NATIONAL ACADEMY
for STATE HEALTH POLICY

Framework and *User's Guide* for State Evaluation of the Children's Health Insurance Program

August 1999

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Framework and User's Guide for State Evaluation of the Children's Health Insurance Program

August 1999

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The CHIP Evaluation Framework and User's Guide were developed for states by a group that worked over 8 months to complete these documents. The Evaluation Workgroup consisted of State officials nominated by the National Governors' Association and American Public Human Service Association, and representatives from the Federal government.

Evaluation Workgroup members included:

- Cheryl Austein Casnoff, Acting Co-Chair, DHHS Steering Commission on CHIP Implementation, Director of Benefits, Coverage & Payment - HCFA
- Ralph Bielefeldt, Assistant Director, NYS Child Health Plus Program - NY
- Lorraine Brown, Deputy Director, Managed Risk Medical Insurance Board - CA
- Barbara Coulter Edwards, Deputy Director, Office of Medicaid - OH
- Joan Henneberry, Program Director, Maternal and Child Health - NGA
- DeNay Kirkpatrick, Assistant Director of Nursing, Department of Public Health - AL
- Jeanne Lambrew, Senior Health Policy Analyst - The White House
- Tricia Leddy, Director, Center for Child and Family Health, DHS - RI
- Patricia MacTaggart, Director of Quality and Performance Management - HCFA
- Lee Partridge, Director of the Health Policy Unit - APHSA
- Nancy Ross, Medicaid Program Director - FL
- Sarah Schulte, Senior Health Policy Analyst, Department of Health Care Policy and Finance - CO
- Linda Wertz, Medicaid Director, Health and Human Services Commission - TX
- William Taylor, Medicaid Director - GA

Some Workgroup members engaged their staff in the process as well. They were: Jason Cooke, Associate Commissioner for Children's Health in Texas; Joan Obara, Chief, Family Health Systems, Center for Child and Family Health, DHS; and Sukey Barnum, Department of Human Services in Ohio.

Members represented Medicaid CHIP programs, separate CHIP programs, combination programs, small and large states from every part of the country, with different political and socioeconomic environments and capacity to evaluate CHIP.

The Workgroup made every effort to ensure that each state would be able to answer some, if not all, of the questions realizing that some states may be able to provide information that is evaluative in nature, while other states may have limited experience and data and therefore will be more descriptive in their responses.

The Workgroup and its products, the Evaluation Framework and User's Guide, would not have been possible without the support and guidance from Gene Lewit, Director of Research and Grants for Economics from the David and Lucile Packard Foundation. Dr. Lewit's support of the National Academy for State Health Policy's Children's Health Insurance Program Implementation Center and of children's health in general has been overwhelming and deeply appreciated.

Finally we thank Margo Rosenbach, Vice President at Mathematica Policy Research, Inc. for her thoughtful and tireless work and thank Sarah Schulte who provided critical help to complete the User's Guide.

User's Guide

NATIONAL ACADEMY
for STATE HEALTH POLICY

User's Guide
for the CHIP Evaluation Framework

Why a Framework for CHIP Evaluation?

NASHP and a work group of State officials and representatives from the Federal government produced this document to help States meet their legal obligations for Title XXI reporting requirements and to develop an easy-to-read summary of how CHIP is working.

Federal statute requires each State to submit an evaluation of its Title XXI program to the Secretary of the Department of Health and Human Services by March 31, 2000. This Framework outlines the type of information that States could include in their evaluations of the Title XXI State Children's Health Insurance Program. The goals of the Evaluation Framework are to:

- Assist States in meeting Federal statutory requirements, **AND**
- Provide consistency across States in the structure, content, and format of the report, **AND**
- Recognize the diversity of State approaches to Title XXI and allow States flexibility in highlighting key accomplishments and progress of their Title XXI programs, **AND**
- Build on data already collected by HCFA's quarterly enrollment and expenditure reports, **AND**
- Enhance accessibility to information on the achievements of Title XXI.

Why Should I Fill All This Out?

Don't panic! The document is long in large measure because we've formatted it for ease of completion. It looks longer than it is. But to be fair, Congress does ask you for significant amounts of information. The State Evaluation is a critical document that will influence the future of CHIP and inform the Secretary's Report to Congress in 2001. We think the Framework allows you to present the complexity of your program(s) and tell an accurate story of how CHIP is being implemented in every State.

How Was the Framework Developed?

The Framework was developed over an eight-month period with funding from The David and Lucile Packard Foundation. The Evaluation Workgroup consisted of State officials nominated by the National Governors' Association and American Public Human Service Association, and representatives from the Federal government, including HCFA. Drafts of the Framework were reviewed by key congressional staff, child advocates, and States, and all suggestions were considered and addressed by the Workgroup. NASHP contracted with an independent consultant, Margo Rosenbach of Mathematica Policy Research, to assist in the drafting.

Will This Framework Satisfy Federal Reporting Requirements?

The table on page 4, Crosswalk of Title XXI Statute to Evaluation Framework, identifies each section of the statutory requirements regarding CHIP evaluation [Section 2108(b) of the Social Security Act] and identifies where in the Framework each and every item required by law is located.

HCFA's proposed regulations governing CHIP were not yet available when we drafted and released this document. We believe the Framework clearly tracks the law, however, any variation required by final HCFA regulations can and will be addressed by NASHP and the Workgroup. We will continue to work with HCFA to assure this Framework meets reporting requirements, and will provide further guidance to States, if and when appropriate, following the release of HCFA's CHIP regulation.

How Do I Complete the CHIP Evaluation Framework?

This Framework is a tool developed by States, for States, to make it easier for you to complete the required evaluation report due to DHHS on 3/31/2000. It is voluntary, but we encourage States to use it in order to provide comparable information for the Secretary and the Congress and to help States learn from each other. To do so, you will need to follow these simple directions.

1. Use the Framework outline as it is presented. Answer questions in the order presented.

   We recognize that a State may not be able to answer every question. Some questions may not be applicable to your program(s); you may not have data available to respond to others. Please mark **NA** - not applicable - for those that do not apply and **DK**- don't know - for those questions for which you do not have information.

   If all States use the Framework in this manner, reporting will be consistent and States will have easy access to information on programs across the country. For example, a

State interested in outreach or crowd-out would easily find the information on each State in the same place in the Framework.

2. Narrative responses are included for most questions. Use as much space as you need to answer fully.

   Attachments may be submitted to illustrate or elaborate upon your responses.

3. The Framework is available on disk to facilitate easy completion.

   Each disk contains a copy of the CHIP Evaluation Framework in Microsoft Word and Corel WordPerfect for PC. If you need a different format, please contact Cynthia Pernice at the National Academy for State Health Policy at (207) 874-6524.

4. Refer to the following pages of this User's Guide for more explicit guidance about how States might complete the Evaluation Framework.

   If you have other questions, please call the National Academy for State Health Policy at (207) 874-6524. Trish Riley or Cynthia Pernice are available for additional guidance.

Important

It is important to remember that while some States may have extensive experience in designing and evaluating their Children's Health Insurance Program(s), others may not. With respect to specific program elements covered in this Framework, some States may be able to provide information that is evaluative in nature, while other States may have limited experience and data and therefore will be more descriptive in their responses. With these variations in mind, we urge States to quantitatively assess the impact and outcomes associated with specific program elements whenever possible. States that have had more limited experience in evaluating their programs are encouraged to describe, to the greatest extent possible, the specific aspects of their programs.

Crosswalk of Title XXI Statute to the CHIP Evaluation Framework

Section of Statute	Statutory Language	Section of Framework that Addresses Statutory Requirement
2108(b)(1)(A)	An assessment of the effectiveness of the State plan in increasing the number of children with creditable health coverage	1.1, 1.2, 1.3, 2.1, 3.4, 4.1.2, 5.1
2108(b)(1)(B)	A description and analysis of the effectiveness of elements of the State plan, including--	
(i)	the characteristics of the children and families assisted under the State plan including age of the children, family income, and the assisted child's access to or coverage by other health insurance prior to the State plan and after eligibility for the State plan ends,	3.1, 4.1, 4.2
(ii)	the quality of health coverage provided including the types of benefits provided,	3.2.1, 3.2.2
(iii)	the amount and level (including payment of part or all of any premium) of assistance provided by the State,	3.3, 4.3
(iv)	the service area of the State plan,	3.1.1
(v)	the time limits for coverage of a child under the State plan,	3.1.2, 3.1.3, 3.1.4, 3.1.5
(vi)	the State's choice of health benefits coverage and other methods used for providing child health assistance, and	3.2.2, 3.2.3
(vii)	the sources of non-Federal funding used in the State plan.	4.3.3
2108(b)(1)(C)	An assessment of the effectiveness of other public and private programs in the State in increasing the availability of affordable quality individual and family health insurance for children.	4.1.3

Section of Statute	Statutory Language	Section of Framework that Addresses Statutory Requirement
2108(b)(1)(D)	A review and assessment of State activities to coordinate the plan under this title with other public and private programs providing health care and health care financing, including medicaid and maternal and child health services.	3.1.6, 3.5, 3.6
2108(b)(1)(E)	An analysis of changes and trends in the State that affect the provision of accessible, affordable, quality health insurance and health care to children.	2.2, 2.3
2108(b)(1)(F)	A description of any plans the State has for improving the availability of health insurance and health care for children.	5.2
2108(b)(1)(G)	Recommendations for improving the program under this title.	5.3
2108(b)(1)(H)	Any other matters the State and the Secretary consider important.	4.4, 4.5, 4.6

How Can I Answer All These Questions?

The following item-by-item review of the Framework provides specific guidance to assure our intent is clear and to provide suggestions about data and other sources of information available to assist you.

Cover Page

Reporting Period: This evaluation should reflect the period beginning with the implementation of your CHIP program(s) and ending with Federal fiscal year 1999, up to two years (October 1, 1997 through September 30, 1999).

Contact Person: Provide contact information for the staff person whom HCFA and other States should contact with questions regarding your evaluation.

Section 1. Summary of Key Accomplishments of Your CHIP Program(s)

This section is designed to highlight the key accomplishments of your CHIP program(s) to date toward increasing the number of children with creditable health coverage (Section 2108(b)(1)(A)). This section also identifies strategic objectives, performance goals, and performance measures for the CHIP program(s), as well as progress and barriers toward meeting those goals. More detailed analysis of program effectiveness in reducing the number of uninsured low-income children is given in sections that follow.

1.1 What is the estimated baseline number of uncovered low-income children? Is this estimated baseline the same number submitted to HCFA in the 1998 annual report? If not, what estimate did you submit, and why is it different?

All States submitted an estimate of the baseline number of uncovered low-income children in their State in their 1998 Annual Report to HCFA, due on January 31, 1999. Unless a State has revised its estimate, the number reported in the Annual Report may be repeated here. States that have revised their baseline estimate should report the new number and explain why the number has been revised.

1.1.1 What are the data source(s) and methodology used to make this estimate?

Provide the data sources and methodology of the State's baseline estimate reported in section 1.1. For example, data sources used to estimate the baseline number might include Current Population Survey (CPS), Medical Panel Expenditure Survey (MEPS), or State-collected data. Methodologies used could include number of data years used, methods of averaging or merging data, and other statistical techniques.

1.1.2 What is the State's assessment of the reliability of the baseline estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Due to widely-acknowledged data limitations, concerns have been expressed by State officials and researchers regarding the accuracy of uninsured estimates. Please provide the State's assessment of the reliability of the reported baseline. Limitations to the baseline estimate could include sample size, representativeness of sample, questionnaire design, and survey methodology. Any quantitative information regarding the reliability of the estimate, such as a numerical range or confidence interval, should be included in the State's response.

1.2 How much progress has been made in increasing the number of children with creditable health coverage? How many more children have creditable coverage following the implementation of Title XXI? (Section 2108(b)(1)(A))

CHIP program(s) can quantify its progress toward increasing the number of children with creditable health coverage in at least four ways. First, the State can compare its current estimate of uninsured children with the baseline estimate reported in section 1.1. Depending on the reliability of the baseline estimate and the length of operation of the State's CHIP program(s), this comparison could reflect a drop in the number of uninsured children due to enrollment in the new CHIP program(s). States may want to address other trends in health care coverage that may have affected the overall rate of insurance coverage (see section 2.2.3). Second, a State can report the total number of children served by the CHIP program(s) as of September 30, 1999, therefore showing how many more children have creditable coverage. New Medicaid enrollment that can be ascribed to CHIP outreach efforts provide a third method for showing increased coverage. Finally, to address the concern that new enrollments represent a shift of low-income children from private to public coverage with no overall increase in coverage, the program may report its crowd-out efforts and results, if available.

1.2.1 What are the data source(s) and methodology used to make this estimate?

For each number reported in section 1.2, please specify the data source and methodology used, such as survey and administrative data, years used, and statistical techniques employed. If applicable, please describe any differences between the data sources and methodologies used to calculate the current estimate and those used to calculate the baseline estimate.

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

Please provide the State's assessment of the reliability of the reported estimate. Any quantitative information regarding the reliability of the estimate, such as a numerical range or confidence interval, should be included in the State's response.

1.3 What progress has been made to achieve the State's strategic objectives and performance goals for its CHIP program(s)?

The objectives, goals, and measures described in this section should reflect those in Section 9 of your Title XXI State Plan. States reported progress toward meeting these performance objectives for FFY 1998 in their first Annual Report. The following table asks for similar information but requests progress during both FFY 1998 and FFY 1999.

To maximize comparability across States, the Evaluation Framework provides a table for reporting on strategic objectives, goals, performance measures, and progress towards meeting goals. The table includes six general headings that reflect the most common type of objectives chosen by States for their CHIP program(s), including reducing the number of uninsured children, increasing CHIP enrollment, increasing Medicaid enrollment, assuring access to care, delivering preventive care, and other.

Please complete Table 1.3 to summarize the State's strategic objectives, performance goals, performance measures, and progress in meeting its strategic objectives. Place each objective in the most appropriate of the six categories. Be as specific and detailed as possible, using additional pages as necessary. The table should be completed as follows:

Column 1: List the State's strategic objectives for the CHIP program as specified in the State Plan.

Column 2: List the performance goals for each strategic objective.

Column 3: For each performance goal, indicate how performance is being measured and progress toward meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

For each performance goal specified in Table 1.3, please provide a narrative discussing how actual performance to date compares against performance goals specified in the Exhibit. Please be as specific as possible concerning your findings to date. If performance goals have not been met, indicate the barriers or constraints. The narrative also should discuss future performance measurement activities, including a projection of when additional data are likely to be available.

Example of Table 1.3

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	**(2) Performance Goals for each Strategic Objective**	**(3) Performance Measures and Summary of Progress (Specify data sources, methodology, numerators, denominators, etc.)**
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Reduce percentage of low-income uninsured children	Reduce percentage of uninsured children under 200% FPL by 50% by January 1, 2000	Data Source: Current Population Survey Methodology: 1994, 1995 and 1996 merged data set (baseline) 1997, 1998, 1999 merged data set Numerator: Number of children under 200% FPL who are uninsured Denominator: Number of children under 200% FPLProgress Progress Summary: As of September 30, 1999, program has reduced percentage of uninsured children by 20%
OBJECTIVES RELATED TO CHIP ENROLLMENT		
Enroll all eligible children in the CHIP program	Enroll 50,000 children in the CHIP program by January 1, 2000	Data Source: Internal eligibility data Methodology: Number of enrolled children reported by the system on September 30, 1999 Progress Summary: September 30, 1999, 20,000 children were enrolled in the program.

Example of Table 1.3

OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
Increase number of Medicaid-eligible children enrolled in Medicaid	Enroll 15,000 children in Medicaid as a result of a CHIP referral by January 1, 2000	Data Source: Internal eligibility data; Medicaid enrollment data Methodology: Record match between CHIP eligibility data and Medicaid enrollment data performed Progress Summary: September 30, 1999, 10,000 had been enrolled in Medicaid as a result of CHIP outreach and referral
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
Ensure enrollees have access to care	At least 75% of CHIP enrollees report a usual source of care	Data Source: Annual member survey Methodology: 1,000 members surveyed by phone and mail Numerator: Number of survey respondents reporting a usual source of care Denominator: Number of survey respondents Progress Summary: Sixty percent (60%) of survey respondents reported a usual source of care in 1998 (1999 unavailable)
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
Provide appropriate preventive care to enrollees	At least 75% of enrollees receive well-child visit during the year	Data Source: Administrative data; medical records Methodology: Annual review of 500 randomly-selected medical records Numerator: Number of medical records indicating child received well-child care during the year Denominator: 500 Progress Summary: Fifty-three percent (53%) of children reviewed received a well-child visit in 1998 (1999 data unavailable).

Example of Table 1.3

OTHER OBJECTIVES (SPECIFY)		
Prevent crowd-out	Maintain percentage of children under 200% FPL with employer-based coverage	Data Source: Current Population Survey Methodology: 1994, 1995 and 1996 merged data set (baseline) 1997, 1998, 1999 merged data set Numerator: Number of children under 200% FPL who are insured through employer coverage Denominator: Number of children under 200% FPL Progress Summary: Percent of children covered by employer-based coverage remained at 45%, unchanged between baseline and measurement years

Each of the objectives included in the table above should be further detailed in a narrative that includes: *performance measures, progress toward goals, barriers to meeting goals and future plans regarding progress.*

Objective 1: Reduce the percentage of low-income children.

Objective 2: Enroll all eligible children in the CHIP program.

Objective 3: Increase number of Medicaid-eligible children enrolled in Medicaid.

Objective 4: Ensure enrollees have access to care.

Objective 5: Provide appropriate preventive care to enrollees

Objective 6: Prevent crowd-out

Section 2. Background

This section is designed to provide background information on the CHIP programs funded through Title XXI.

2.1 How are Title XXI funds being used in your State?

Answer by completing the following.

2.1.1 List all programs in your State that are funded through Title XXI. (Check all that apply.)

This section asks the State to indicate which type of health care programs it provides through its CHIP program. In addition to describing the Medicaid and State-Designed aspects of the program(s), the State should indicate whether any employer-sponsored insurance, family coverage, or wraparound benefits are funded with Title XXI dollars, even though these may be provided as optional services under the Medicaid or State-Designed program. Also note that the State will be asked to report throughout the evaluation on each of the programs checked in this section.

2.1.2 ***If State offers family coverage:*** *Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs.*

2.1.3 ***If State has a buy-in program for employer-sponsored insurance:*** *Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs.*

In sections 2.1.2 and 2.1.3, briefly describe the program design elements of the State's employer-sponsored insurance and family coverage programs, if applicable. Areas of interest include determination of benefit equivalency, limitations on co-payment liability, determination of cost-effectiveness, and coordination with other CHIP programs.

2.2 What environmental factors in your State affect your CHIP program? (Section 2108(b)(1)(E))

Answer by completing the following sections.

2.2.1 How did pre-existing programs (including Medicaid) affect the design of your CHIP program(s)?

2.2.2 Were any of the preexisting programs "State-only" and if so what has happened to that program?

Questions 2.2.1 and 2.2.2 solicit information regarding pre-existing health care programs that impacted the design of the State's CHIP program(s). States should describe any health care program, such as Medicaid, Medicaid waiver, Caring Program, or other State-only program, and how the program's funding, benefits, and eligibility affected the design of the Title XXI program(s). For State-only programs, please indicate if the program is still in existence and whether it has been modified since implementation of the CHIP program(s).

2.2.3 Describe changes and trends in the State since implementation of your Title XXI program(s) that "affect the provision of accessible, affordable, quality health insurance and healthcare for children." (Section 2108(b)(1)(E))

While 2.2.1 and 2.2.2. ask for information regarding health care programs prior to CHIP implementation, this section asks the State to describe changes and trends since CHIP implementation that "affect the provision of accessible, affordable, quality health insurance and health care for children." Examples of changes in health care programs, markets and demographics are listed. Check all that apply and add any additional information that is relevant. Provide descriptive narrative if applicable and indicate how each factor has affected your CHIP program(s). Please indicate source of information (e.g., news account, evaluation study) and provide quantitative measures where available.

Section 3. Program Design

This section is designed to provide a description of the elements of your State plan, including eligibility, benefits, delivery system, cost-sharing, outreach, coordination with other programs, and anti-crowd-out provisions.

3.1 Who is eligible?

Answer by completing the following sections.

3.1.1 Describe the standards used to determine eligibility of targeted low-income children for child health assistance under the plan. For each standard, describe the criteria used to apply the standard. If not applicable, enter "NA."

This question asks you to briefly describe your program's eligibility standards in the provided table. This information closely mirrors question 4.1 of the State plan. Please complete Table 3.1.1, providing information where applicable or noting "NA" where eligibility criteria are not used. Please provide definitions of terms such as countable income, resources, residency requirements, disability status and access to other health coverage. Include these definitions in the table, if possible, or provide longer definitions in a narrative. States that include an employer-sponsored insurance, family coverage or wrap-around benefit program, as indicated in section 2.1.1, should complete columns for each program. *Example 3.1.1* provides a guide to how a state could complete this table.

Example of Table 3.1.1

A State-Designed Program with an Employer-Sponsored Insurance Program might complete the table as follows:

Table 3.1.1			
	Medicaid CHIP Expansion Program	**State-designed CHIP Program**	**Other CHIP Program: Employer Sponsored Insurance***
Geographic area served by the plan (Section 2108(b)(1)(B)(iv))		Statewide	Statewide
Age		0-18 years	0-18 years
Income (define countable income)**		0-200% FPL	150-200% FPL
Resources (including any standards relating to spend downs and disposition of resources)		NA	NA
Residency requirements (Any person who has resided in the State for three months)		Must be State resident	Must be State resident
Disability status		NA	NA
Access to or coverage under other health coverage (Creditable coverage as defined in Federal law)		May not be covered at time of application	May not be covered at time of application
Other standards (identify and describe): Prior Employer Coverage (Coverage where the employer paid at least 50% of the family premium)		May not have been covered by employer coverage in the three months prior to application	May not have been covered by employer coverage in the six months prior to application

*Provide the same information for each "other" program listed in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

** Countable income is defined as all earned and unearned income with the following disallows: child care expenses, disability payments, foster care payments, and food stamps.

3.1.2 How often is eligibility redetermined?

Answer by completing Table 3.1.2, checking the applicable redetermination periods for each of your CHIP programs, including additional columns for employer-sponsored coverage, family coverage, and wraparound benefit packages if applicable.

3.1.3 Is eligibility guaranteed for a specified period of time regardless of income changes? (Section 2108(b)(1)(B)(v))

3.1.4 Does the CHIP program provide retroactive eligibility?

3.1.5 Does the CHIP program have presumptive eligibility?

3.1.6 Do your Medicaid program and CHIP program(s) have a joint application?

For questions 3.1.3 through 3.1.6, please check the appropriate "yes" or "no" line and provide brief answers to the stated questions.

3.1.7 Evaluate the strengths and weaknesses of your eligibility determination process in increasing creditable health coverage among targeted low-income children.

3.1.8 Evaluate the strengths and weaknesses of your eligibility redetermination process in increasing creditable health coverage among targeted low-income children. How does the redetermination process differ from the initial eligibility determination process?

In questions 3.1.7 and 3.1.8, please provide a brief description of the strengths and weaknesses of your eligibility determination and redetermination processes. Address eligibility issues that the State believes significantly impact CHIP enrollment such as application length, application complexity, documentation requirements, and application assistance. Include a description of the amount of time that elapses between submission of a complete application, final eligibility determination, and enrollment in the program. For redetermination, please address how the process differs from initial determination, how enrollees are notified, and how the State handles non-response.

3.2 What benefits do children receive and how is the delivery system structured? (Section 2108(b)(1)(B)(vi))

Answer by completing the following.

3.2.1 Benefits

Please complete Table 3.2.1 for each of your CHIP programs, showing which benefits are covered, the extent of cost-sharing (if any), and benefit limits (if any). States with programs such as employer-sponsored insurance, family coverage, and wraparound benefits should complete the table for each program (see note below for instructions on how to duplicate a taple). Attach narrative as needed to define benefits, copays, and limitations.

NOTE: To duplicate a table: put cursor on desired table go to Edit in menu and chose "select" "table." Once the table is highlighted, copy it by selecting "copy" in the Edit menu and then "paste" it under the first table.

3.2.2 Scope and Range of Health Benefits (Section 2108(b)(1)(B)(ii))

Federal statute requires States to address the effectiveness of the "the quality of health care coverage provided, including the types of benefits provided." Please comment on the scope and range of health coverage provided, including the types of benefits provided and cost-sharing requirements. To further address the issues of "quality of health care coverage," please highlight the level of preventive services offered and services available to children with special health care needs. Also, describe any enabling services offered to CHIP enrollees. (Enabling services include non-emergency transportation, interpretation, individual needs assessment, home visits, community outreach, translation of written materials, and other services designed to facilitate access to care.)

3.2.3 Delivery System

Complete the table 3.2.3 regarding delivery systems, including a column for each of the CHIP programs identified in Section 2. For questions regarding non-comprehensive risk contractors and indemnity/fee-for-service, please specify services that are carved out of the delivery system, if applicable. Note the "Number of MCOs" refers to the number of MCOs participating in the CHIP program(s). *Example 3.2.3* provides a guide to how a State might complete this table.

Example of Table 3.2.3

A State that implemented a State-designed CHIP program, with voluntary enrollment in an MCO or PPO program, with a special needs wrap-around package and fee-for-service dental services, might complete the table as follows:

Table 3.2.3			
Type of delivery system	**Medicaid CHIP Expansion Program**	**State-designed CHIP Program**	**Other CHIP Program: Wrap-around benefit package***
A. Comprehensive risk managed care organizations (MCOs)		yes	no
Statewide?	___ Yes ___ No	___ Yes _x_ No	___ Yes _x__ No
Mandatory enrollment?	___ Yes ___ No	___ Yes _x_ No	___ Yes _x__ No
Number of MCOs		6	NA
B. Primary care case management (PCCM) program		no	no
C. Non-comprehensive risk contractors for selected services such as mental health, dental, or vision (specify services that are carved out to managed care, if applicable)		no	no
D. Indemnity/fee-for-service (specify services that are carved out to FFS, if applicable)		Yes Dental	Yes
E. Other (specify) PPO		Yes	
F. Other (specify) _____			
G. Other (specify) _____			

*Provide this same information for each "other" program(by adding a column to the table) identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.3 How much does CHIP cost families?

Due to substantial interest among States, Congress, and advocacy groups regarding CHIP premiums, this section asks States to provide detail regarding their premium policies and procedures. Please describe your premium schedule, periodicity, grace period, lock-out period, collection methods, and other relevant premium information. Also describe premium strategies that the State has implemented that are particularly effective or innovative. Add narrative or attach documentation as necessary.

3.3.1 Is cost sharing imposed on any of the families covered under the plan? (Cost-sharing includes premiums, enrollment fees, deductibles, coinsurance/copayments, or other out-of-pocket expenses paid by the family.)

If your State's CHIP program(s) imposes cost sharing on families, please complete Table 3.3.1, indicating which of the listed cost-sharing designs are utilized by the programs in your State. States with employer-sponsored, family coverage, or wrap-around benefit packages should include information for each. Do not specify dollar amounts or other details in this table--Table 3.2.1 requests detailed cost-sharing information. States that do not impose cost-sharing may skip to question 3.4.

3.3.2 ***If premiums are charged****: What is the level of premiums and how do they vary by program, income, family size, or other criteria? (Describe criteria and attach schedule.) How often are premiums collected? What do you do if families fail to pay the premium? Is there a waiting period (lock-out) before a family can re-enroll? Do you have any innovative approaches to premium collection?*

3.3.3 ***If premiums are charged****: Who may pay for the premium? Check all that apply. (Section 2108(b)(1)(B)(iii))*

3.3.4 ***If enrollment fee is charged****: What is the amount of the enrollment fee and how does it vary by program, income, family size, or other criteria?*

3.3.5 ***If deductibles are charged****: What is the amount of deductibles (specify, including variations by program, health plan, type of service, and other criteria)*

Please complete questions 3.3.2 through 3.3.5 where applicable.

3.3.6 How are families notified of their cost-sharing requirements under CHIP, including the 5 percent cap?

Question 3.3.6 asks States to describe how the CHIP program informs families of cost-sharing requirements, including the 5% cost-sharing cap. Please describe any methods used by your CHIP program(s) or health plans to communicate these policies to enrollees including member letters, member handbooks, and program newsletters.

3.3.7 How is your CHIP program monitoring that annual aggregate cost-sharing does not exceed 5 percent of family income? Check all that apply below and include a narrative providing further details on the approach.

3.3.8 What percent of families hit the 5 percent cap since your CHIP program was implemented? (If more than one CHIP program with cost-sharing, specify for each program.)

For CHIP programs with cost-sharing requirements, please complete questions 3.3.7 and 3.3.8 regarding the 5% cap. Please provide narrative that describes how your program monitors whether families have hit the 5% cap, and provide an estimate of how many have exceeded the cap.

3.3.9 Has your State undertaken any assessment of the effects of premiums on participation or the effects of cost-sharing on utilization, and if so, what have you found?

Question 3.3.9, the final question on cost-sharing asks the State to provide the results of any assessments the State has conducted regarding the impact of cost-sharing on enrollment and utilization. Information described here could include the results of focus groups, disenrollee surveys, or claims/encounter data analysis. Please specify the data sources and methodologies.

3.4 How do you reach and inform potential enrollees?

Answer by completing the following sections.

3.4.1 What client education and outreach approaches does your CHIP program(s) use?

Please complete Table 3.4.1. Identify all of the client education and outreach approaches used by your CHIP program(s). Specify which approaches are used (√=yes) and then rate the effectiveness of each approach on a scale of 1 to 5, where 1=least effective and 5=most effective.

3.4.2 Where does your CHIP program(s) conduct client education and outreach?

Please complete Table 3.4.2. Identify all the settings used by your CHIP program(s) for client education and outreach. Specify which settings are used ($\surd$=yes) and then rate the effectiveness of each setting on a scale of 1 to 5, where 1=least effective and 5=most effective.

3.4.3 Describe methods and indicators used to assess outreach effectiveness, such as the number of children enrolled relative to the particular target population. Please be as specific and detailed as possible. Attach reports or other documentation where available.

While hundreds of different outreach strategies have been implemented by CHIP programs over the last two years, only a small portion of them have been evaluated for effectiveness. Please provide the results of any qualitative or quantitative assessments that have been performed for CHIP outreach strategies. Examples of assessments include: results from application questions, color-coded applications, focus groups, and enrollee surveys. As directed in the question, please be as specific as possible, and attach documentation where available.

3.4.4. What communication approaches are being used to reach families of varying ethnic backgrounds?

Please describe communication approaches that have been targeted to reach eligibles of different racial and ethnic backgrounds including African Americans, Hispanics, Asian Americans, and Native Americans.

3.4.5 Have any of the outreach activities been more successful in reaching certain populations? Which methods best reached which populations? How have you measured their effectiveness? Please present quantitative findings where available

Provide an assessment of the effectiveness of outreach strategies used to reach special populations such as migrant and homeless families, racial minorities, and children with special health care needs. If the State has assessed the effectiveness of these outreach strategies, please describe the assessment and provide quantitative results. Attach additional documentation if available.

3.5 What other health programs are available to CHIP eligibles and how do you coordinate with them? (Section 2108(b)(1)(D))

Describe procedures to coordinate among CHIP programs, other health care programs, and non-health care programs. The Table 3.5 identifies possible areas of coordination between CHIP and other programs (such as Medicaid, WIC, school lunch, MCH). Add the names of programs with which your CHIP program(s) coordinates across the top of the table. Check all

areas in which coordination takes place and specify the nature of coordination in narrative text, either on the matrix or in an attachment. Example 3.5 provides a guide for how a State might complete this table.

Example of Table 3.5

The following represents a hypothetical answer of a State-designed CHIP program:

Table 3.5

Type of coordination	Medicaid*	Maternal and child health	Other (specify): Program for Children with Special Needs	Other (specify): Business Health Coalition
Administration	X (see Note #1)			
Outreach				
Eligibility determination	X Joint app		X (see Note #2)	
Service delivery		X (Clinics included in PCCM network)		
Procurement				
Contracting				
Data collection				
Quality assurance	X (Joint HEDIS collection)			X (Joint HEDIS collection)
Other (specify) _____				
Other (specify) _____				

* This column is not applicable for States with a Medicaid CHIP expansion program only. To add a column to a table, right click on the mouse, select "insert" and choose "column".

Note #1: Medicaid and CHIP share several key administrative staff, primarily in the areas of accounting, budgeting, and health plan procurement and contracting.

Note #2: CHIP applicants are asked five questions meant to identify children with special needs. If an applicant checks "yes" to one or more of the five questions, the Program for Children with Special Needs will contact the family to assess the child's needs for case management or durable medical equipment.

3.6 How do you avoid crowd out of private insurance?

3.6.1 Describe anti-crowd-out policies implemented by your CHIP program(s). If there are differences across programs, please describe for each program separately. Check all that apply and describe.

Please check each policy that you use to discourage substitution of private coverage and include a description of other crowd-out policies not included on the list. Please clarify which program uses each strategy (Medicaid, State-designed, employer-sponsored, etc.).

3.6.2 How do you monitor crowd-out? What have you found? Please attach any available reports or other documentation.

Provide any available evidence regarding the existence or absence of crowd-out in your CHIP program(s), including the results of employer surveys, enrollee surveys, and focus groups.

Section 4. Program Assessment

This section is designed to assess the effectiveness of the CHIP program(s) in the areas of enrollment, disenrollment, cost, access, and quality.

4.1 Who enrolled in your CHIP program(s)?

Answer by completing the following sections.

4.1.1 What are the characteristics of children enrolled in your CHIP program(s)? (Section 2108(b)(1)(B)(i))

Please complete Table 4.1.1 based on data submitted in your HCFA quarterly enrollment reports. Complete a table for each of the programs you identified in section 2.1.1 (Medicaid, State-Designed, Employer-Sponsored Coverage, etc.). Summarize the number of children enrolled and average length of enrollment, by age, income, and delivery system, as indicated.

NOTE: To duplicate a table: put cursor on desired table go to Edit in menu and chose "select" "table." Once the table is highlighted, copy it by selecting "copy" in the Edit menu and then "paste" it under the first table.

States with CHIP premiums may need to change the 150% FPL figure in the left-hand column. This number should reflect the FPL level at which the State begins charging premiums. For example, if your State begins charging families at 100% of FPL, change "150% FPL" to "100% FPL" in the left column, wherever it appears.

States also are encouraged to provide additional tables on enrollment by other characteristics, including gender, race, ethnicity, parental employment status, parental marital status, urban/rural location, and immigrant status. This data might come from member surveys or application data. Use the same format as Table 4.1.1, if possible, replacing age, income and delivery system with the appropriate demographic characteristic.

4.1.2 How many CHIP enrollees had access to or coverage by health insurance prior to enrollment in CHIP? Please indicate the source of these data (e.g., application form, survey). (Section 2108(b)(1)(B)(i))

States are required by Federal statute to report on the number of CHIP enrollees who had access to or coverage by health insurance prior to enrollment in CHIP. This question may be answered using application data, specifically answers provided to questions regarding

coverage at time of application and prior health insurance coverage (waiting period). Other sources of data could include enrollee surveys and the results of record matches.

4.1.3 What is the effectiveness of other public and private programs in the State in increasing the availability of affordable quality individual and family health insurance for children? (Section 2108(b)(1)(C))

Please assess the effectiveness of other health care programs in your State, such as Medicaid, Caring Program, high-risk pools, or purchasing cooperatives, in increasing the availability of health insurance for families and children. Include the source of information and quantitative results where available.

4.2 Who disenrolled from your CHIP program(s) and why?

Answer by completing the following sections.

4.2.1 How many children disenrolled from your CHIP program(s)? Please discuss disenrollment rates presented in Table 4.1.1. Was disenrollment higher or lower than expected? How do CHIP disenrollment rates compare to traditional Medicaid disenrollment rates?

Table 4.1.1 asks for an unduplicated number of disenrollees for FFY 1998 and FFY 1999. Because this data is not required in HCFA quarterly reports, States will have to calculate these numbers directly from their internal administrative data. When calculating unduplicated number of disenrollees, do not include children who did not renew at redetermination.

When discussing the rates presented in Table 4.1.1, please provide a narrative that addresses the questions in 4.2.1. Question 4.2.3 will give you an opportunity to discuss reasons behind disenrollment.

4.2.2 How many children did not re-enroll at renewal? How many of the children who did not re-enroll got other coverage when they left CHIP?

Please provide the number of children who did not re-enroll at renewal during the reporting period. Where available, please provide data on the percent of these children who got coverage, such as Medicaid, employer–sponsored coverage, or from another source when they left CHIP. Data sources for this information might include disenrollee surveys and focus groups.

4.2.3 What were the reasons for discontinuation of coverage under CHIP? (Please specify data source, methodology and reporting period.)

Please complete Table 4.2.3. Provide totals in the first row, and then a breakdown of the totals in the following rows. Please add categories as needed. Indicate if the results are based on disenrollees, nonrenewals, or both. In addition to the table, you may include a description of the factors that lead to disenrollment rates by reason, such as premiums, eligibility periods, and benefit design.

4.2.4 What steps is your State taking to ensure that children who disenroll, but are still eligible, re-enroll?

Include a brief description of steps your program(s) may be taking to ensure that children re-enroll in the program(s), including applicants who disenroll during their eligibility period and those who fail to renew. Examples of assistance include financial counseling or sponsorships for those that disenroll due to failure to pay premiums and application counseling and assistance for families who do not complete required paperwork.

4.3 How much did you spend on your CHIP program(s)?

Answer by completing the following sections.

4.3.1 What were the total expenditures for your CHIP program(s) in FFY 1998 and FFY 1999?

In addition to providing total expenditures for FFY98 and FFY99 on the lines provided, please complete Table 4.3.1 based on the data submitted in your HCFA quarterly expenditure reports. Complete a table for each of the programs you identified in section 2.1.1 (Medicaid, State-Designed, Employer-Sponsored Coverage, etc.). Summarize expenditures by category (total computable expenditures and Federal share).

CHIP programs with both captitated and fee-for-service components may want to briefly describe the proportion of funds spent on purchasing private health insurance premiums versus purchasing direct services.

4.3.2 What were the total expenditures that applied to the 10 percent limit? Please complete Table 4.3.2 and summarize expenditures by category.

What types of activities were funded under the 10 percent cap?

What role did the 10 percent cap have in program design?

Provide a narrative discussing the total amount of expenditures under the 10 percent cap, the types of activities funded under the cap, and the role of the cap in program design. In addition, please complete Table 4.3.2 by providing expenditure totals in each cell or indicating "NA," as appropriate. Please complete a column for each program, including employer-sponsored coverage, family coverage, and wraparound benefit packages.

4.3.3 What were the non-Federal sources of funds spent on your CHIP program(s)? (Section 2108(b)(1)(B)(vii))

Please check the applicable sources of non-Federal funds spent by your CHIP program(s); do not include dollar figures.

4.4 How are you assuring CHIP enrollees have access to care?

4.4.1 What processes are being used to monitor and evaluate access to care received by CHIP enrollees? Please specify delivery system (Section 3.2.3), if approaches vary by type of system within each program. For example, if an approach is used in a managed care organization, specify 'MCO.' If an approach is used in fee-for-service, specify 'FFS.' If an approach is used in a primary care case management program, specify 'PCCM.'

Complete Table 4.4.1 regarding the tools your CHIP program(s) uses to monitor access to care. As in other tables throughout the Framework, States should complete columns for family coverage, employer-sponsored insurance, and wrap-around benefit packages as applicable. When completing the table, please use the following abbreviations:

Fee-for-service = FFS

Primary care case management = PCCM

Managed care organization = MCO

Example 4.4.1 provides a guide for how State might complete this table.

Example of Table 4.4.1

A State-designed program that uses HMO and a Primary Care Case Management Program, with a fee-for-service benefit wrap-around program might, complete the table like this:

Table 4.4.1			
Approaches to monitoring access	**Medicaid CHIP Expansion Program**	**State-designed CHIP Program**	**Other CHIP Program: Benefit Wrap-around**
Appointment audits		NA	NA
PCP/enrollee ratios		PCCM	NA
Time/distance standards		PCCM	FFS
Urgent/routine care access standards		PCCM,MC	NA
Network capacity reviews (rural providers, safety net providers, specialty mix)		PCCM,MC	NA
Complaint/grievance/ disenrollment reviews		PCCM	FFS
Case file reviews		NA	NA
Beneficiary surveys		PCCM, MC	FFS
Utilization analysis (emergency room use, preventive care use)		NA	FFS
Other (specify)		NA	NA

4.4.2 What kind of managed care utilization data are you collecting for your CHIP program(s)? If your state has not contracts with health plans, skip to question 4.4.3.

Please complete Table 4.4.2, indicating which of your programs collect(s) utilization data from health plans. Briefly describe the data elements collected, periodicity of collection and auditing procedures.

4.4.3 What information (if any) is currently available on access to care by CHIP enrollees in your State? Please summarize the results.

This section asks for results of the activities you indicated in question 4.4.1. Please summarize the results of your findings and specify the population, program, and delivery system to which the results apply.

4.4.4 What plans does your CHIP program(s) have for future monitoring/evaluation of access to care by CHIP enrollees? When will data be available?

Please provide a narrative describing future activities regarding access to health care by CHIP enrollees.

4.5 How are you measuring the quality of care received by CHIP enrollees?

4.5.1 What processes are you using to monitor and evaluate quality of care received by CHIP enrollees, particularly with respect to well-baby care, well-child care, and immunizations? Please specify the approaches used to monitor quality with each delivery system (Section 3.2.3), if approaches vary by type of system within each program. For example, if an approach is used in managed care, specify 'MCO.' If an approach is used in fee-for-service, specify 'FFS.' If an approach is used in Primary Care Case Management, specify 'PCCM.'

This section asks you to complete a table regarding the tools your CHIP program(s) uses to monitor quality of care. As in other tables throughout the Framework, States should complete columns for family coverage, employer-sponsored insurance, and wraparound benefit packages as applicable. When completing Table 4.5.1, please use the following abbreviations, indicating more than one where applicable:
Fee-for-service = FFS
Primary care case management = PCCM
Managed care organization = MCO

Example 4.5.1 provides a guide for how a State might complete this table.

Example of Table 4.5.1

A Medicaid expansion program might complete the table as follows:

Table 4.5.1			
Approaches to monitoring quality	**Medicaid CHIP Expansion Program**	**State-designed CHIP Program**	**Other CHIP Program: Family Coverage**
Focused studies (specify)	NA		NA
Client satisfaction surveys	PCCM, FFS		NA*
Complaint/grievance/ disenrollment reviews	PCCM, FFS		NA
Sentinel event reviews	PCCM		NA
Plan site visits	NA		NA
Case file reviews	NA		NA
Independent peer review	PCCM, FFS		NA
HEDIS performance measurement	NA		NA*
Other performance measurement (specify)	NA		NA
Other (specify)	NA		NA

*Client satisfaction survey and HEDIS measures are obtained from health plans and employers when available.

4.5.2 What information (if any) is currently available on quality of care received by CHIP enrollees in your State? Please summarize the results.

This question asks for results of the activities you indicated in section 4.5.1. Please summarize the results of your findings and specify the population, program, and delivery system to which the results apply.

4.5.3 What plans does your CHIP program(s) have for future monitoring/evaluation of quality of care received by CHIP enrollees? When will data be available?

Please provide a narrative describing future activities regarding evaluation of quality of health care services received by CHIP enrollees.

4.6 Please attach any reports or other documents addressing access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance.

Please attach reports or documents addressing the above-mentioned aspects of your program's performance. Please specify population, program, delivery system, and time frame of analysis.

Section 5. REFLECTIONS

This section is designed to identify lessons learned by the State during the early implementation of its CHIP program(s) as well as to discuss ways in which the State plans to improve its CHIP program(s) in the future. The State evaluation should conclude with a discussion of how the Title XXI program(s) could be improved.

5.1 What worked and what didn't work when designing and implementing your CHIP program(s)? What lessons have you learned? What are your "best practices"? Where possible, describe what evaluation efforts have been completed, are underway, or planned to analyze what worked and what didn't work. Be as specific and detailed as possible. (Answer all that apply. Enter 'NA' for not applicable.)

Please complete questions 5.1.1 through 5.1.8, providing narrative and quantitative data where possible. In addition to reflecting on each of the seven areas mentioned, use this section as an opportunity to address program issues that have not been addressed in other areas of the Framework.

5.2 What plans does your State have for "improving the availability of health insurance and health care for children"? (Section 2108(b)(1)(F))

5.3 What recommendations does your State have for improving the Title XXI program? (Section 2108(b)(1)(G))

Questions 5.2. and 5.3 give you a chance to discuss your State's plans and recommendations regarding the future of Title XXI programs.

Framework

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

(Developed by States, for States to meet requirements under Section 2108(b) of the Social Security Act)

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

The following State Evaluation is submitted in compliance with Title XXI of the Social Security Act (Section 2108(b)).

_____
(Signature of Agency Head)

Date _____

Reporting Period _____

Contact Person/Title _____

Address _____

_____

Phone _____ Fax _____

Email _____

SECTION 1. SUMMARY OF KEY ACCOMPLISHMENTS OF YOUR CHIP PROGRAM

This section is designed to highlight the key accomplishments of your CHIP program to date toward increasing the number of children with creditable health coverage (Section 2108(b)(1)(A)). This section also identifies strategic objectives, performance goals, and performance measures for the CHIP program(s), as well as progress and barriers toward meeting those goals. More detailed analysis of program effectiveness in reducing the number of uninsured low-income children is given in sections that follow.

1.1 What is the estimated baseline number of uncovered low-income children? Is this estimated baseline the same number submitted to HCFA in the 1998 annual report? If not, what estimate did you submit, and why is it different?

1.1.1 What are the data source(s) and methodology used to make this estimate?

1.1.2 What is the State's assessment of the reliability of the baseline estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

1.2 How much progress has been made in increasing the number of children with creditable health coverage (for example, changes in uninsured rates, Title XXI enrollment levels, estimates of children enrolled in Medicaid as a result of Title XXI outreach, anti-crowd-out efforts)? How many more children have creditable coverage following the implementation of Title XXI? (Section 2108(b)(1)(A))

1.2.1 What are the data source(s) and methodology used to make this estimate?

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

1.3 What progress has been made to achieve the State's strategic objectives and performance goals for its CHIP program(s)?

Please complete Table 1.3 to summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in the Title XXI State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List the State's strategic objectives for the CHIP program, as specified in the State Plan.

Column 2: List the performance goals for each strategic objective.

Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

For each performance goal specified in Table 1.3, please provide additional narrative discussing how actual performance to date compares against performance goals. Please be as specific as possible concerning your findings to date. If performance goals have not been met, indicate the barriers or constraints. The narrative also should discuss future performance measurement activities, including a projection of when additional data are likely to be available.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
		Data Sources: Methodology: Numerator: Denominator: Progress Summary:
OBJECTIVES RELATED TO CHIP ENROLLMENT		
		Data Sources: Methodology: Numerator: Denominator: Progress Summary:

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
		Data Sources: Methodology: Numerator: Denominator: Progress Summary:
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
		Data Sources: Methodology: Numerator: Denominator: Progress Summary:

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
		Data Sources: Methodology: Numerator: Denominator: Progress Summary:
OTHER OBJECTIVES		
		Data Sources: Methodology: Numerator: Denominator: Progress Summary:

SECTION 2. BACKGROUND

This section is designed to provide background information on CHIP program(s) funded through Title XXI.

2.1 How are Title XXI funds being used in your State?

2.1.1 List all programs in your State that are funded through Title XXI. (Check all that apply.)

___ Providing expanded eligibility under the State's Medicaid plan (Medicaid CHIP expansion)

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Obtaining coverage that meets the requirements for a State Child Health Insurance Plan (State-designed CHIP program)

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Other - Family Coverage

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Other - Employer-sponsored Insurance Coverage

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Other - Wraparound Benefit Package

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Other (specify) _____

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

2.1.2 **If State offers family coverage:** Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs.

2.1.3 **If State has a buy-in program for employer-sponsored insurance:** Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs.

2.2 What environmental factors in your State affect your CHIP program? (Section 2108(b)(1)(E))

2.2.1 How did pre-existing programs (including Medicaid) affect the design of your CHIP program(s)?

2.2.2 Were any of the preexisting programs "State-only" and if so what has happened to that program?

___ No pre-existing programs were "State-only"

___ One or more pre-existing programs were "State only" →Describe current status of program(s): Is it still enrolling children? What is its target group? Was it folded into CHIP?

2.2.3 Describe changes and trends in the State since implementation of your Title XXI program that "affect the provision of accessible, affordable, quality health insurance and healthcare for children." (Section 2108(b)(1)(E))

Examples are listed below. Check all that apply and provide descriptive narrative if applicable. Please indicate source of information (e.g., news account, evaluation study) and, where available, provide quantitative measures about the effects on your CHIP program.

___ Changes to the Medicaid program

- ___ Presumptive eligibility for children
- ___ Coverage of Supplemental Security Income (SSI) children
- ___ Provision of continuous coverage (specify number of months ___)
- ___ Elimination of assets tests
- ___ Elimination of face-to-face eligibility interviews
- ___ Easing of documentation requirements

___ Impact of welfare reform on Medicaid enrollment and changes to AFDC/TANF (specify)_____

___ Changes in the private insurance market that could affect affordability of or accessibility to private health insurance

- ___ Health insurance premium rate increases
- ___ Legal or regulatory changes related to insurance
- ___ Changes in insurance carrier participation (e.g., new carriers entering market or existing carriers exiting market)
- ___ Changes in employee cost-sharing for insurance
- ___ Availability of subsidies for adult coverage
- ___ Other (specify) _____

___ Changes in the delivery system

- ___ Changes in extent of managed care penetration (e.g., changes in HMO, IPA, PPO activity)
- ___ Changes in hospital marketplace (e.g., closure, conversion, merger)
- ___ Other (specify) _____

___ Development of new health care programs or services for targeted low-income children (specify) _____

___ Changes in the demographic or socioeconomic context

- ___ Changes in population characteristics, such as racial/ethnic mix or immigrant status (specify)_____
- ___ Changes in economic circumstances, such as unemployment rate (specify)_____
- ___ Other (specify)_____
- ___ Other (specify) _____

SECTION 3. PROGRAM DESIGN

This section is designed to provide a description of the elements of your State Plan, including eligibility, benefits, delivery system, cost-sharing, outreach, coordination with other programs, and anti-crowd-out provisions.

3.1 Who is eligible?

3.1.1 Describe the standards used to determine eligibility of targeted low-income children for child health assistance under the plan. For each standard, describe the criteria used to apply the standard. If not applicable, enter "NA."

Table 3.1.1

	Medicaid CHIP Expansion Program	**State-designed CHIP Program**	**Other CHIP Program*** _____
Geographic area served by the plan (Section 2108(b)(1)(B)(iv))			
Age			
Income (define countable income)			
Resources (including any standards relating to spend downs and disposition of resources)			
Residency requirements			
Disability status			
Access to or coverage under other health coverage (Section 2108(b)(1)(B)(i))			
Other standards (identify and describe)_____			

*Make a separate column for each "other" program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.1.2 How often is eligibility redetermined?

Table 3.1.2			
Redetermination	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
Monthly			
Every six months			
Every twelve months			
Other (specify)_____			

*Make a separate column for each "other" program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.1.3 Is eligibility guaranteed for a specified period of time regardless of income changes? (Section 2108(b)(1)(B)(v))

___ Yes ➜ Which program(s)? _____

For how long?_____

___ No

3.1.4 Does the CHIP program provide retroactive eligibility?

___ Yes ➜ Which program(s)? _____

How many months look-back? _____

___ No

3.1.5 Does the CHIP program have presumptive eligibility?

___ Yes ➜ Which program(s)? _____

Which populations?_____

Who determines?_____

___ No

3.1.6 Do your Medicaid program and CHIP program have a joint application?

___ Yes ➔ Is the joint application used to determine eligibility for other State programs? If yes, specify. _____

___ No

3.1.7 Evaluate the strengths and weaknesses of your *eligibility determination* process in increasing creditable health coverage among targeted low-income children

3.1.8 Evaluate the strengths and weaknesses of your *eligibility redetermination* process in increasing creditable health coverage among targeted low-income children. How does the redetermination process differ from the initial eligibility determination process?

3.2 What benefits do children receive and how is the delivery system structured? (Section 2108(b)(1)(B)(vi))

3.2.1 Benefits

Please complete Table 3.2.1 for each of your CHIP programs, showing which benefits are covered, the extent of cost-sharing (if any), and benefit limits (if any).

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose "select" "table." Once the table is highlighted, copy it by selecting "copy" in the Edit menu and then "paste" it under the first table.

Table 3.2.1 CHIP Program Type_____			
Benefit	Is Service Covered? (✓ = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Inpatient hospital services			
Emergency hospital services			
Outpatient hospital services			
Physician services			
Clinic services			
Prescription drugs			
Over-the-counter medications			
Outpatient laboratory and radiology services			
Prenatal care			
Family planning services			
Inpatient mental health services			
Outpatient mental health services			
Inpatient substance abuse treatment services			
Residential substance abuse treatment services			
Outpatient substance abuse treatment services			
Durable medical equipment			

Table 3.2.1 CHIP Program Type_____			
Benefit	Is Service Covered? (✓ = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Disposable medical supplies			
Preventive dental services			
Restorative dental services			
Hearing screening			
Hearing aids			
Vision screening			
Corrective lenses (including eyeglasses)			
Developmental assessment			
Immunizations			
Well-baby visits			
Well-child visits			
Physical therapy			
Speech therapy			
Occupational therapy			
Physical rehabilitation services			
Podiatric services			
Chiropractic services			
Medical transportation			

Table 3.2.1 CHIP Program Type_____			
Benefit	Is Service Covered? (✓ = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Home health services			
Nursing facility			
ICF/MR			
Hospice care			
Private duty nursing			
Personal care services			
Habilitative services			
Case management/Care coordination			
Non-emergency transportation			
Interpreter services			
Other (Specify)_____			
Other (Specify)_____			
Other (Specify)_____			

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose "select" "table." Once the table is highlighted, copy it by selecting "copy" in the Edit menu and then "paste" it under the first table.

3.2.2 Scope and Range of Health Benefits (Section 2108(b)(1)(B)(ii))

Please comment on the scope and range of health coverage provided, including the types of benefits provided and cost-sharing requirements. Please highlight the level of preventive services offered and services available to children with special health care needs. Also, describe any enabling services offered to CHIP enrollees. (Enabling services include non-emergency transportation, interpretation, individual needs assessment, home visits, community outreach, translation of written materials, and other services designed to facilitate access to care.)

3.2.3 Delivery System

Identify in Table 3.2.3 the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Check all that apply.

Table 3.2.3

Type of delivery system	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
A. Comprehensive risk managed care organizations (MCOs)			
Statewide?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Mandatory enrollment?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Number of MCOs			
B. Primary care case management (PCCM) program			
C. Non-comprehensive risk contractors for selected services such as mental health, dental, or vision (specify services that are carved out to managed care, if applicable)			
D. Indemnity/fee-for-service (specify services that are carved out to FFS, if applicable)			
E. Other (specify)_____			
F. Other (specify)_____			
G. Other (specify)_____			

*Make a separate column for each "other" program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.3 How much does CHIP cost families?

3.3.1 Is cost sharing imposed on any of the families covered under the plan? (Cost sharing includes premiums, enrollment fees, deductibles, coinsurance/ copayments, or other out-of-pocket expenses paid by the family.)

___ No, skip to section 3.4

___ Yes, check all that apply in Table 3.3.1

Table 3.3.1

Type of cost-sharing	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
Premiums			
Enrollment fee			
Deductibles			
Coinsurance/copayments**			
Other (specify) _____			

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

**See Table 3.2.1 for detailed information.

3.3.2 **If premiums are charged:** What is the level of premiums and how do they vary by program, income, family size, or other criteria? (Describe criteria and attach schedule.) How often are premiums collected? What do you do if families fail to pay the premium? Is there a waiting period (lock-out) before a family can re-enroll? Do you have any innovative approaches to premium collection?

3.3.3 **If premiums are charged:** Who may pay for the premium? Check all that apply. (Section 2108(b)(1)(B)(iii))

___ Employer
___ Family
___ Absent parent
___ Private donations/sponsorship
___ Other (specify) _____

3.3.4 **If enrollment fee is charged:** What is the amount of the enrollment fee and how does it vary by program, income, family size, or other criteria?

3.3.5 **If deductibles are charged:** What is the amount of deductibles (specify, including variations by program, health plan, type of service, and other criteria)?

3.3.6 How are families notified of their cost-sharing requirements under CHIP, including the 5 percent cap?

3.3.7 How is your CHIP program monitoring that annual aggregate cost-sharing does not exceed 5 percent of family income? Check all that apply below and include a narrative providing further details on the approach.

___ Shoebox method (families save records documenting cumulative level of cost sharing)
___ Health plan administration (health plans track cumulative level of cost sharing)
___ Audit and reconciliation (State performs audit of utilization and cost sharing)
___ Other (specify)_____

3.3.8 What percent of families hit the 5 percent cap since your CHIP program was implemented? (If more than one CHIP program with cost sharing, specify for each program.)

3.3.9 Has your State undertaken any assessment of the effects of premiums on participation or the effects of cost sharing on utilization, and if so, what have you found?

3.4 How do you reach and inform potential enrollees?

3.4.1 What client education and outreach approaches does your CHIP program use?

Please complete Table 3.4.1. Identify all of the client education and outreach approaches used by your CHIP program(s). Specify which approaches are used (✓=yes) and then rate the effectiveness of each approach on a scale of 1 to 5, where 1=least effective and 5=most effective.

Table 3.4.1						
Approach	Medicaid CHIP Expansion		State-Designed CHIP Program		Other CHIP Program* _____	
	✓ = Yes	Rating (1-5)	✓ = Yes	Rating (1-5)	✓ = Yes	Rating (1-5)
Billboards						
Brochures/flyers						
Direct mail by State/enrollment broker/administrative contractor						
Education sessions						
Home visits by State/enrollment broker/administrative contractor						
Hotline						
Incentives for education/outreach staff						
Incentives for enrollees						
Incentives for insurance agents						
Non-traditional hours for application intake						
Prime-time TV advertisements						
Public access cable TV						
Public transportation ads						

Table 3.4.1						
Radio/newspaper/TV advertisement and PSAs						
Signs/posters						
State/broker initiated phone calls						
Other (specify)_____						
Other (specify)_____						

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.4.2 Where does your CHIP program conduct client education and outreach?

Please complete Table 3.4.2. Identify all the settings used by your CHIP program(s) for client education and outreach. Specify which settings are used (✓=yes) and then rate the effectiveness of each setting on a scale of 1 to 5, where 1=least effective and 5=most effective.

Table 3.4.2

Setting	Medicaid CHIP Expansion		State-Designed CHIP Program		Other CHIP Program* _____	
	✓ = Yes	Rating (1-5)	✓ = Yes	Rating (1-5)	✓ = Yes	Rating (1-5)
Battered women shelters						
Community sponsored events						
Beneficiary's home						
Day care centers						
Faith communities						
Fast food restaurants						
Grocery stores						
Homeless shelters						
Job training centers						
Laundromats						
Libraries						
Local/community health centers						
Point of service/provider locations						
Public meetings/health fairs						
Public housing						
Refugee resettlement programs						

Table 3.4.2						
Schools/adult education sites						
Senior centers						
Social service agency						
Workplace						
Other (specify) _____						
Other (specify)_____						

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.4.3 Describe methods and indicators used to assess outreach effectiveness, such as the number of children enrolled relative to the particular target population. Please be as specific and detailed as possible. Attach reports or other documentation where available.

3.4.4 What communication approaches are being used to reach families of varying ethnic backgrounds?

3.4.5 Have any of the outreach activities been more successful in reaching certain populations? Which methods best reached which populations? How have you measured their effectiveness? Please present quantitative findings where available.

3.5 What other health programs are available to CHIP eligibles and how do you coordinate with them? (Section 2108(b)(1)(D))

Describe procedures to coordinate among CHIP programs, other health care programs, and non-health care programs. Table 3.5 identifies possible areas of coordination between CHIP and other programs (such as Medicaid, MCH, WIC, School Lunch). Check all areas in which coordination takes place and specify the nature of coordination in narrative text, either on the table or in an attachment.

Table 3.5

Type of coordination	Medicaid*	Maternal and child health	Other (specify) _____	Other (specify) _____
Administration				
Outreach				
Eligibility determination				
Service delivery				
Procurement				
Contracting				
Data collection				
Quality assurance				
Other (specify) _____				
Other (specify) _____				

*Note: This column is not applicable for States with a Medicaid CHIP expansion program only.

3.6 How do you avoid crowd-out of private insurance?

3.6.1 Describe anti-crowd-out policies implemented by your CHIP program. If there are differences across programs, please describe for each program separately. Check all that apply and describe.

Eligibility determination process:

___ Waiting period without health insurance (specify) _____
___ Information on current or previous health insurance gathered on application (specify) _____
___ Information verified with employer (specify) _____
___ Records match (specify) _____
___ Other (specify) _____
___ Other (specify) _____

___ Benefit package design:

___ Benefit limits (specify) _____
___ Cost-sharing (specify) _____
___ Other (specify) _____
___ Other (specify) _____

___ Other policies intended to avoid crowd out (e.g., insurance reform):

___ Other (specify) _____
___ Other (specify) _____

3.6.2 How do you monitor crowd-out? What have you found? Please attach any available reports or other documentation.

SECTION 4. PROGRAM ASSESSMENT

This section is designed to assess the effectiveness of your CHIP program(s), including enrollment, disenrollment, expenditures, access to care, and quality of care.

4.1 Who enrolled in your CHIP program?

4.1.1 What are the characteristics of children enrolled in your CHIP program? (Section 2108(b)(1)(B)(i))

Please complete Table 4.1.1 for each of your CHIP programs, based on data from your HCFA quarterly enrollment reports. Summarize the number of children enrolled and their characteristics. Also, discuss average length of enrollment (number of months) and how this varies by characteristics of children and families, as well as across programs.

States are also encouraged to provide additional tables on enrollment by other characteristics, including gender, race, ethnicity, parental employment status, parental marital status, urban/rural location, and immigrant status. Use the same format as Table 4.1.1, if possible.

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose "select" "table." Once the table is highlighted, copy it by selecting "copy" in the Edit menu and then "paste" it under the first table.

Table 4.1.1 CHIP Program Type _____

Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children						
Age						
Under 1						
1-5						
6-12						
13-18						

Table 4.1.1 CHIP Program Type _____						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Countable Income Level*						
At or below 150% FPL						
Above 150% FPL						
Age and Income						
Under 1						
At or below 150% FPL						
Above 150% FPL						
1-5						
At or below 150% FPL						
Above 150% FPL						
6-12						
At or below 150% FPL						
Above 150% FPL						
13-18						
At or below 150% FPL						
Above 150% FPL						

Table 4.1.1 CHIP Program Type _____						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Type of plan						
Fee-for-service						
Managed care						
PCCM						

*Countable Income Level is as defined by the states for those that impose premiums at defined levels other than 150% FPL. See the HCFA Quarterly Report instructions for further details.

SOURCE: HCFA Quarterly Enrollment Reports, Forms HCFA-21E, HCFA-64.21E, HCFA-64EC, HCFA Statistical Information Management System, October 1998

4.1.2 How many CHIP enrollees had access to or coverage by health insurance prior to enrollment in CHIP? Please indicate the source of these data (e.g., application form, survey). (Section 2108(b)(1)(B)(i))

4.1.3 What is the effectiveness of other public and private programs in the State in increasing the availability of affordable quality individual and family health insurance for children? (Section 2108(b)(1)(C))

4.2 Who disenrolled from your CHIP program and why?

4.2.1 How many children disenrolled from your CHIP program(s)? Please discuss disenrollment rates presented in Table 4.1.1. Was disenrollment higher or lower than expected? How do CHIP disenrollment rates compare to traditional Medicaid disenrollment rates?

4.2.2 How many children did not re-enroll at renewal? How many of the children who did not re-enroll got other coverage when they left CHIP?

4.2.3 What were the reasons for discontinuation of coverage under CHIP? (Please specify data source, methodologies, and reporting period.)

Table 4.2.3

Reason for discontinuation of coverage	Medicaid CHIP Expansion Program		State-designed CHIP Program		Other CHIP Program* _____	
	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total
Total						
Access to commercial insurance						
Eligible for Medicaid						
Income too high						
Aged out of program						
Moved/died						
Nonpayment of premium						
Incomplete documentation						
Did not reply/unable to contact						
Other (specify) _____						
Other (specify) _____						
Don't know						

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

4.2.4 What steps is your State taking to ensure that children who disenroll, but are still eligible, re-enroll?

4.3 How much did you spend on your CHIP program?

4.3.1 What were the total expenditures for your CHIP program in federal fiscal year (FFY) 1998 and 1999?

FFY 1998 _____

FFY 1999 _____

Please complete Table 4.3.1 for each of your CHIP programs and summarize expenditures by category (total computable expenditures and federal share). What proportion was spent on purchasing private health insurance premiums versus purchasing direct services?

Table 4.3.1 CHIP Program Type _____

Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Total expenditures				
Premiums for private health insurance (net of cost-sharing offsets)*				
Fee-for-service expenditures (subtotal)				
Inpatient hospital services				
Inpatient mental health facility services				
Nursing care services				
Physician and surgical services				

Table 4.3.1 CHIP Program Type _____				
Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Outpatient hospital services				
Outpatient mental health facility services				
Prescribed drugs				
Dental services				
Vision services				
Other practitioners' services				
Clinic services				
Therapy and rehabilitation services				
Laboratory and radiological services				
Durable and disposable medical equipment				
Family planning				
Abortions				
Screening services				
Home health				
Home and community-based services				
Hospice				
Medical transportation				
Case management				
Other services				

4.3.2 What were the total expenditures that applied to the 10 percent limit? Please complete Table 4.3.2 and summarize expenditures by category.

What types of activities were funded under the 10 percent cap?_____

What role did the 10 percent cap have in program design? _____

Table 4.3.2

Type of expenditure	Medicaid Chip Expansion Program		State-designed CHIP Program		Other CHIP Program* _____	
	FY 1998	FY 1999	FY 1998	FY 1999	FY 1998	FY 1999
Total computable share						
Outreach						
Administration						
Other						
Federal share						
Outreach						
Administration						
Other _____						

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

4.3.3 What were the non-Federal sources of funds spent on your CHIP program (Section 2108(b)(1)(B)(vii))

___ State appropriations
___ County/local funds
___ Employer contributions
___ Foundation grants
___ Private donations (such as United Way, sponsorship)
___ Other (specify) _____

4.4 How are you assuring CHIP enrollees have access to care?

4.4.1 What processes are being used to monitor and evaluate access to care received by CHIP enrollees? Please specify each delivery system used (from question 3.2.3) if approaches vary by the delivery system withing each program. For example, if an approach is used in managed care, specify 'MCO.' If an approach is used in fee-for-service, specify 'FFS.' If an approach is used in a Primary Care Case Management program, specify 'PCCM.'

Table 4.4.1

Approaches to monitoring access	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
Appointment audits			
PCP/enrollee ratios			
Time/distance standards			
Urgent/routine care access standards			
Network capacity reviews (rural providers, safety net providers, specialty mix)			
Complaint/grievance/ disenrollment reviews			
Case file reviews			
Beneficiary surveys			
Utilization analysis (emergency room use, preventive care use)			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

4.4.2 What kind of managed care utilization data are you collecting for each of your CHIP programs? If your State has no contracts with health plans, skip to section 4.4.3.

Table 4.4.2

Type of utilization data	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
Requiring submission of raw encounter data by health plans	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Requiring submission of aggregate HEDIS data by health plans	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Other (specify)_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

4.4.3 What information (if any) is currently available on access to care by CHIP enrollees in your State? Please summarize the results.

4.4.4 What plans does your CHIP program have for future monitoring/evaluation of access to care by CHIP enrollees? When will data be available?

4.5 How are you measuring the quality of care received by CHIP enrollees?

4.5.1 What processes are you using to monitor and evaluate quality of care received by CHIP enrollees, particularly with respect to well-baby care, well-child care, and immunizations? Please specify the approaches used to monitor quality within each delivery system (from question 3.2.3). For example, if an approach is used in managed care, specify 'MCO.' If an approach is used in fee-for-service, specify 'FFS.' If an approach is used in primary care case management, specify 'PCCM.'

Table 4.5.1

Approaches to monitoring quality	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program
Focused studies (specify)			
Client satisfaction surveys			
Complaint/grievance/ disenrollment reviews			
Sentinel event reviews			
Plan site visits			
Case file reviews			
Independent peer review			
HEDIS performance measurement			
Other performance measurement (specify)			
Other (specify)			
Other (specify)			
Other (specify)			

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

4.5.2 What information (if any) is currently available on quality of care received by CHIP enrollees in your State? Please summarize the results.

4.5.3 What plans does your CHIP program have for future monitoring/evaluation of quality of care received by CHIP enrollees? When will data be available?

4.6 Please attach any reports or other documents addressing access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please list attachments here.

SECTION 5. REFLECTIONS

This section is designed to identify lessons learned by the State during the early implementation of its CHIP program as well as to discuss ways in which the State plans to improve its CHIP program in the future. The State evaluation should conclude with recommendations of how the Title XXI program could be improved.

5.1 What worked and what didn't work when designing and implementing your CHIP program? What lessons have you learned? What are your "best practices"? Where possible, describe what evaluation efforts have been completed, are underway, or planned to analyze what worked and what didn't work. Be as specific and detailed as possible. (Answer all that apply. Enter 'NA' for not applicable.)

5.1.1 Eligibility Determination/Redetermination and Enrollment

5.1.2 Outreach

5.1.3 Benefit Structure

5.1.4 Cost-Sharing (such as premiums, copayments, compliance with 5% cap)

5.1.5 Delivery System

5.1.6 Coordination with Other Programs (especially private insurance and crowd-out)

5.1.7 Evaluation and Monitoring (including data reporting)

5.1.8 Other (specify)

5.2 What plans does your State have for "improving the availability of health insurance and health care for children"? (Section 2108(b)(1)(F))

5.3 What recommendations does your State have for improving the Title XXI program? (Section 2108(b)(1)(G))