include:

    A.) CHIP staff have participated in a new initiative of the Alabama Rural Action Commission (ARAC), which provides health screening for children through schools. These screenings include insurance status. Targeted outreach is provided to the families of uninsured children identified through this effort.

    B.) Another new initiative is underway through the state judicial system. Reports from judges indicate that a higher percentage of the children seen in juvenile and family court are uninsured than in the general population. This initiative will continue into FY 09.

    C.) In addition, we continue the development of the AVAA (Audio Visual Application Assistor) project which was described last year. This is an effort to minmize barriers due to language and literacy. Through this project, kiosks will be placed in several pilot locations, early in FY 09. At these kiosks, individuals can apply for coverage through the web based application. This is expected to be particularly helpful for those with Limited English Proficiency.

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?

    CHIP continues to make significant progress in reaching low-income, uninsured children through several avenues. Regional staff based around the state work with other human service agencies, school and day care personnel, and providers to "teach the people who reach the people." Contact hours are offered for social workers and nurses, and this has opened many opportunities for partnership. Staff participate in Rapid Response events, providing information about health coverage programs for children to persons losing their jobs due to plant closings. Staff attend many conferences, health fairs, and other community events. In addition, regional staff work closely with local Medicaid eligibility staff to assure close coordination, and minimize barriers to children being enrolled in the appropriate program.

    Media runs utilizing radio and television always produce an immediate spike in interest in ALL Kids as evidenced by the increase in application requests received by our Customer Service unit.

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

    We consider the recruitment, training and equipping of community leaders a best practice. CHIP cannot make personal contact with every family with uninsured children, but the partners such as schools, day care centers, faith organizations, human service organizations, and health care providers are in contact with most of these children. Therefore, our strategy is to develop and grow partnerships with these entities, assuring that they are equipped with information and applications to assist with outreach.

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]**

Most of Alabama is considered to be rural, though many children live in the urban areas. For both groups, outreach that has been most successful has been through school systems, health care providers, faith organizations, and other human service organizations. It is difficult to attribute success to one strategy over another, since most efforts, including media, are conducted simultaneously. Historically the program has seen an increase in applications in the late summer and early fall, which coincides with back to school efforts. This year, however, record enrollments continued throughout much of the year. CHIP also continues specific efforts to reach the state's growing Hispanic population. A bilingual regional coordinator works to develop partnerships with key leaders in the community, and provides training for them in order to enable them to assist with outreach and completion of applications. In addition she works to assure that program materials are translated and culturally appropriate. Other partnerships have been developed with specific Asian populations (Korean & Vietnamese), and some materials developed. Since the populations are small, and these materials very difficult to develop, the program relies on the community leaders. Regional staff continue their partnerships with Native American tribal leaders in their areas as well. Success is measured by the high penetration of enrollment among eligible children and the fact that enrollment by race is proportionate to that of eligible populations in the state.

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]**

78%
Source: Alabama ALL Kids and Medicaid administrative data, CPS Table Creator 3-year averge (2005-2007 coverage period)

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]**

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]**

    ALL Kids application materials require that the parent provide detailed information on current health insurance coverage for children and explain any coverage that has ended in the previous three months. This information is captured in the CHIP eligibility and enrollment data system and is reviewed at initial eligibility determination and renewal by Enrollment Division staff to ensure that children ineligible for CHIP coverage due to having or recently voluntarily terminating other health insurance are not enrolled. If a child appears eligible for ALL Kids coverage, and is uninsured or meets one of the criteria for exception to the ALL Kids crowd-out policy, the information is transmitted to the insurance vendor for enrollment in the program.

    This nightly enrollment transmittal to Blue Cross and Blue Shield of Alabama (the vendor for CHIP in Alabama) is then matched against other Blue Cross Blue Shield policies in order to identify children with other BCBS coverage in effect or that has been terminated less than 90 days from the date of enrollment indicated on the file. This is a highly effective strategy because BCBS insures over 80% of the covered lives in Alabama. A system generated report is returned from BCBS daily to the CHIP Enrollment Division indicating those potential enrollees matched as insured. Each case is investigated and the family notified of the indicated other coverage and appropriate waiting periods for enrollment. If enrollment in other insurance is dropped voluntarily, there is a 3 month waiting period (during which the child must be uninsured under group coverage) before the child can be enrolled in CHIP. Exceptions to this waiting period are made for children who have had group health insurance involuntarily terminated, an individual policy terminated, had a COBRA policy terminated, and/or exhausted their lifetime benefits under their other policy.

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]**

    On Medicaid: 5%; on other insurance: 2%

    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]**

    Cannot be determined

    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]**

    Cannot be determined

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]**

    This information cannot be obtained by our SCHIP data system at this time.

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]**

    No. Both programs have the same twelve-month coverage periods and both use the same renewal form. However, CHIP has no interview requirements. The only verification requirements in CHIP are for immigrant documentation status, to verify information which is not clear or is contradictory, and income verification for parents who are self-employed. Both programs use a pre-printed renewal form and when a renewal form is sent by ALL Kids to Medicaid, Medicaid accepts the renewal form as a new application for the program (and vice versa).

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]**

    At the annual renewal time all renewal information is entered into the respective system's data base. If a child is determined to be ineligible for his current program (CHIP or Medicaid) and probably eligible for the other program (CHIP or Medicaid), the application information is sent electronically, through the Automated Data Information (ADI) system, to the other program along with all denial documentation. This is explained to the family. Upon receipt of the paper application from the originating program, the new program pulls up the renewal information from the ADI system and processes the information as a new application. Monthly CHIP/Medicaid meetings have identified a few minor problems that have been successfully resolved. Such issues have included miscommunications, individual district caseworker problems, inconsistent interpretations, clarifying what the other program needed in the way of documentation, paperwork, etc.

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]**

    No. Medicaid uses a unique network which the Medicaid Agency manages. ALL Kids uses a preferred provider, discounted fee-for-service network developed by Blue Cross Blue Shield of Alabama(BCBSAL). (For the first seven months of FY 2008, ALL Kids used a mental health provider network developed by United Behavioral Health.)

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

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]**
      Two postcards are sent to each family at ten and six weeks prior to renewal in addition to the pre-printed renewal form itself, which is sent to each family eight weeks prior to renewal.
    - 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]**

see above

☐ 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]**

The renewal form is partially pre-printed with the enrollee's information. In addition, the form continues to be a joint form which combines application information for Medicaid, CHIP, and the Alabama Child Caring Foundation and can be moved electronically between the agencies.

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

During FY 2008, ALL Kids conducted several studies (involving phone calls to families who had not renewed) to try to identify why they had not renewed and encourage them to renew.

☒ Other, *please explain*: **[500]**

To assist families in paying their annual premiums, ALL Kids uses a system known at Pay$mart which allows the family to pay their premiums in installments. Addtionally, families may use a credit or debit card either on-line or by phone to pay their premiums. Families who owe premiums receive a statement every 3 months which shows the balance due.

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]**

   With the exception of the phone call studies, all of the noted measures above continue to be effective and are continually monitored. Data from the phone call studies is currently being reviewed.

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]**

   Percentage retained at redetermination: 59.2%

   Percentage disenrolled at redetermination: 40.8%

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]**

We have reports that track why they disenroll but not what happens after they disenroll. See detailed information below. The last reports were run as of September 30, 2008.

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
30720	608	2			2619	9	66		27427	89

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]**.

CHIP administrative data were obtained from the Eligibility Division's determination processes via incoming telephone requests, paper and web application submissions, income verification, and demographic data.

In the table above "Obtain other public or private coverage" includes those children who either were found to be already covered under Medicaid, State Employees Insurance, State Education Employees Insurance, or other insurance.

Also, those in the "Other" category include children who were disenrolled either by request from the parent, for non-payment of premium, no return of the renewal form from the enrollee, found to be under or over the ALL Kids income eligibility range, or for other reasons. Those determined to be under income were referred to Medicaid. Those determined to be over income were referred to the Alabama Child Caring Foundation.

According to a Medicaid enrollment study, aproximately 40% of children who were referred to Medicaid from ALL Kids, were subsequently enrolled in Medicaid.

There is no mechanism in place to track the number of children who remain uninsured once they disenroll from the ALL Kids program.

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]**

   No definitive assessment has been 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]**

No

3. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? **[7500]**

N/A

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]**

4. What benefit package does the ESI program use? **[7500]**

5. Are there any minimum coverage requirements for the benefit package? **[7500]**

6. Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

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]**

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).

_____	Number of childless adults ever-enrolled during the reporting period
_____	Number of adults ever-enrolled during the reporting period
_____	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]**

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

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

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]**

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]**

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

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]**

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]**

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

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

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

1. Does your state have a <u>written</u> 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]**

    With regard to fraud and abuse in the applicant enrollment processes, these are dealt with on a case-by-case basis because there are very few of these occurences. However, when a case of possible fraud or abuse is identified, it is brought to the attention of the appropriate members of the CHIP administrative staff and is investigated.

    With regard to fraud and abuse within the provider sector, CHIP's contracts with the provider vendors specifically state that the vendor is responsible for procedures for prevention, investigation and referral of cases. Specifically, Blue Cross Blue Shield of Alabama maintains operating policies, including but not limited to the following areas:

Maintenance of Network Integrity Unit

Network Integrity Training

Referral to Network Integrity

Collaboration with Law Enforcement

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

☒ Yes

☐ No

Please Explain: **[500]**

Blue Cross Blue Shield of Alabama has written plans.

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

0   Number of cases investigated

0   Number of cases referred to appropriate law enforcement officials

Provider Billing

0   Number of cases investigated

0   Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

0   Number of cases investigated

0   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]**

   Monthly meetings are held with the contractors where issues are discussed.

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]**

Blue Cross and Blue Shield of Alabama Anti-fraud Plan

Blue Cross and Blue Shield of Alabama has an active anti-fraud and abuse program to ensure the integrity of benefit administration. The mission of the Network Integrity and Analysis unit is to develop and continuously improve upon a comprehensive anti-fraud function, which will focus on the prevention, detection, investigation and resolution of fraud and abuse. Our objectives include:

•   Proactive prevention through education and continuous improvement of strategic corporate defenses;

•   Proactive detection through continual analysis and networking relationships;

•   Quality investigation through well trained staff and internal/ external partnerships;

•   Satisfactory resolution through education, recovery, and support of prosecution of fraud.

Organizational Structure

The Network Integrity and Analysis Unit (NI) of the HealthCare Networks division has the primary responsibility for the detection, investigation, recovery of overpayments and referral for potential prosecution of cases involving unlawful or abusive activity directed against corporate and customer assets. The manager of the Network Integrity unit reports up through the Health Care Networks division. The unit is staffed with investigators, data analysts and research support staff who represent a variety of professional backgrounds pertinent to the delivery and administration of health care.

Scope of Activities

The NI department is responsible for fraud and abuse activity involving providers, employer groups, and subscribers. (Employee fraud is addressed through the Internal Audit department and Compliance and Pharmacy Fraud is addressed through a separate Pharmacy Integrity Unit.) Investigative activities may be

on a local, state, national or international level. The NI unit works collaboratively with all areas of the company in support of its investigation activities as well as employer groups, subscribers, providers, and investigative and judicial agencies (i.e F.B.I., sheriff's office, Attorney General, U.S. Attorney, District Attorney). The unit also works with professional regulatory agencies and societies such as Medical Associations, Dental Examiners, Psychology Board, Chiropractic Board and the Pharmacy Board.

Summary of Procedures

Prevention

Corporately, fraud and abuse prevention is accomplished through a variety of means and in a variety of departments. These include maintenance of numerous claim edits and review procedures, construction of contractual provisions in our participating provider networks aimed at ensuring appropriate care delivery and billing, the creation and maintenance of medical policies and directives, maintaining an active program of corporate anti-fraud training and awareness campaigns, consumer / provider education, proactive data analysis, and corporate participation in national anti-fraud organizations and initiatives.

Detection

Investigative leads are generated through extensive routine and specific data mining, receipt of internal and external referrals, monitoring current events and publications, and national initiatives generated through national anti-fraud organizations (ex. NHCAA, IASIU) and the Blue Cross Blue Shield Association. Blue Cross maintains 24 x 7 fraud referral hotline and referral capability via the Blue Cross website. An internal reward program is also in place to encourage associate referrals. The unit also maintains specific antifraud software dedicated to supporting data analysis and case information (STARS.)

Investigation

Cases are assigned to unit representatives and investigated utilizing appropriate resources and methods. These may include medical record reviews; onsite audits; law enforcement and regulatory agency collaboration; and consultation and review by subject matter experts (peer reviewers.) Results of the investigations lead to identifying offenders and implementing corrective action plans.

Corrective Action

Corrective actions can include education, refund recovery, placement of preventative claim edits, termination from participation in plan networks, termination of group/ subscriber benefits, referral to regulatory agencies for sanctions (i.e. Board of Medical Examiners, Pharmacy Board, etc.) or prosecution depending on the circumstances of the case.

Once corrective action has been implemented the situation is scheduled for follow-up analysis to validate the effectiveness of the measures. If the circumstance addressed has not been corrected the Network Integrity and Analysis Unit works to ensure that the situation is finally resolved satisfactorily.

In addition to resolving each specific case of fraud and/or abuse, overall benefit utilization is monitored through data analysis to identify exceptional areas of medical care and to validate appropriate claim processing. Exceptions are further investigated to determine if the variance is due to unethical practice, justifiable patient medical conditions or other internal claim processing issues. Even when fraud is not provable or evident, corporate practices may be affected.

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

Benefit Costs	2008	2009	2010
Insurance payments			
Managed Care			
Fee for Service	137594220	152461662	173573181
Total Benefit Costs	137594220	152461662	173573181
(Offsetting beneficiary cost sharing payments)	-4023005	-3951716	-4085319
Net Benefit Costs	$ 133571215	$ 148509946	$ 169487862

Administration Costs			
Personnel	4006259	4772085	5010689
General Administration	1372418	3146262	3676420
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	1343326	1477659	1625425
Other (e.g., indirect costs) Indirect costs	418642	603994	687466
Health Services Initiatives			
Total Administration Costs	7140645	10000000	11000000
10% Administrative Cap (net benefit costs ÷ 9)	14841246	16501105	18831985

Federal Title XXI Share	108812481	122987867	140040532
State Share	31899379	35522079	40447330

TOTAL COSTS OF APPROVED SCHIP PLAN	140711860	158509946	180487862

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]**

While we had enough funds to cover FY2008 because of carry-over funds from FY2007, the FY2008 allocation itself was insufficient to cover program costs.

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	71393	$ 162	73788	$ 175	76263	$ 193

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

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)					

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]**

   Alabama continues to struggle with adequate public funding for the state's General Fund to support state budgets and initiatives including funding for the operation of the Alabama Medicaid Agency and SCHIP program. The Legislature and the Governor's Office remain very supportive of budget requests and have continued to dialogue and strategize on how to maintain funding for the Medicaid program and support contributions to the CHIP Program. Budgeting and making financial projections were made especially difficult due to the uncertainty of the federal SCHIP reauthorization. Funding of children's health insurance programs continues to be supported by advocacy, provider and state groups drawing collaborative support from a variety of areas.

   Additionally, the Alabama Child Caring Foundation continues in record numbers to provide insurance to children not eligible for Medicaid or ALL Kids. This program is based on donations from the private sector.

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

   The greatest challenge has been the uncertainty of the federal SCHIP reauthorization. This has made budgeting and financial projections especially difficult.

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

   1. Record high enrollment (3% higher than the previous high year [FY2007] - comparing September enrollment for both years).

   2. Established the e-signature as an acceptable mode of signature for applications submitted via the internet. This establishment has resulted in a tremendous increase in the number of applications submitted this way.

   3. Continued support of a health insurance web site for businesses and individuals ((http://healthinsurance.alabama.gov).

   4. Continuation, beyond grant funding, of the Covering Alabama Kids and Families Project.

   5. Extension of the Polyglot Project (gives Medicaid enrollment workers and their applicants access to an audible Spanish translation of the questions on the Medicaid/ALL Kids application form. These audible Spanish and English translations include explanations of the questions and make it easier for the Medicaid Outstationed workers to ask questions and clarify information needed as well as making it easier for the applicant to supply the correct information.)

   6. Alabama was selected to participate in a Robert Wood Johnson Foundation SCHIP retention and renewal project.

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]**

The program has been selected as a finalist for funding within the Robert Wood Johnson Foundation's "Maximizing Enrollment for Kids" program. If funded, CHIP will begin work toward conversion to a paperless application system.

At this time, no changes are planned. However, changes in the program may become necessary due to the uncertainty of federal reauthorization and the uncertainty of the economy.

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