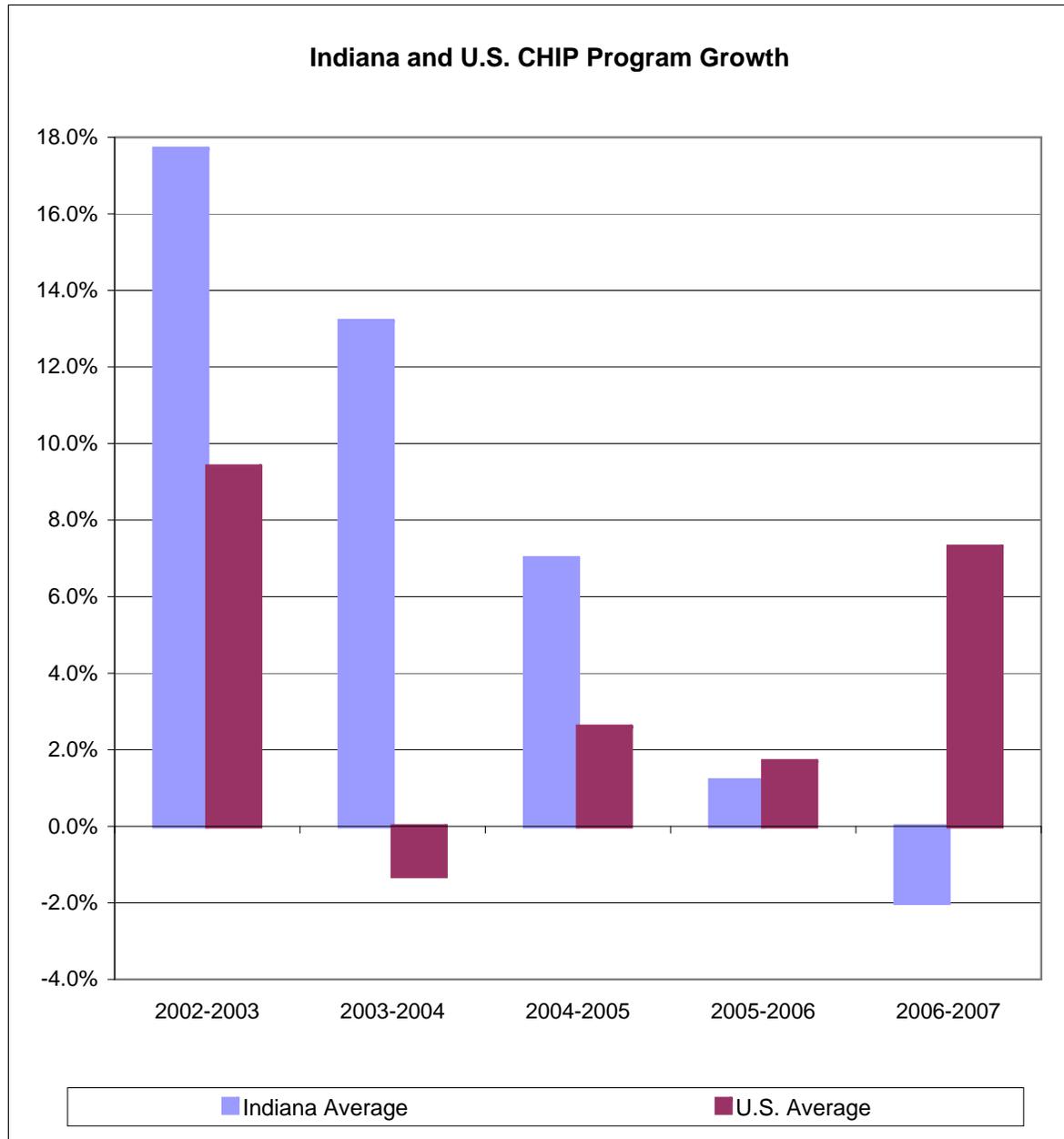


Report #	I.A.1
Report Title	CHIP Program Growth: Indiana and U.S.
Population	Indiana's CHIP Program and CHIP Programs Nationwide
Time Period	Annual Growth Rates from 2002/2003 to 2006/2007

Findings	Indiana's CHIP program saw higher growth between 2002 and 2004. Most recently, Indiana's CHIP program has lost members.
	U.S. CHIP programs have had more variability in growth between 2002/2003 and 2006/2007. Most recently, CHIP programs in the U.S. have grown by about 7.3%. However, in the three years before then, growth was much lower.

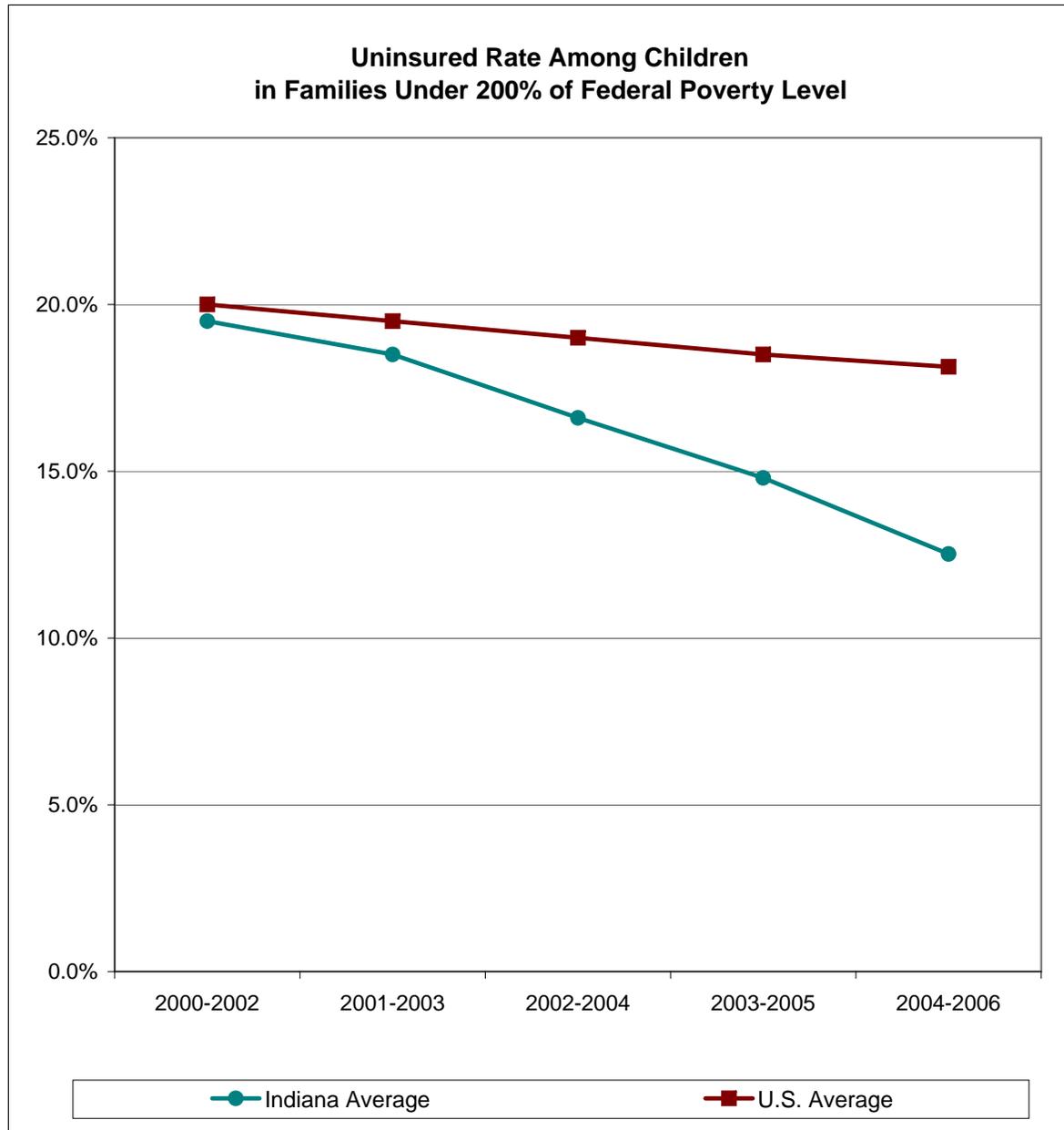
Source: Vernon Smith, et al. "SCHIP Enrollment in June 2007: An Update on Current Enrollment and SCHIP Policy Directions", Kaiser Commission on Medicaid and the Uninsured, January 2008



Report #	I.A.2
Report Title	Uninsured Rate Among Children in Families Under 200% of the Federal Poverty Level
Population	All Children in Indiana and in U.S.
Time Period	3-year periods from 2000-2002 to 2004-2006

Findings	The percentage of uninsured children in families below 200% of FPL has fallen consistently in the last five reporting periods in Indiana.
	In all six of the last reporting periods, Indiana's uninsured rate for this population has been lower than the national average.

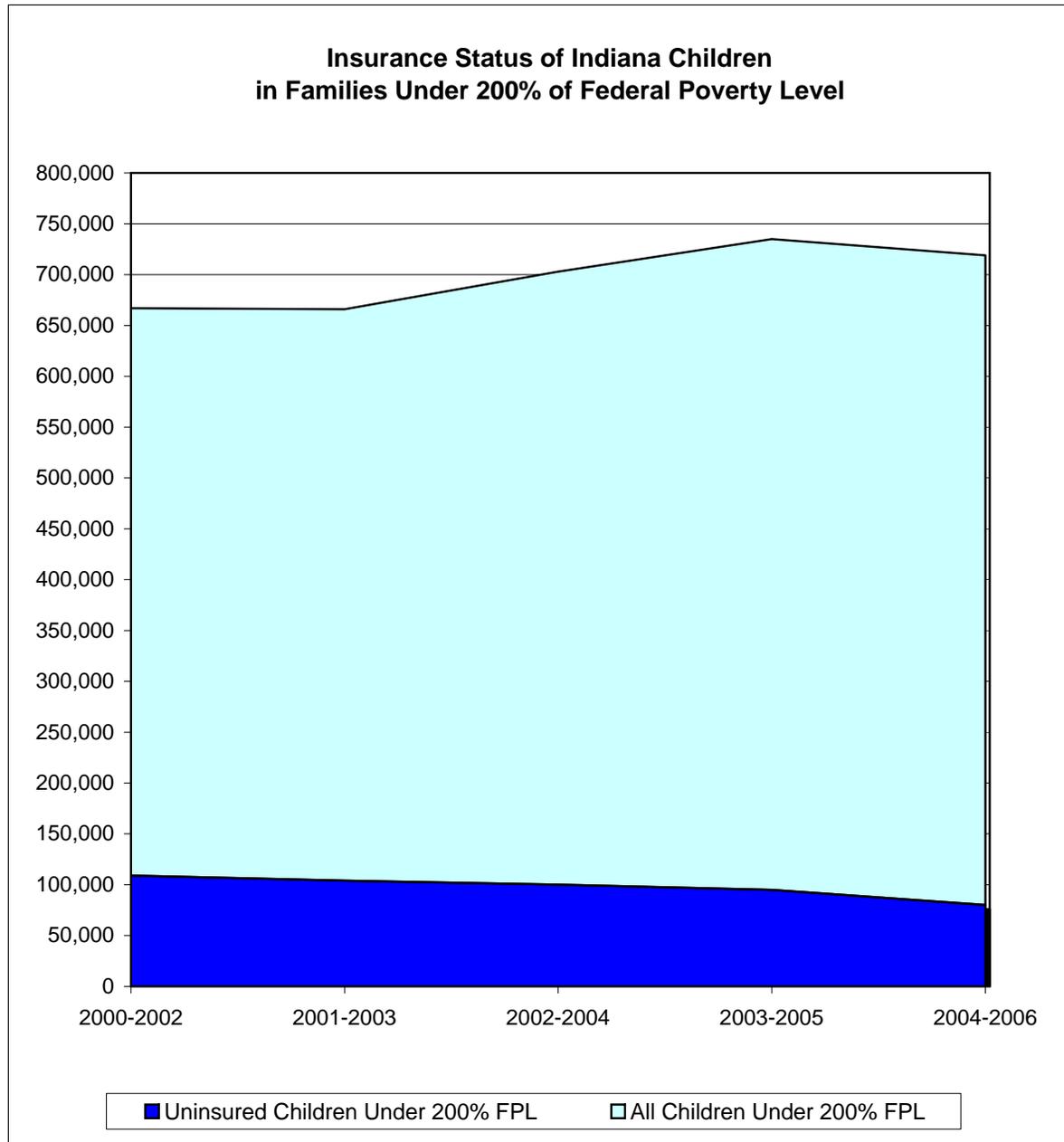
Source: Uninsured rates for children in Indiana and U.S. are from the U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements. Graphs reflect the number and percent of children under 19 years of age, at or below 200 percent of poverty. Counts of children in each 3-year analysis period reflect an average of the figures computed for each year individually.
<http://www.census.gov/hhes/www/hlthins/lowinckid.html>



Report #	I.A.3
Report Title	Insurance Status of Indiana Children in Families Under 200% of Federal Poverty Level
Population	All Children in Indiana
Time Period	3-year periods from 2000-2002 to 2004-2006

Findings	The number of children in families under 200% of the FPL grew in the reporting periods prior to 2003-2005. In 2004-2006, the number of children declined.
	The number of uninsured children at this family income level was around 100,000 until 2004-2006 when it fell to 80,000.

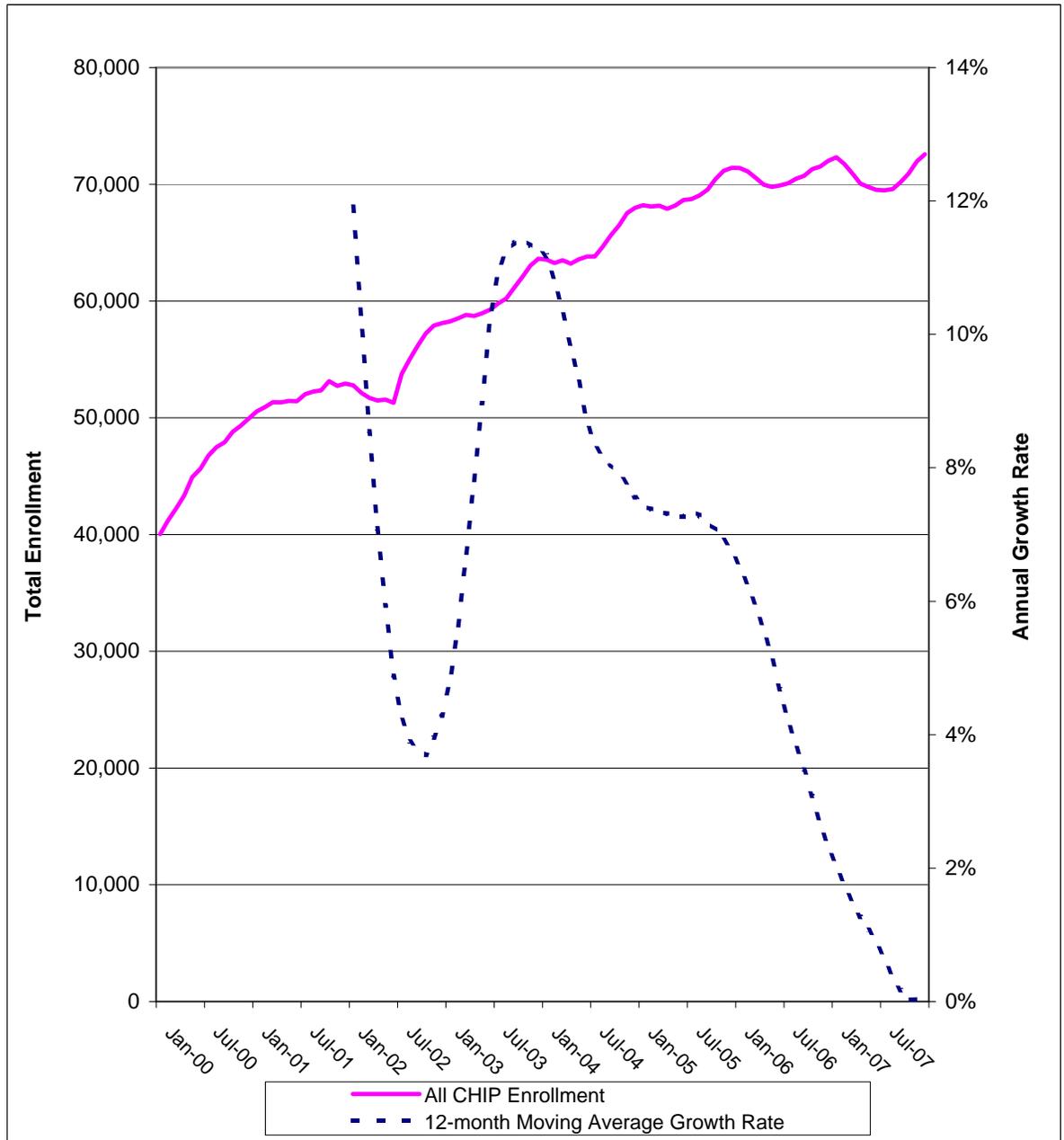
Source: Uninsured rates for children in Indiana and U.S. are from the U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements. Graphs reflect the number and percent of children under 19 years of age, at or below 200 percent of poverty. Counts of children in each 3-year analysis period reflect an average of the figures computed for each year individually.
<http://www.census.gov/hhes/www/hlthins/lowinckid.html>



Report #	I.B.1
Report Title	Overall CHIP Enrollment and Annual Growth Rate
Population	CHIP A and C Combined
Time Period	CY 2000 through CY 2007

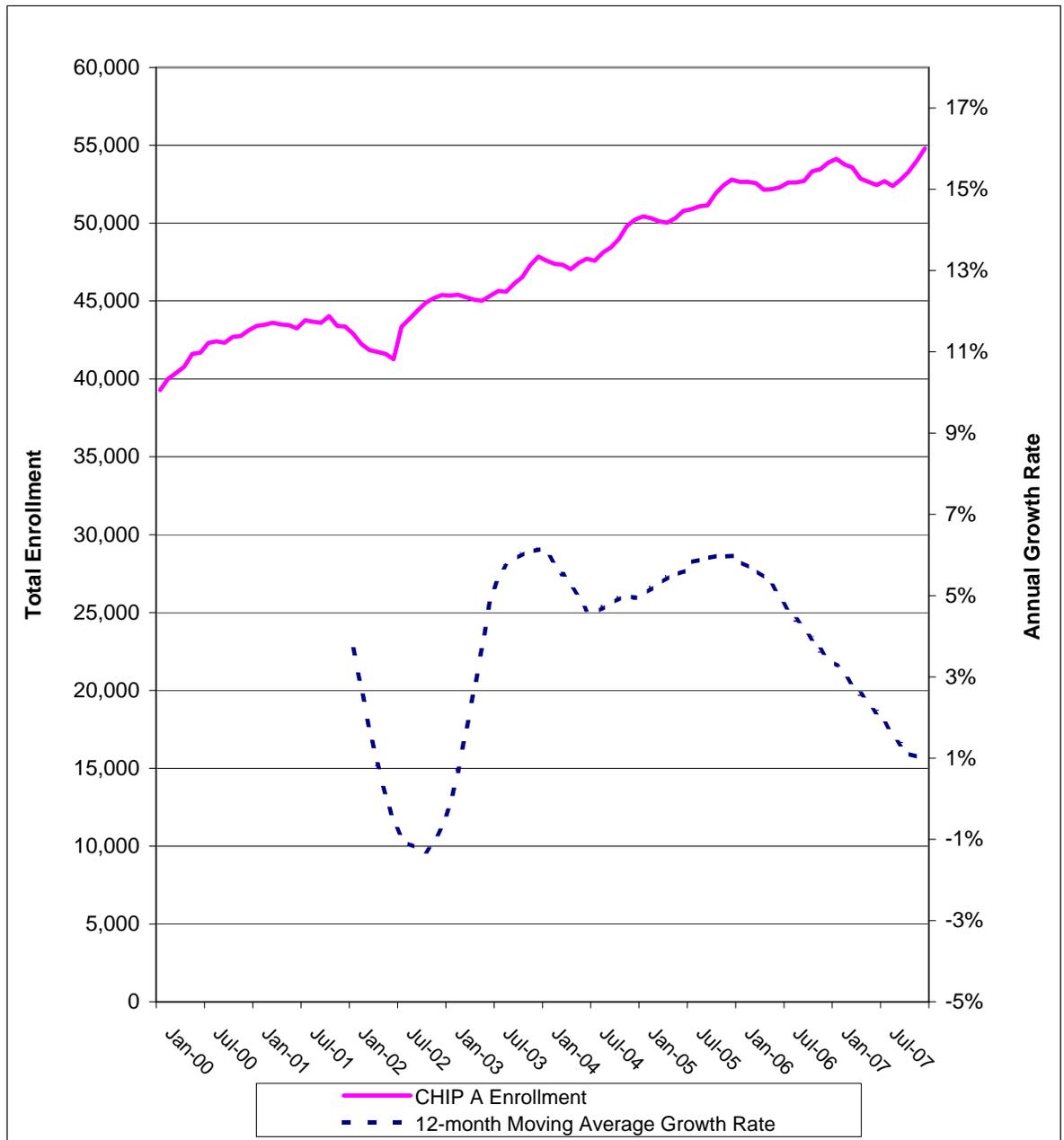
Findings	Enrollment in CHIP increased substantially between 2000 and 2003 due to the introduction of CHIP C in January 2000. Since January 2006, enrollment has been leveling off.
	The 12-month moving growth rate average has been declining in the last five years and most recently has been near 0% growth.

Note: The growth rate displayed is a 12-month moving average. For example, the Jan. 2002 average of near 12% means the 12-month average enrollment from Feb. 2001 to Jan. 2002 was 12% higher than the 12-month average from Feb. 2000 to Jan. 2001.



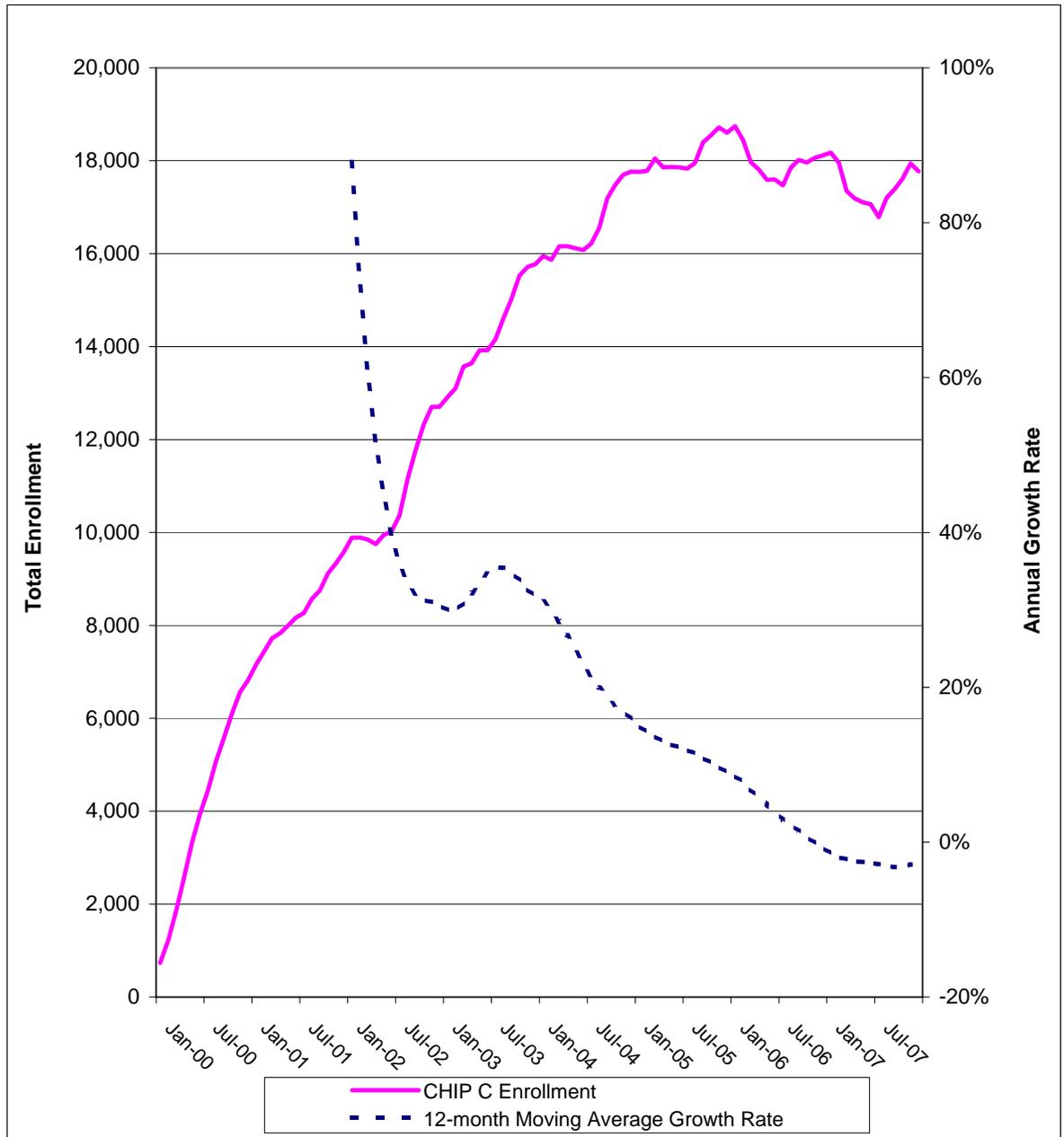
Report #	I.B.2
Report Title	CHIP A Enrollment and Annual Growth Rate
Population	CHIP A
Time Period	CY 2000 through CY 2007

Findings	Enrollment in CHIP A rose steadily through 2005, but has started to plateau in the last two years.
	The 12-month moving growth rate average has been uneven in the last six years for CHIP A. Most recently it has been near 1% growth.



Report #	I.B.3
Report Title	CHIP C Enrollment and Annual Growth Rate
Population	CHIP C
Time Period	CY 2000 through CY 2007

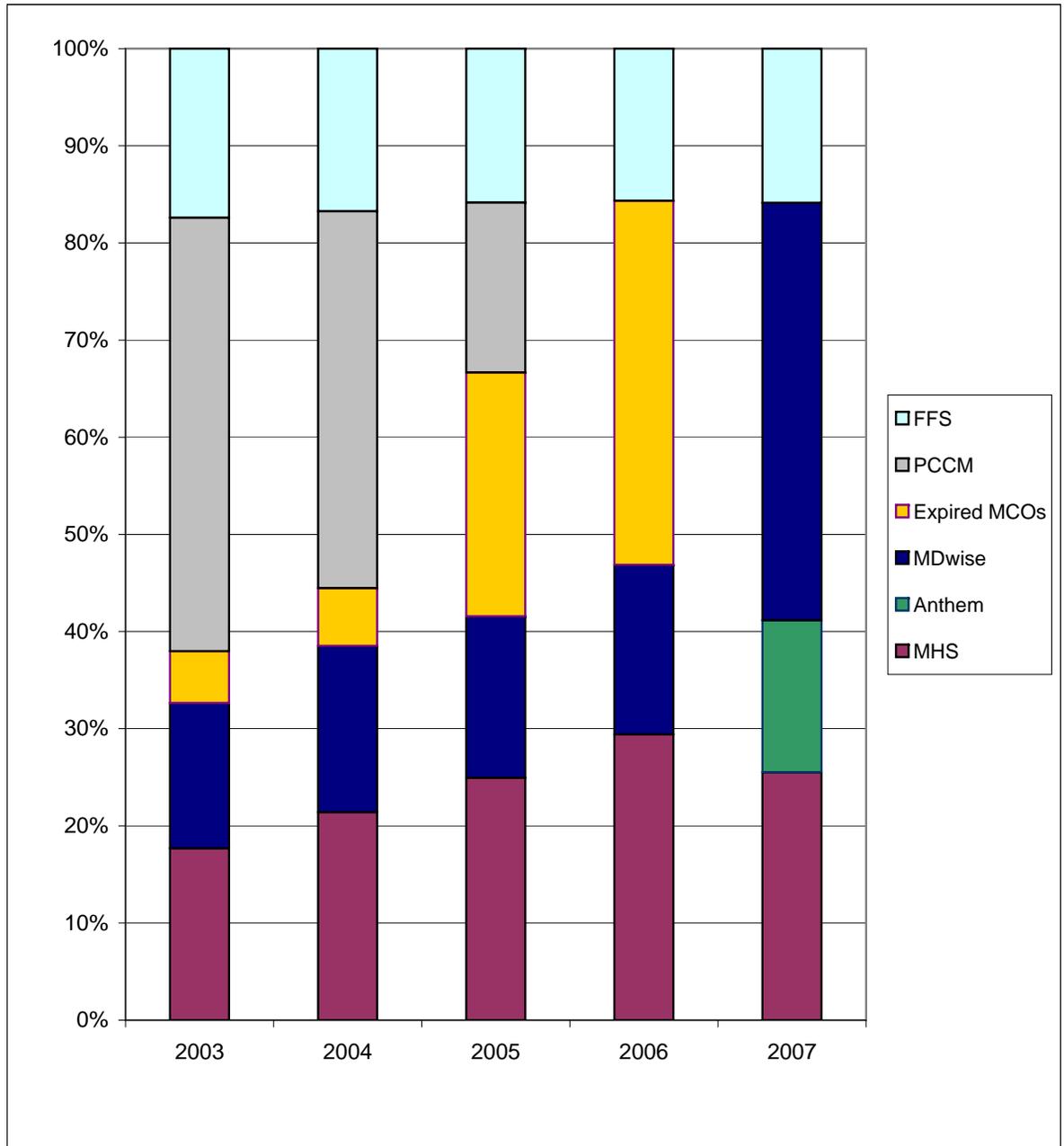
Findings	CHIP C enrollment increased rapidly between 2000 and 2005 since the program was just introduced in January 2000. Enrollment actually declined in 2007.
	Because enrollment has stabilized in 2006 and 2007, the 12-month moving average growth rate for CHIP C has in fact been negative for all of 2007.



Report #	I.B.4
Report Title	Distribution of Enrollment by Delivery System/MCO
Population	CHIP A and C Combined
Time Period	Average Monthly Enrollment CY 2003 through CY 2007

Findings	The rate of members in FFS has remained steady in the last 5 years, despite overall enrollment growth.
	MDWise picked up most of the enrollment from the expired MCOs in early 2007.
	MHS actually lost enrollment when the new contract change went into effect.

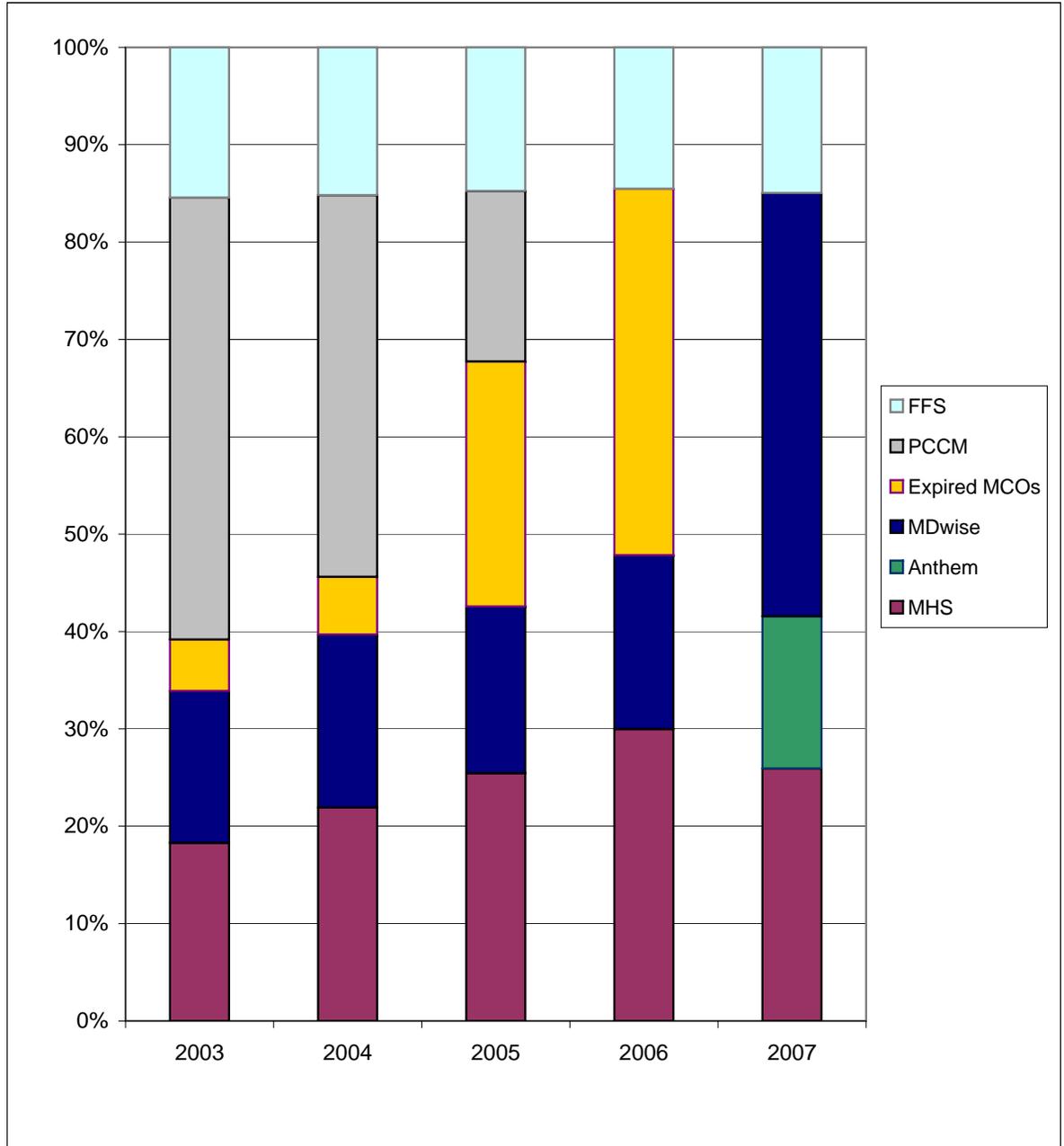
Note: The PCCM program at the end of 2005 when the Hoosier Healthwise went mandatory managed care. Fee-for-Service (FFS) enrollment reflects the 30-day period upon initial enrollment before most new members are enrolled with an MCO. The FFS percentages shown here reflects the turnover in CHIP on an average monthly basis.



Report #	I.B.5
Report Title	Distribution of Enrollment by Delivery System/MCO
Population	CHIP A
Time Period	Average Monthly Enrollment CY 2003 through CY 2007

Findings	Findings for the CHIP A population in particular mirrored that shown for CHIP overall (see Report I.B.4) with respect to steady FFS population and MCO-specific enrollment changes.
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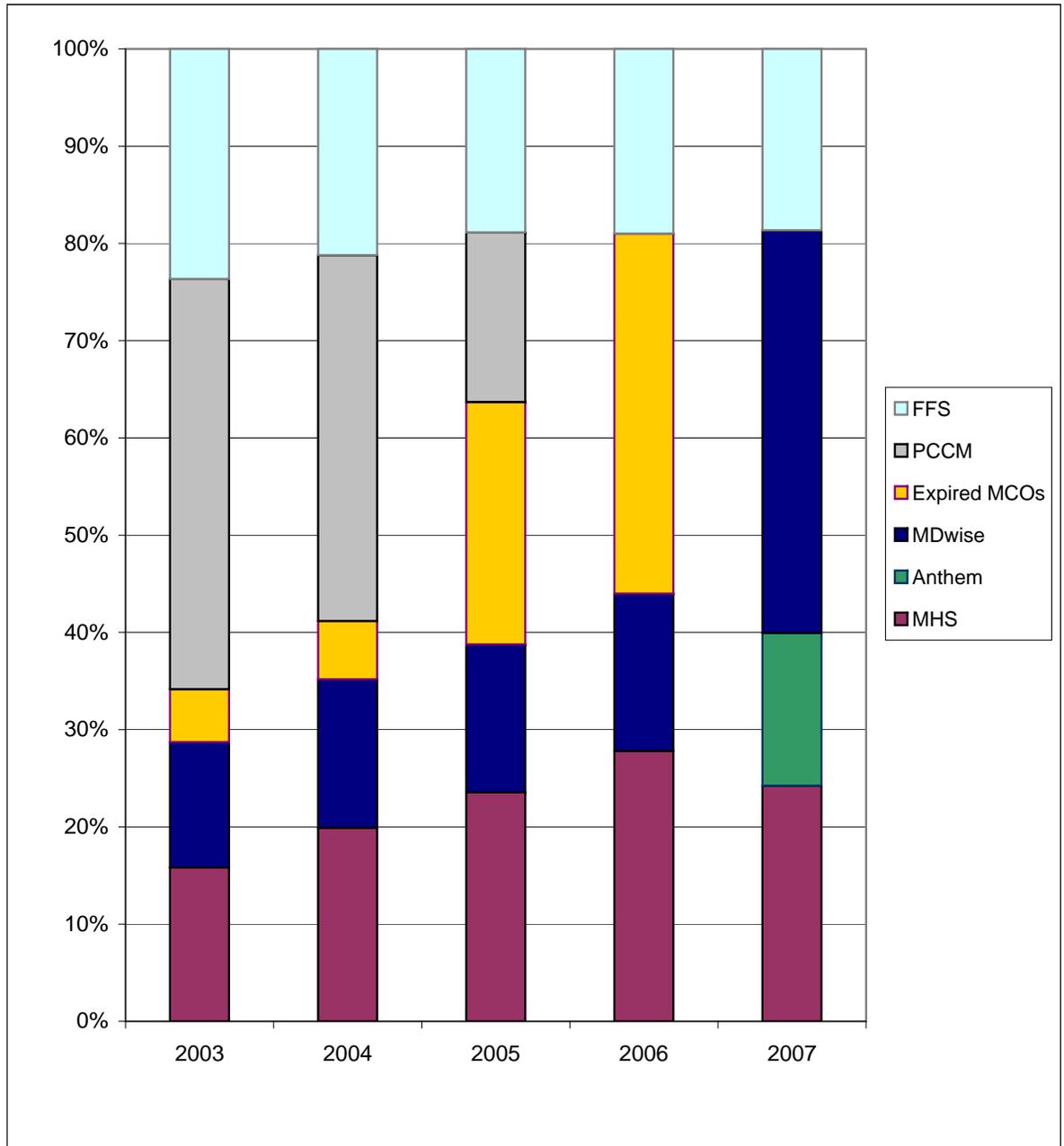
Note: The PCCM program at the end of 2005 when the Hoosier Healthwise went mandatory managed care. Fee-for-Service (FFS) enrollment reflects the 30-day period upon initial enrollment before most new members are enrolled with an MCO. The FFS percentages shown here reflects the turnover in CHIP on an average monthly basis.



Report #	I.B.6
Report Title	Distribution of Enrollment by Delivery System/MCO
Population	CHIP C
Time Period	Average Monthly Enrollment CY 2003 through CY 2007

Findings	Findings for the CHIP C population in particular mirrored that shown for CHIP overall (see Report I.B.4), but the average monthly FFS is slightly greater for CHIP C than for CHIP A.
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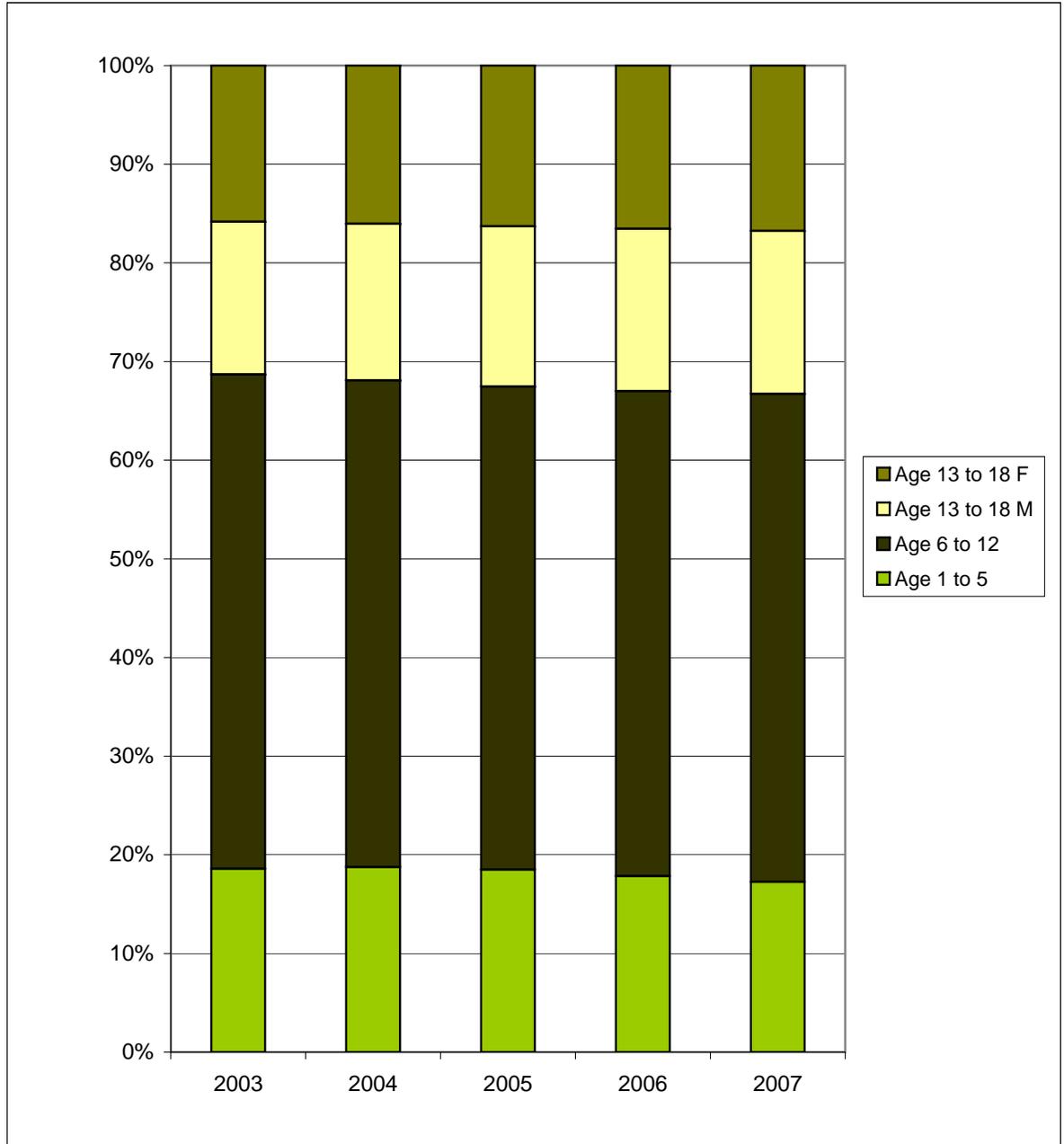
Note: The PCCM program at the end of 2005 when the Hoosier Healthwise went mandatory managed care. Fee-for-Service (FFS) enrollment reflects the 30-day period upon initial enrollment before most new members are enrolled with an MCO. The FFS percentages shown here reflects the turnover in CHIP on an average monthly basis.



Report #	I.B.7
Report Title	Distribution of CHIP Enrollment by Age Group
Population	CHIP A and C Combined
Time Period	CY 2003 through CY 2007

Findings	Although the enrollment in CHIP has grown, the distribution by age group has remained steady in the last five years.
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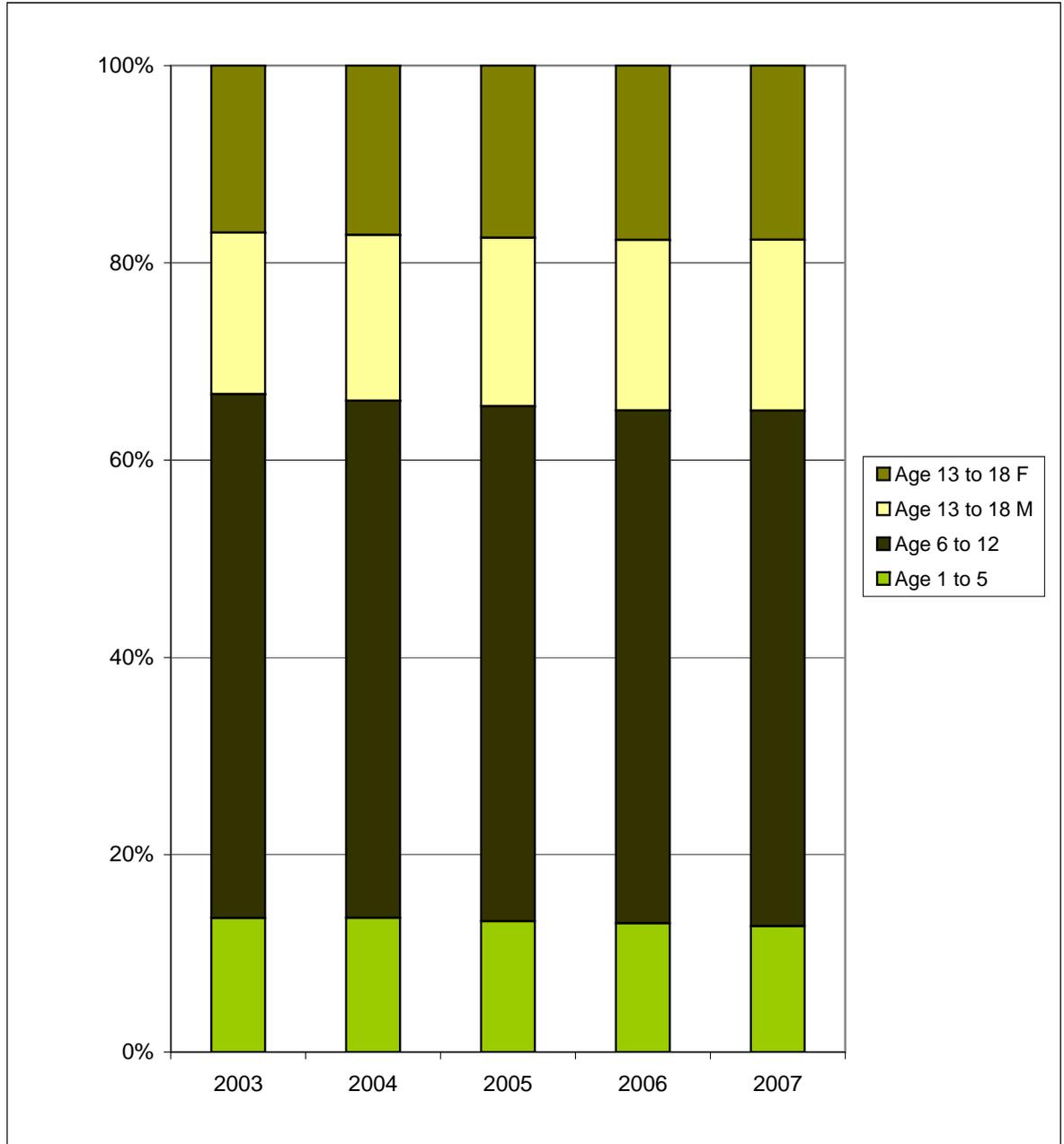
Note: The age groups shown here reflect the different segmentations used to set capitation payments to MCOs in Hoosier Healthwise.



Report #	I.B.8
Report Title	Distribution of CHIP A Enrollment by Age Group
Population	CHIP A
Time Period	CY 2003 through CY 2007

Findings	The distribution by age group in CHIP A closely mirrors that of CHIP A+C combined.
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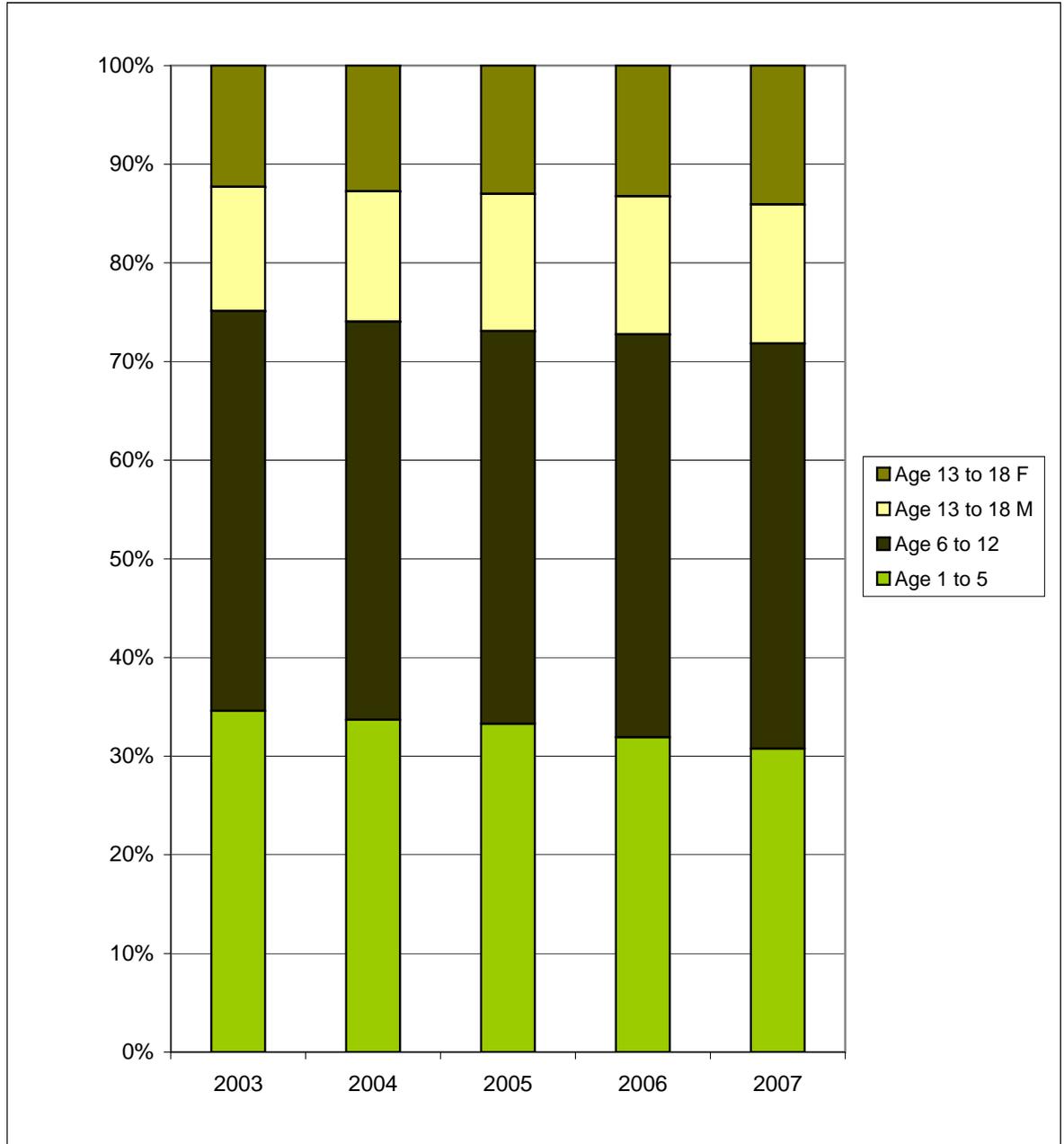
Note: The age groups shown here reflect the different segmentations used to set capitation payments to MCOs in Hoosier Healthwise.



Report #	I.B.9
Report Title	Distribution of CHIP C Enrollment by Age Group
Population	CHIP C
Time Period	CY 2003 through CY 2007

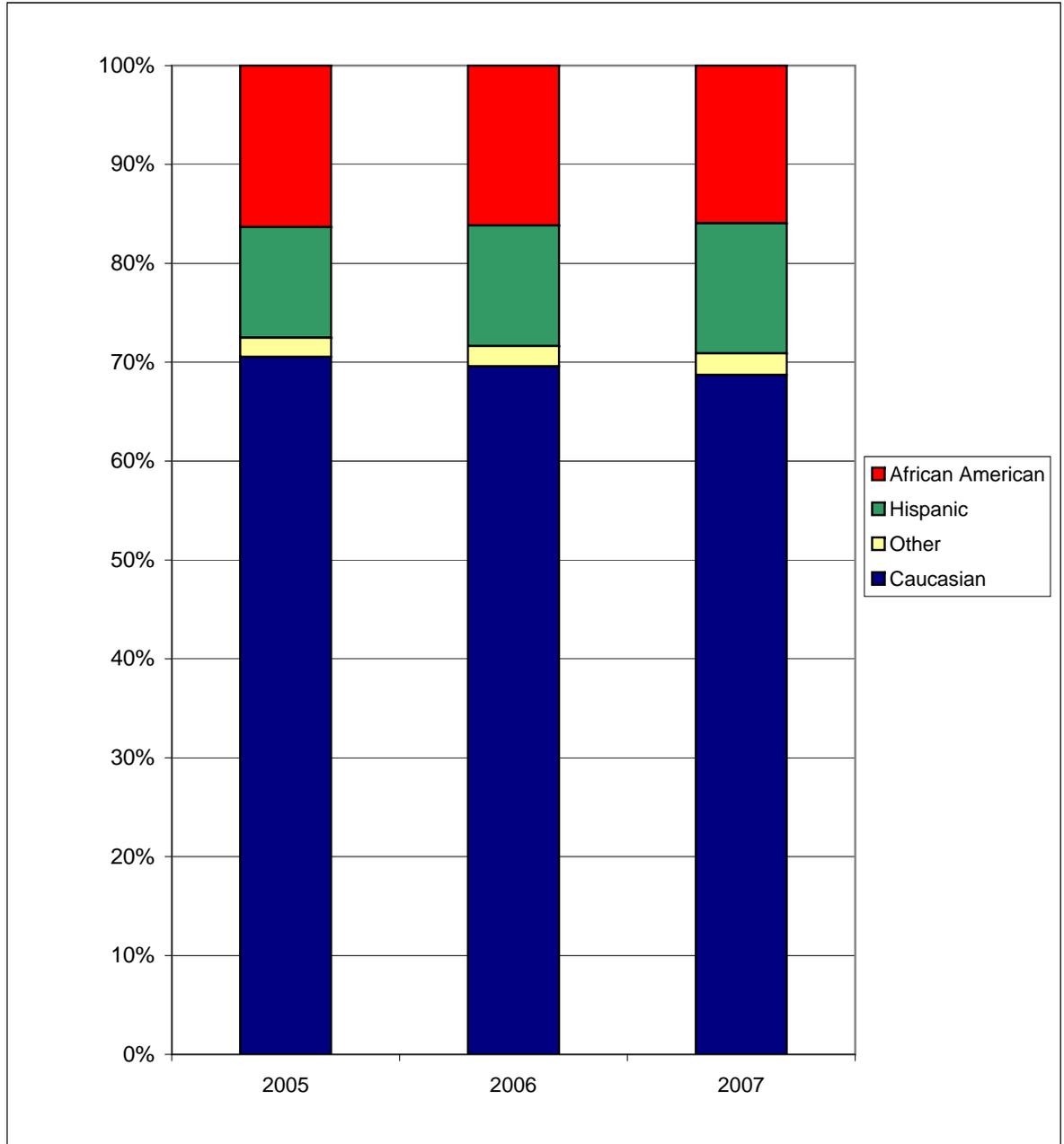
Findings	CHIP C has a higher concentration of children in the age 1-5 group than CHIP A, because more children age 1-5 are eligible for Medicaid than their older peers who are in CHIP A.
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Note: The age groups shown here reflect the different segmentations used to set capitation payments to MCOs in Hoosier Healthwise.



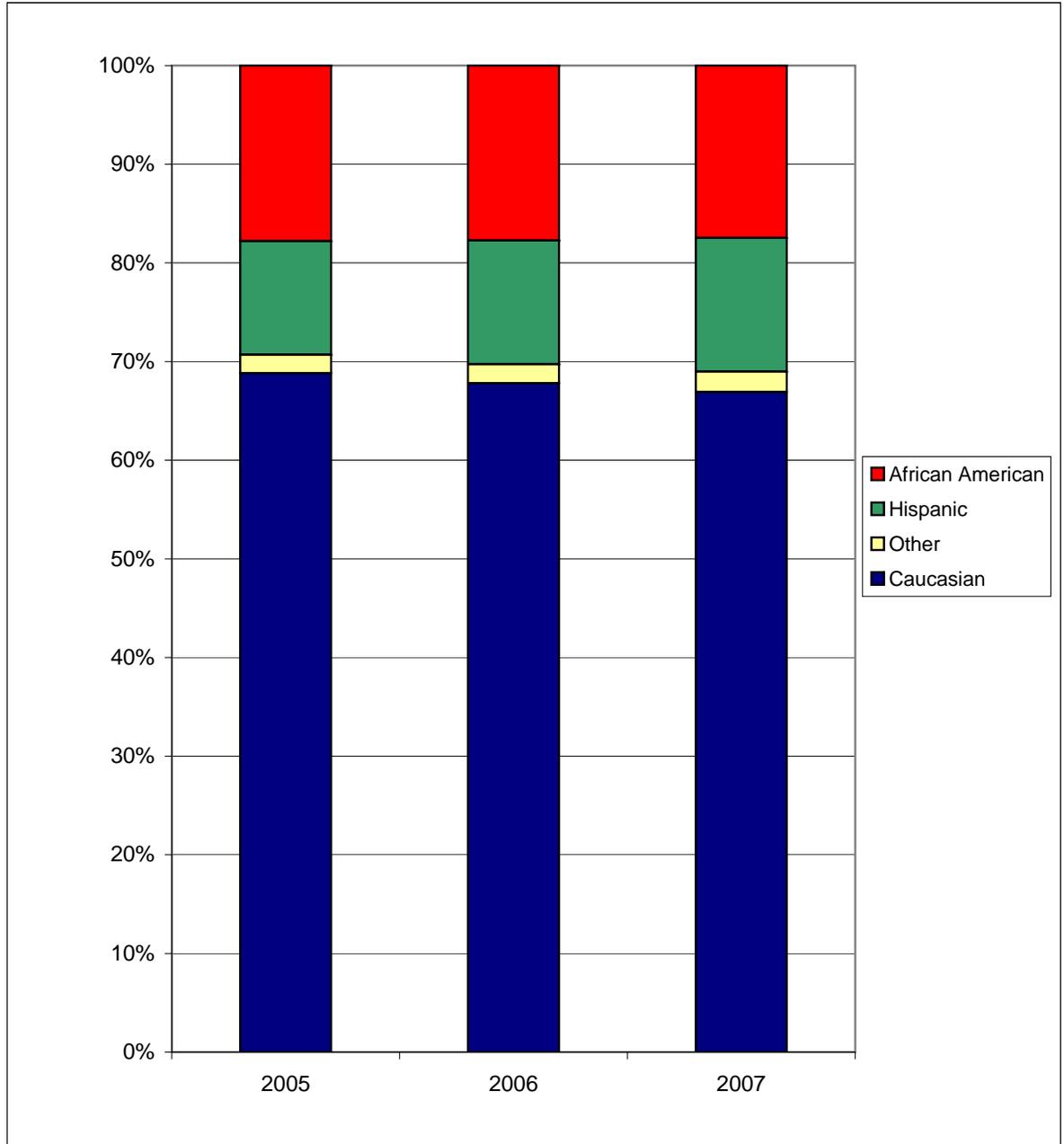
Report #	I.B.10
Report Title	Distribution of CHIP Enrollment by Race/Ethnicity
Population	CHIP A and C Combined
Time Period	CY 2005 through CY 2007

Findings	Over the last three years, Hispanics have increased their proportion of CHIP enrollment from 11% to 13%. This increase is statistically significant at the 0.01 level.
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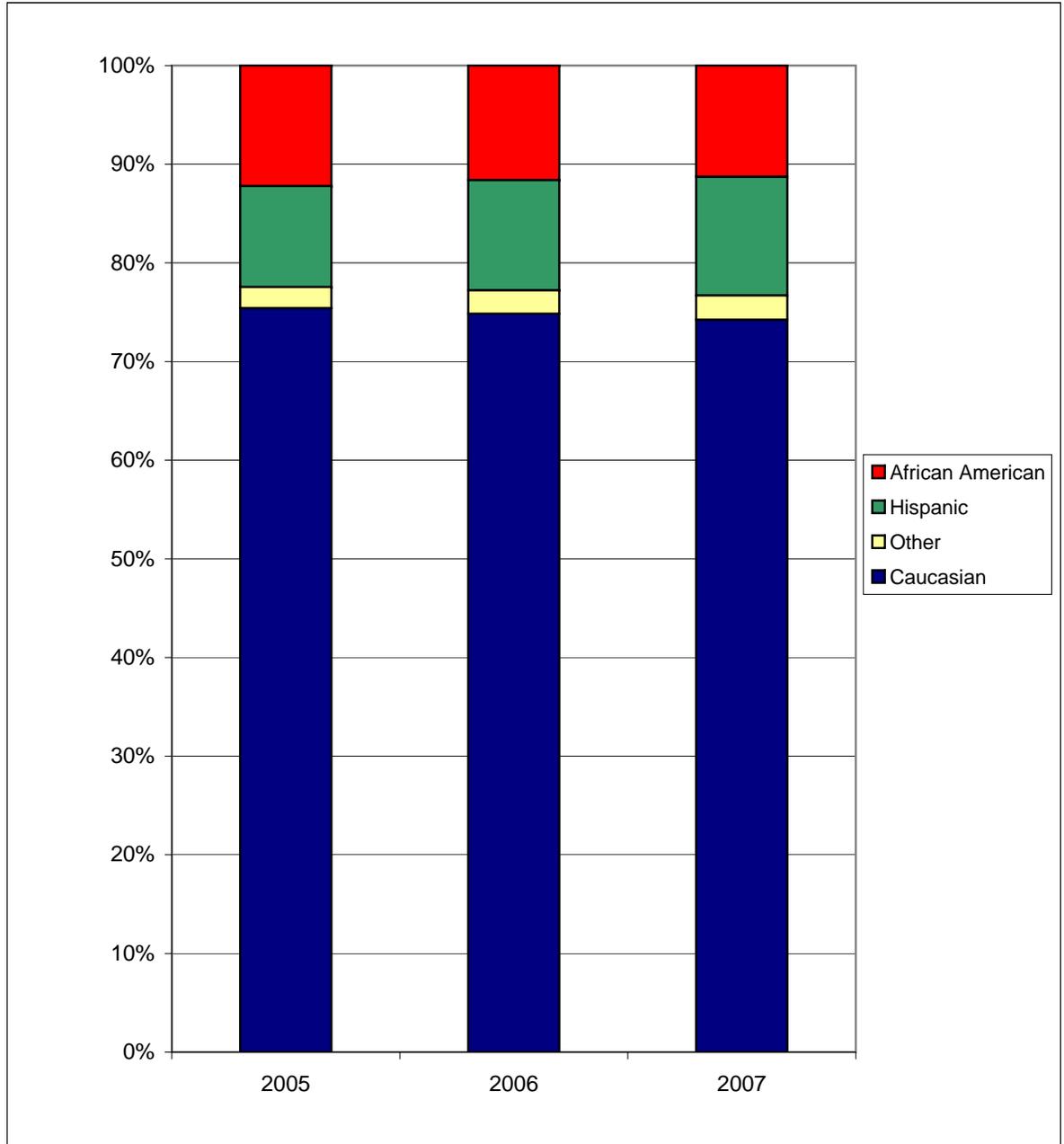
Report #	I.B.11
Report Title	Distribution of CHIP A Enrollment by Race/Ethnicity
Population	CHIP A
Time Period	CY 2005 through CY 2007

Findings	The distribution by race/ethnicity in CHIP A closely mirrors that of CHIP A+C combined.
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Report #	I.B.12
Report Title	Distribution of CHIP C Enrollment by Race/Ethnicity
Population	CHIP C
Time Period	CY 2005 through CY 2007

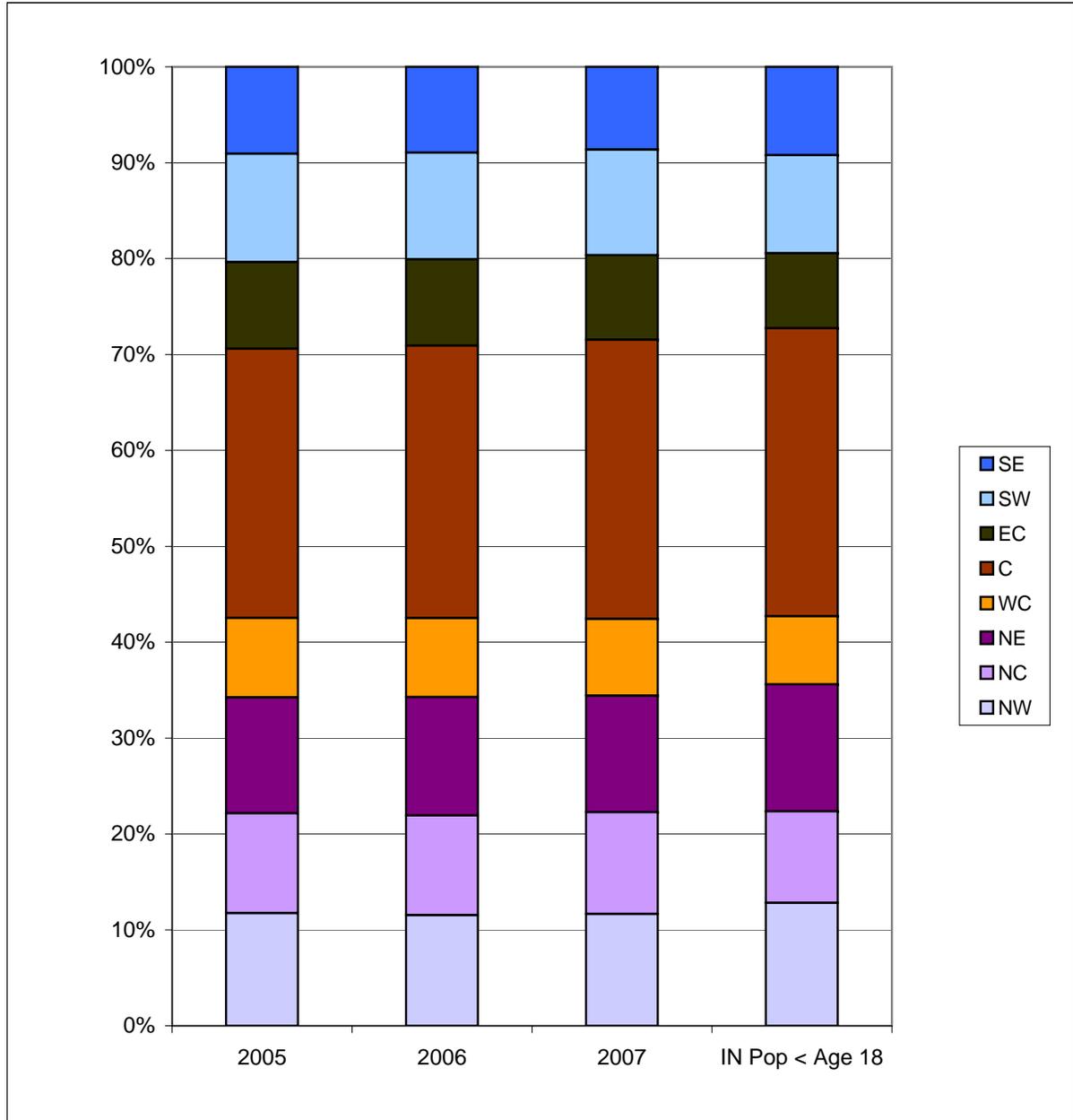
Findings	CHIP C has a statistically significant higher concentration of Hispanics in 2007 than in 2005. There are also fewer African American children in CHIP C than in CHIP A.
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Report #	I.B.13
Report Title	Distribution of CHIP Enrollment by Region
Population	CHIP A and C Combined
Time Period	CY 2005 through CY 2007

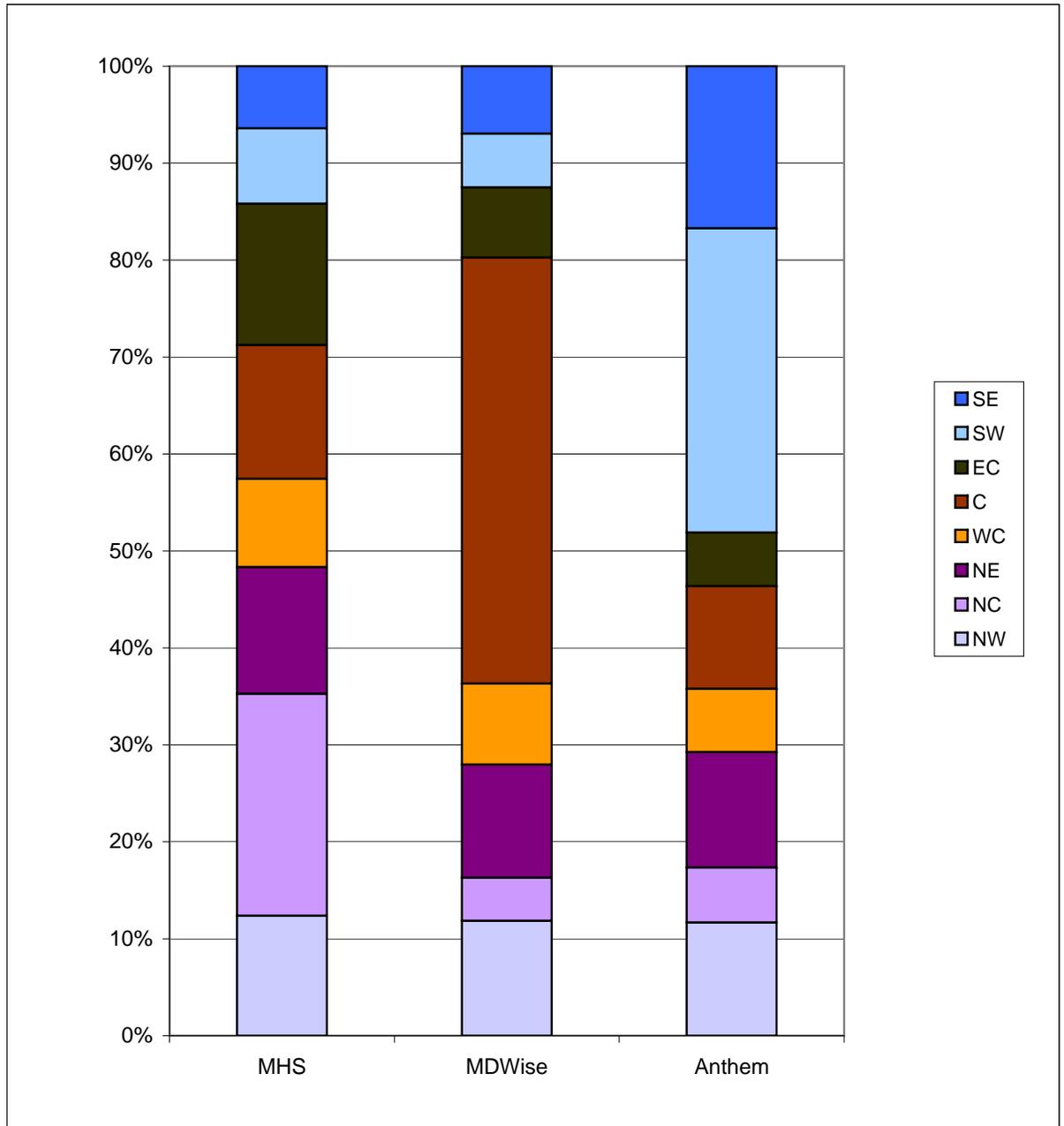
Findings	The distribution of CHIP enrollment by region has remained consistent during the last three years.
	The percent of CHIP members in each region is similar to the percent of all Indiana children (under age 18) in each region.

Source for Indiana Child Population: County Population Estimates by Age, Sex, Race and Hispanic Origin: April 1, 2000 to July 1, 2006, Population Estimates Program, Population Division, U.S. Census Bureau



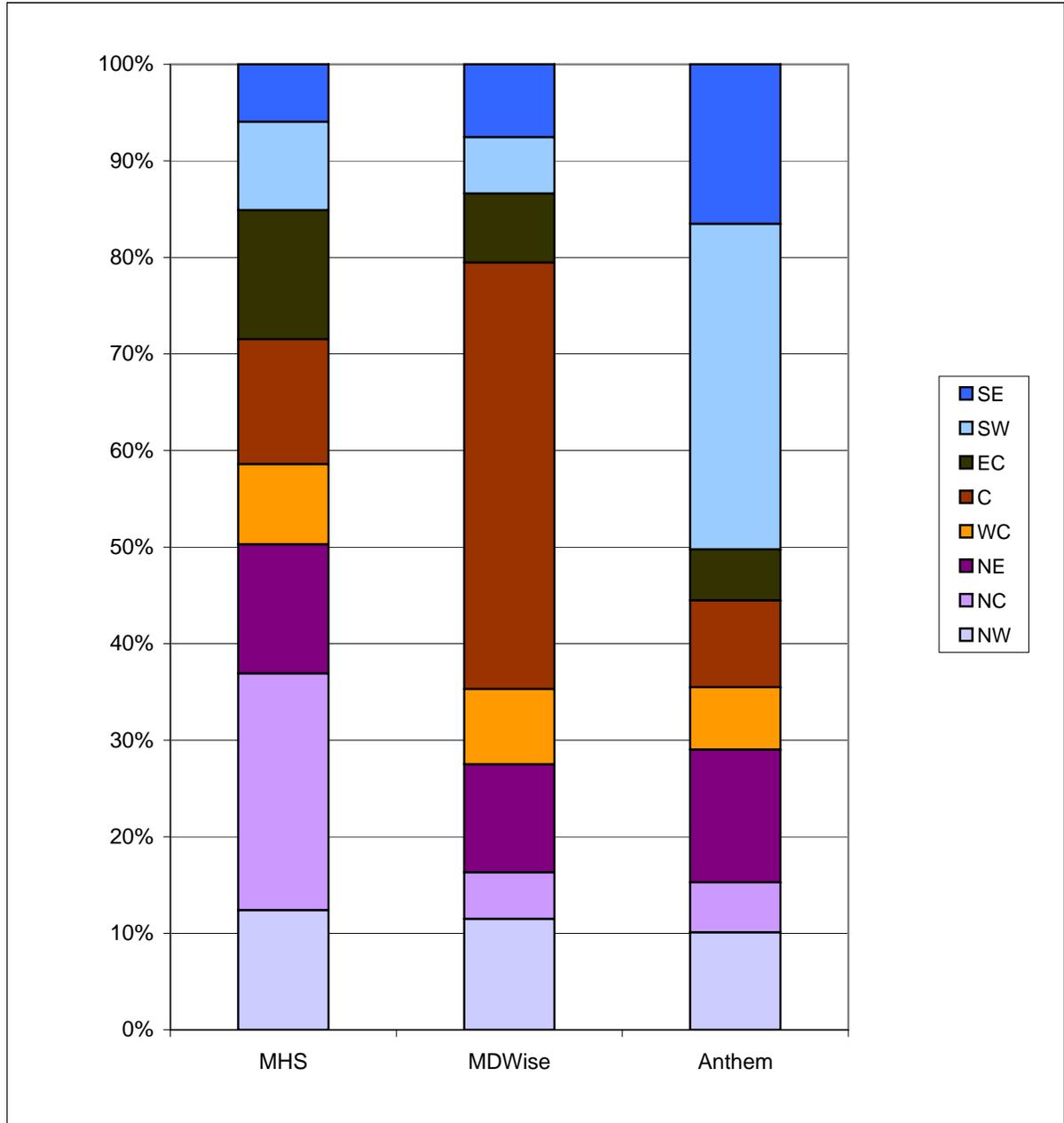
Report #	I.B.14
Report Title	Distribution of CHIP A Enrollment by Region and MCO
Population	CHIP A
Time Period	CY 2007

Findings	The distribution of CY 2007 CHIP A enrollment by region differs between MCOs. Nearly half of MHS enrollees are in the northern regions, MDwise is concentrated in the central regions and Anthem in the southern regions.
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Report #	I.B.15
Report Title	Distribution of CHIP C Enrollment by Region and MCO
Population	CHIP C
Time Period	CY 2007

Findings	The distribution of CY 2007 CHIP C enrollment by region differs by MCO as does CHIP A. MHS enrollees are primarily in the northern regions, MDwise enrollees are primarily in the central regions and Anthem enrollees in the southern regions.
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Report #	I.C.1
Report Title	Number of Months Enrolled in Hoosier Healthwise
Population	CHIP A and CHIP C, Children Under Age 19
Time Period	CY 2005 through CY 2007

Findings	Children in CHIP A were enrolled in Hoosier Healthwise for a longer continuous period of time than were children in CHIP C. Half of CHIP A members were enrolled for at least two years continuously while 38% of CHIP C members were enrolled that long.
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CHIP Package A

Number of Consecutive Months Enrolled in Hoosier Healthwise CY 2005 - CY 2007	Number of Unique Members	Percent of Members
1 to 5 months	6,261	7.4%
6 to 11 months	11,733	13.9%
12 to 17 months	13,469	16.0%
18 to 23 months	10,984	13.0%
24 to 29 months	8,110	9.6%
30 to 35 months	6,548	7.8%
36 months	27,316	32.4%
All Members	84,421	
Percent Enrolled for 2 or more years continuously		50%

CHIP Package C

Number of Unique Members	Percent of Members
4,486	11.6%
7,037	18.2%
6,946	18.0%
5,581	14.5%
3,900	10.1%
3,114	8.1%
7,506	19.5%
38,570	
38%	

Report #	I.C.2
Report Title	Number of Months Enrolled in an MCO
Population	CHIP A and CHIP C, Children Under Age 19
Time Period	CY 2005 through CY 2007

Findings	While 31% of CHIP A members were enrolled in an MCO for at least two years continuously between CY 2005 and CY 2007, only one-fifth of CHIP C members were enrolled in an MCO for the same duration.
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CHIP Package A

Number of Consecutive Months Enrolled in an MCO CY 2005 - CY 2007	Number of Unique Members	Percent of Members
0 months	6,200	7.3%
1 to 5 months	10,218	12.1%
6 to 11 months	16,710	19.8%
12 to 17 months	13,700	16.2%
18 to 23 months	11,606	13.7%
24 to 29 months	10,184	12.1%
30 to 35 months	7,813	9.3%
36 months	7,990	9.5%
All Members	84,421	
Percent Enrolled in an MCO for 2 or more years continuously		31%

CHIP Package C

Number of Unique Members	Percent of Members
2,044	5.3%
7,174	18.6%
9,802	25.4%
6,997	18.1%
4,996	13.0%
3,511	9.1%
2,626	6.8%
1,420	3.7%
38,570	
20%	

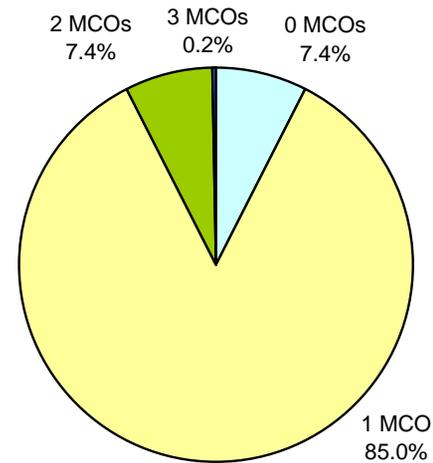
Note: Members enrolled for 0 months consecutively in an MCO are either: (a) brand new to the program and still in the FFS window, or (b) Hoosier Healthwise members that do not have to mandatorily enroll in managed care (e.g. wards of the state).

Report #	I.C.3
Report Title	Number of MCOs Members were Enrolled With
Population	CHIP A and CHIP C
Time Period	CY 2007

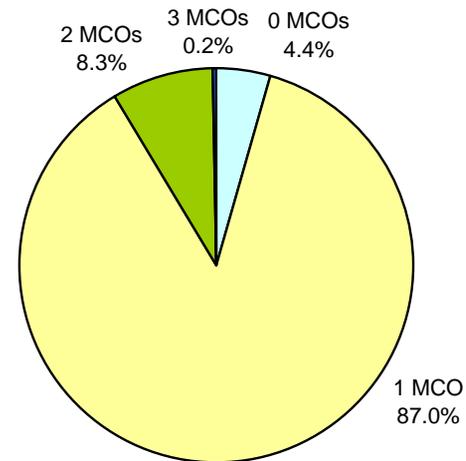
Findings	The majority of CHIP members were enrolled with only one MCO during CY 2007.
	CHIP C members were slightly more likely to be enrolled in one or two MCOs than were CHIP A members.

Note: Members enrolled in 0 MCOs are either: (a) brand new to the program and still in the FFS window, or (b) Hoosier Healthwise members that do not have to mandatorily enroll in managed care (e.g. wards of the state).

Number of MCOs CHIP A Members Were Enrolled With in CY2007



Number of MCOs CHIP C Members Were Enrolled With in CY2007



Report #	I.C.4
Report Title	Number of Months in FFS
Population	CHIP A and CHIP C, Children Under Age 19
Time Period	CY 2005 through CY 2007

Findings	There are a significantly high number of children in CHIP A and CHIP C who are designated as FFS after the usual one month "FFS window" period. Children enrolled in FFS for more than 3 consecutive months are explored in more detail in Reports I.C.5 and I.C.6.
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CHIP Package A		
Number of Months in FFS CY 2005 - CY 2007	Number of Unique Members	Percent of Members
0 months	26,548	31.8%
1 month	8,315	10.0%
2 months	12,681	15.2%
3 months	10,500	12.6%
4 months	6,767	8.1%
5 months	8,849	10.6%
6 months	5,263	6.3%
7 to 12 months	3,152	3.8%
13 to 18 months	928	1.1%
19 to 24 months	451	0.5%
25 or more months	546	0.7%
Subtotal: > 3 months	25,956	
All Members	83,408	
Percent Enrolled in FFS for 4 or more Consecutive Months		31%

CHIP Package C		
Number of Unique Members	Percent of Members	
9,759	27.1%	
5,168	14.4%	
9,211	25.6%	
7,222	20.1%	
3,418	9.5%	
1,971	5.5%	
1,010	2.8%	
673	1.9%	
68	0.2%	
36	0.1%	
25	0.1%	
7,201		
36,003		
		20%

Note that this data includes only those children considered mandatory managed care eligibles. Wards of the state, which may also be enrolled in CHIP A and CHIP C, may voluntarily choose to remain in FFS despite being enrolled in CHIP. Anyone enrolled in FFS for the entire 36 months between 2005 and 2007 were excluded from this analysis as a proxy for wards of state.

Report #	I.C.5
Report Title	Characteristics of CHIP A Clients with a Long FFS Tenure
Population	CHIP A
Time Period	CY 2005 through CY 2007

Findings	Of CHIP A clients, 31% had been enrolled in FFS for more than three consecutive months.
	CHIP A clients with a long tenure in FFS were more likely to be Hispanic than were those not in FFS for very long.
	The Central region of Indiana comprised 34% of all long FFS tenure CHIP A clients and 28% of clients without a long FFS tenure.

Note:

This data includes only those children considered mandatory managed care eligibles. Wards of the state, which may also be enrolled in CHIP A and CHIP C may voluntarily choose to remain in FFS despite being enrolled in CHIP. Anyone enrolled in FFS for the entire 36 months between 2005 and 2007 were excluded from this analysis as a proxy for wards of state.

CHIP A FFS More than 3 Consecutive Months	
Number of Clients	Percent of Clients

CHIP A Not in FFS More than 3 Consecutive Months	
Number of Clients	Percent of Clients

Number of Months Enrolled
1 to 6 months
6 to 12 months
13 to 18 months
19 to 24 months
25 to 30 months
31 to 36 months
All Members

1,259	5%
3,756	14%
4,609	18%
4,014	15%
4,540	17%
7,778	30%
25,956	

6,198	11%
5,910	10%
5,853	10%
5,312	9%
5,114	9%
29,657	51%
58,044	

Age Group
Age 0-5
Age 6-12
Age 13-18, Males
Age 13-18, Females
All Members

2,871	11%
13,528	52%
4,767	18%
4,790	18%
25,956	

8,069	14%
28,689	49%
10,817	19%
10,469	18%
58,044	

Race/Ethnicity
African American
Hispanic
Other
Caucasian
All Members

4,282	16%
4,983	19%
620	2%
16,071	62%
25,956	

10,306	18%
6,041	10%
1,183	2%
40,514	70%
58,044	

Region
1 North West
2 North Central
3 North East
4 West Central
5 Central
6 East Central
7 South West
8 South Central
All Members

2,723	10%
2,861	11%
3,259	13%
1,941	7%
8,807	34%
1,989	8%
2,249	9%
2,108	8%
25,937	

6,974	12%
6,095	11%
6,986	12%
4,624	8%
16,212	28%
5,322	9%
6,529	11%
5,216	9%
57,958	

Report #	I.C.6
Report Title	Characteristics of CHIP C Clients with a Long FFS Tenure
Population	CHIP C
Time Period	CY 2005 through CY 2007

Findings	Of CHIP C clients, 19% had been enrolled in FFS for more than three consecutive months.
	CHIP C clients with a long tenure in FFS were more likely to be African American or Hispanic than were those not in FFS for very long.
	The Central region of Indiana comprised 34% of all long FFS tenure CHIP C clients and 27% of clients without a long FFS tenure.

Note:

This data includes only those children considered mandatory managed care eligibles. Wards of the state, which may also be enrolled in CHIP A and CHIP C may voluntarily choose to remain in FFS despite being enrolled in CHIP. Anyone enrolled in FFS for the entire 36 months between 2005 and 2007 were excluded from this analysis as a proxy for wards of state.

CHIP C FFS More than 3 Consecutive Months	
Number of Clients	Percent of Clients

CHIP C Not in FFS More than 3 Consecutive Months	
Number of Clients	Percent of Clients

Number of Months Enrolled
1 to 6 months
6 to 12 months
13 to 18 months
19 to 24 months
25 to 30 months
31 to 36 months
All Members

429	6%
1,119	16%
1,339	19%
1,300	18%
1,339	19%
1,675	23%
7,201	

4,881	16%
4,710	15%
4,447	14%
3,879	12%
3,219	10%
10,224	33%
31,360	

Age Group
Age 0-5
Age 6-12
Age 13-18, Males
Age 13-18, Females
All Members

2,122	29%
2,980	41%
1,031	14%
1,068	15%
7,201	

9,893	32%
12,362	39%
4,700	15%
4,405	14%
31,360	

Race/Ethnicity
African American
Hispanic
Other
Caucasian
All Members

1,106	15%
962	13%
185	3%
4,948	69%
7,201	

3,524	11%
3,058	10%
706	2%
24,072	77%
31,360	

Region
1 North West
2 North Central
3 North East
4 West Central
5 Central
6 East Central
7 South West
8 South Central
All Members

687	10%
725	10%
974	14%
551	8%
2,456	34%
508	7%
598	8%
695	10%
7,194	

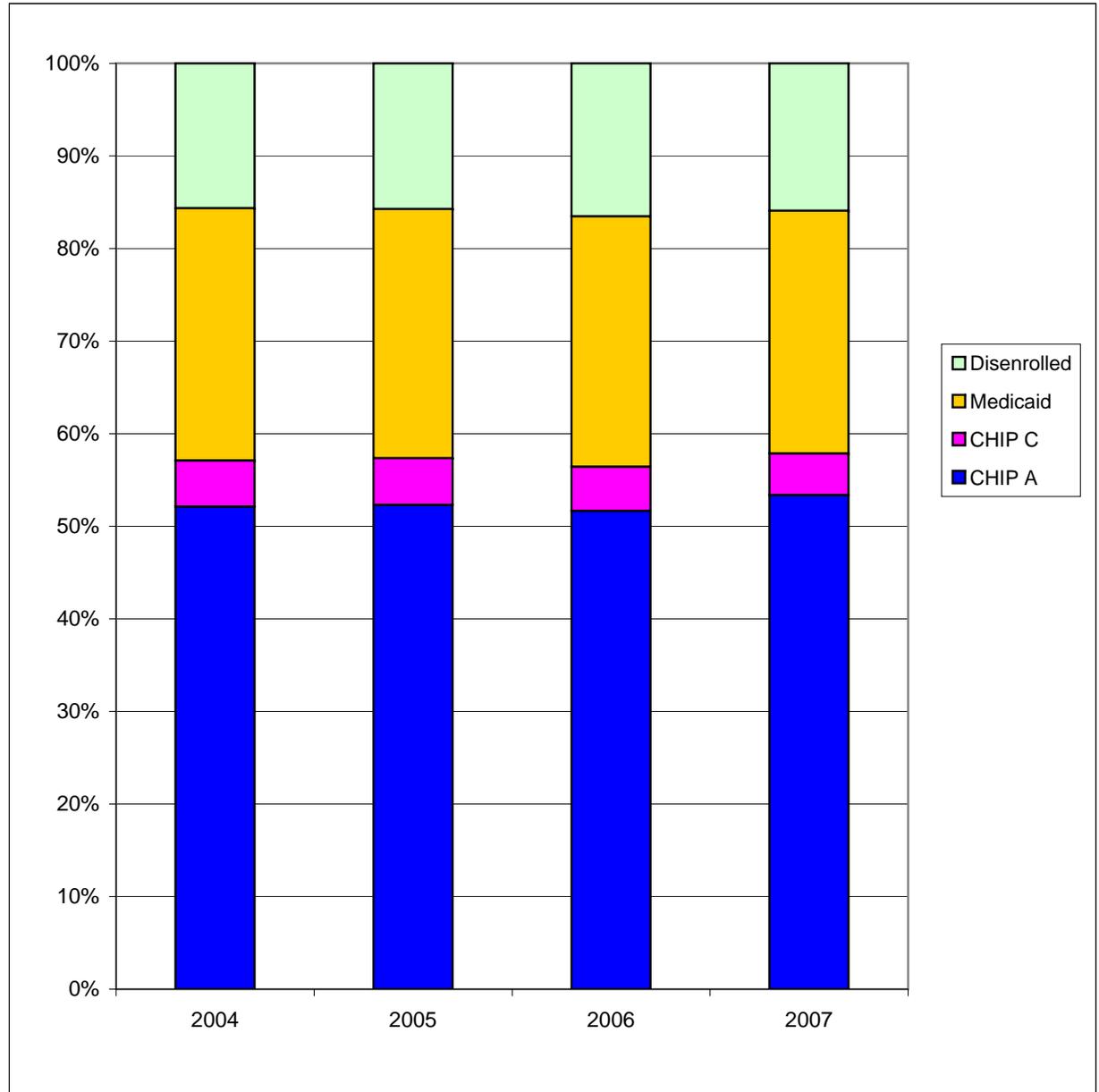
3,766	12%
3,411	11%
3,776	12%
2,363	8%
8,466	27%
2,854	9%
3,771	12%
2,931	9%
31,338	

Report #	I.C.7
Report Title	Movement Across Programs
Population	Members enrolled in CHIP A at some point during the year
Time Period	CY 2004 through CY 2007

Findings	Nearly one-half of all children enrolled in CHIP A during the calendar year left CHIP A. They moved to CHIP C, Medicaid, or out of Hoosier Healthwise by the end of the year.
	Disenrollment rates have remained somewhat steady between CY 2004 and CY 2007. They average about 16% during this time period.

Note: In this context, "disenrolled" means that the member is no longer in Hoosier Healthwise at all. This could be because they are no longer eligible (e.g. due to family income), aged out (i.e. turned age 19), or moved out of state.

Program Location of CHIP A Members at End of Calendar Year

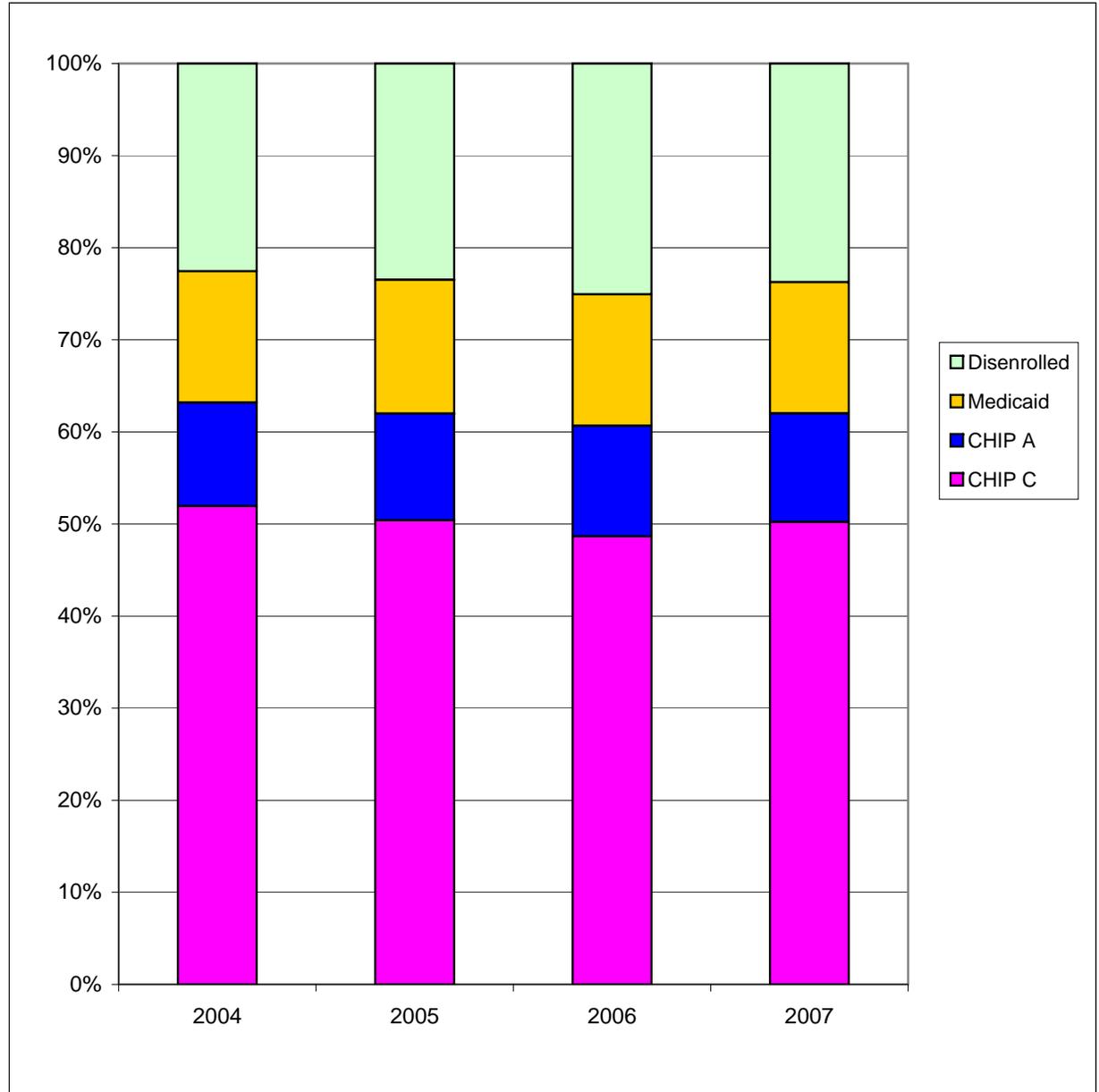


Report #	I.C.8
Report Title	Movement Across Programs
Population	Members enrolled in CHIP C at some point during the year
Time Period	CY 2004 through CY 2007

Findings	About one-half of all children enrolled in CHIP C during the calendar year left CHIP C. They moved to CHIP A, Medicaid, or out of Hoosier Healthwise by the end of the year.
	Disenrollment rates for CHIP C enrollees were greater than that of CHIP A enrollees. CHIP C disenrollment rates increased from 22.6% in 2004 to 23.7% in 2007.

Note: In this context, "disenrolled" means that the member is no longer in Hoosier Healthwise at all. This could be because they are no longer eligible (e.g. due to family income), aged out (i.e. turned age 19), or moved out of state.

Program Location of CHIP C Members at End of Calendar Year



Report #	I.C.9
Report Title	Characteristics of CHIP A Clients Who Disenrolled
Population	CHIP A, Excluding Children Who Turned 19
Time Period	CY 2007

Findings	Excluding children who turned 19 in 2007, 15.3% of CHIP A clients disenrolled by December 2007.
	Of CHIP A clients who disenrolled, 12% were enrolled for one year or less between 2005 and 2007.
	CHIP A clients who disenrolled were more likely to be in the 13 to 18 age group than were those still enrolled in December 2007.

Number of Months Enrolled
1 to 6 months
6 to 12 months
13 to 18 months
19 to 24 months
25 to 30 months
31 to 36 months
All Members

Age Group
Age 0-5
Age 6-12
Age 13-18, Males
Age 13-18, Females
All Members

Race/Ethnicity
African American
Hispanic
Other
Caucasian
All Members

Health Plan
FFS
Managed Health Services
Anthem
MDwise
All Members

CHIP A Disenrolled by Dec 2007	
Number of Clients	Percent of Clients

482	3%
1,420	9%
2,208	14%
2,042	13%
4,932	32%
4,456	29%
15,540	

2,272	15%
7,037	45%
3,139	20%
3,092	20%
15,540	

2,909	19%
1,984	13%
276	2%
10,371	67%
15,540	

1,159	7%
4,270	27%
3,036	20%
7,074	46%
15,539	

CHIP A Still Enrolled in Dec 2007	
Number of Clients	Percent of Clients

2,860	3%
3,815	4%
5,928	7%
7,098	8%
9,241	11%
57,031	66%
85,973	

12,547	15%
43,349	50%
14,847	17%
15,230	18%
85,973	

15,396	18%
11,134	13%
1,835	2%
57,608	67%
85,973	

12,143	14%
21,988	26%
14,136	16%
37,706	44%
85,973	

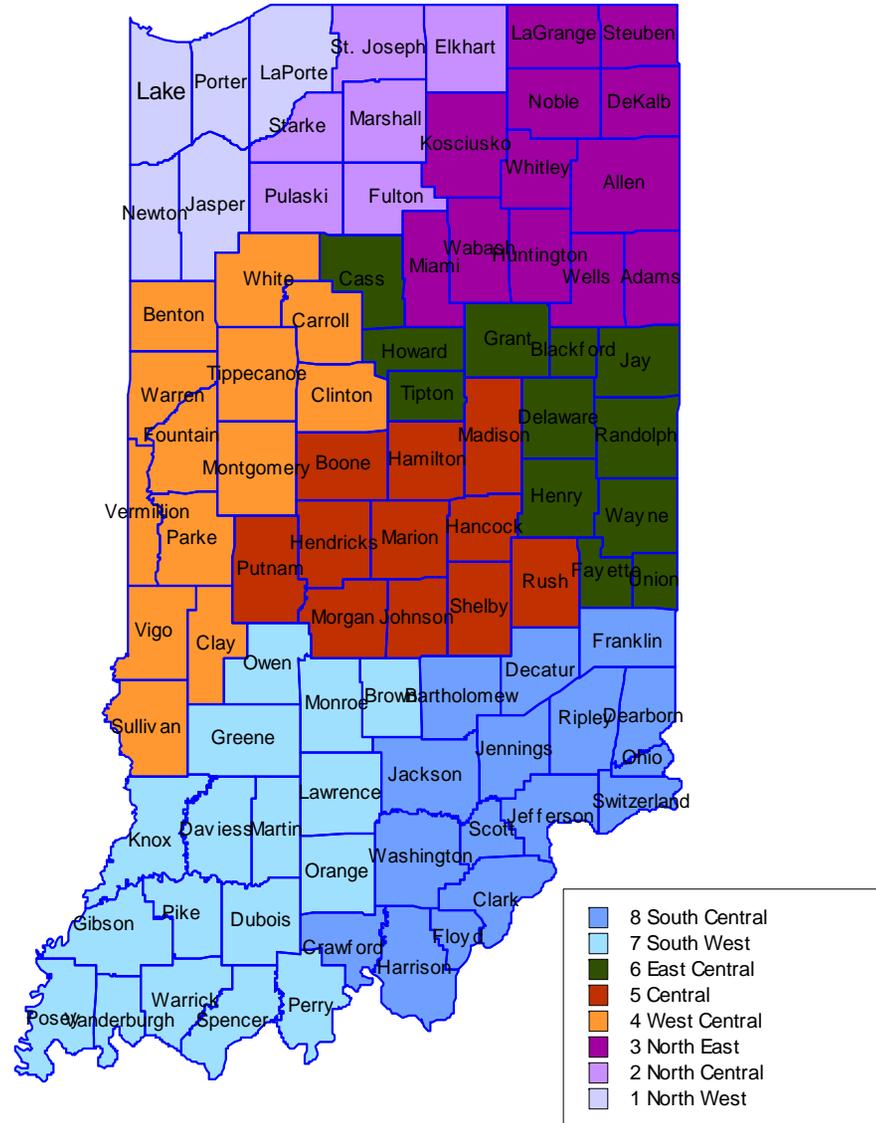
Report #	I.C.10
Report Title	Characteristics of CHIP C Clients Who Disenrolled
Population	CHIP C, Excluding Children Who Turned 19
Time Period	CY 2007

Findings	Excluding children who turned 19 in 2007, 23.6% of CHIP C clients disenrolled by December 2007.
	Of CHIP C clients who disenrolled, 16% were enrolled for one year or less between 2005 and 2007.
	CHIP C clients who disenrolled were less likely to have been in FFS during their last month enrolled than were those that were still enrolled in December 2007.

	CHIP C Disenrolled by Dec 2007		CHIP C Still Enrolled in Dec 2007	
	Number of Clients	Percent of Clients	Number of Clients	Percent of Clients
Number of Months Enrolled				
1 to 6 months	462	6%	1,319	5%
6 to 12 months	869	10%	1,407	5%
13 to 18 months	1,034	12%	2,430	9%
19 to 24 months	1,286	15%	2,612	10%
25 to 30 months	2,757	33%	3,218	12%
31 to 36 months	1,918	23%	15,967	59%
All Members	8,326		26,953	
Age Group				
Age 0-5	2,609	31%	8,416	31%
Age 6-12	3,213	39%	10,889	40%
Age 13-18, Males	1,225	15%	3,814	14%
Age 13-18, Females	1,279	15%	3,834	14%
All Members	8,326		26,953	
Race/Ethnicity				
African American	1,077	13%	3,071	11%
Hispanic	829	10%	3,471	13%
Other	162	2%	679	3%
Caucasian	6,258	75%	19,732	73%
All Members	8,326		26,953	
Health Plan				
FFS	386	5%	4,503	17%
Managed Health Services	2,341	28%	6,461	24%
Anthem	1,604	19%	4,564	17%
MDwise	3,995	48%	11,425	42%
All Members	8,326		26,953	

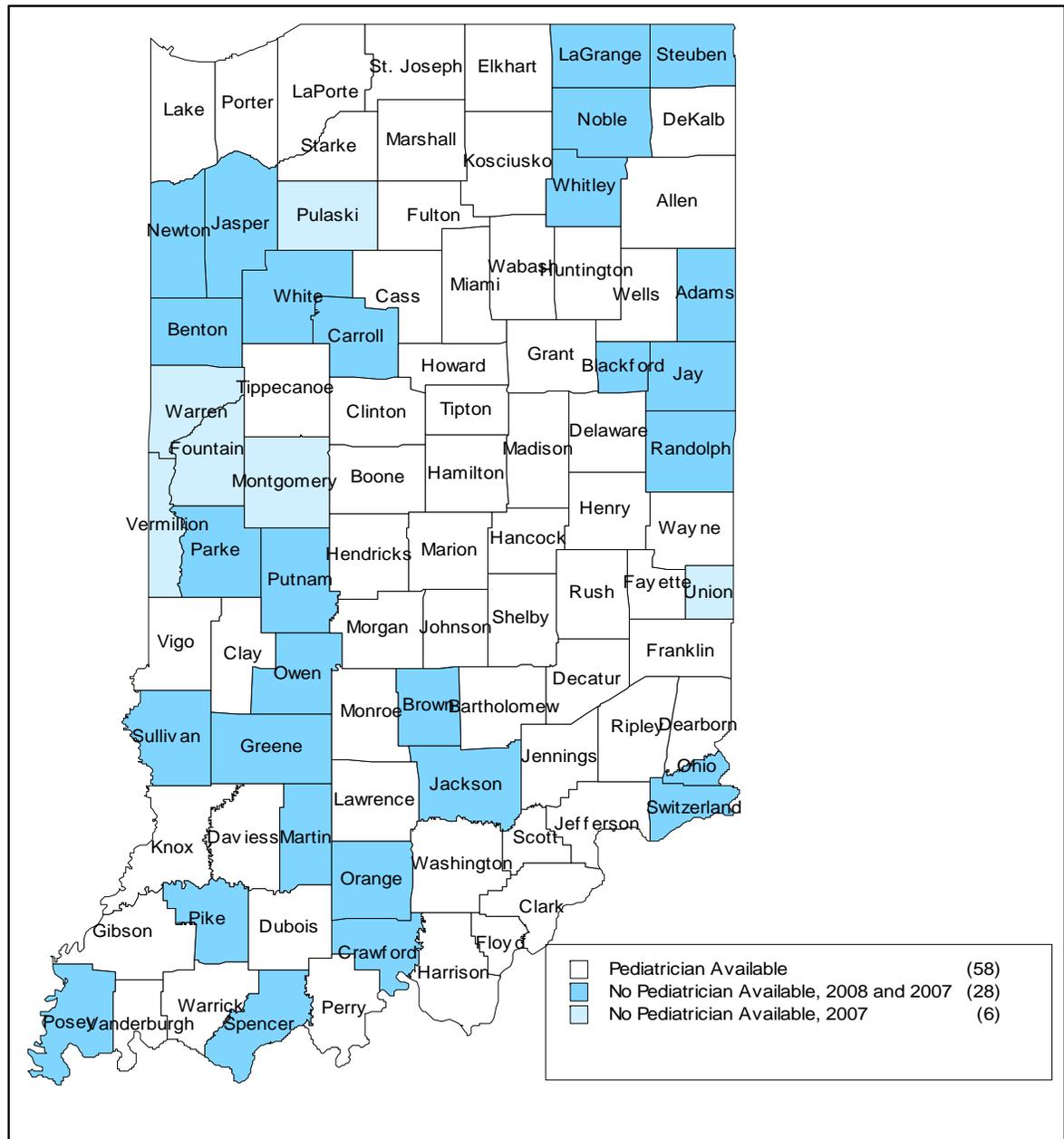
Reference Map Map of Counties by Region

The regions shown on this map are the OMPP-defined regions for the Hoosier Healthwise program. This map can be used as a reference when studying Report II.A.7- Hoosier Healthwise Children per Pediatrician and Percent Full Panel Sizes by Region



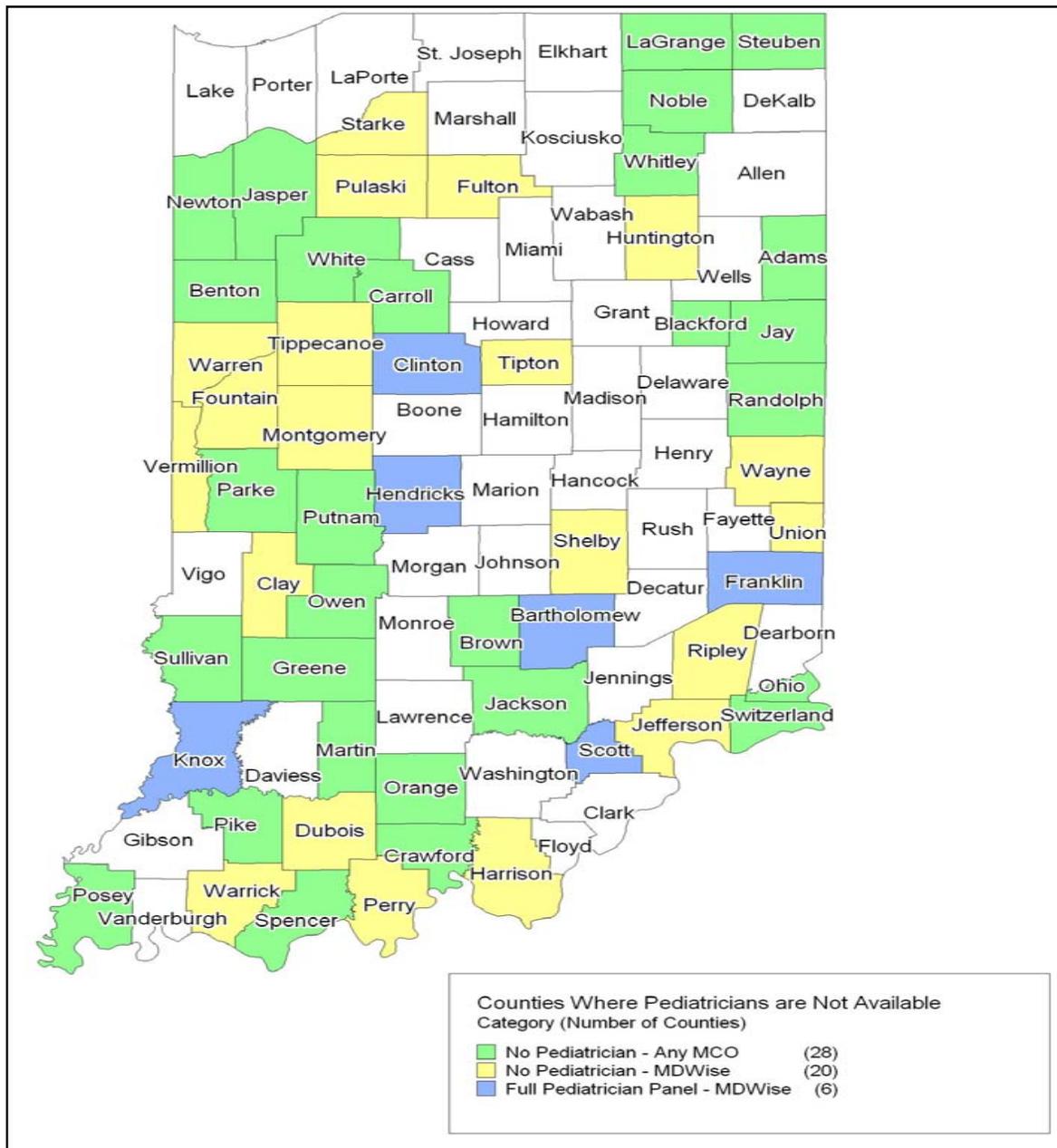
Report #	II.A.1
Report Title	Counties Where Pediatricians Are Not Available- Statewide
Population	All Hoosier Healthwise Children
Time Period	March 2008 and March 2007
Source	EDS Analysis of MAR Data

Findings	In 2008, there were 28 counties with no available pediatrician. A total of 34 counties did not have an available pediatrician in 2007.
	All counties in 2008 had a Family Practitioner available. In 2007, Union and Ohio counties did not have one available.



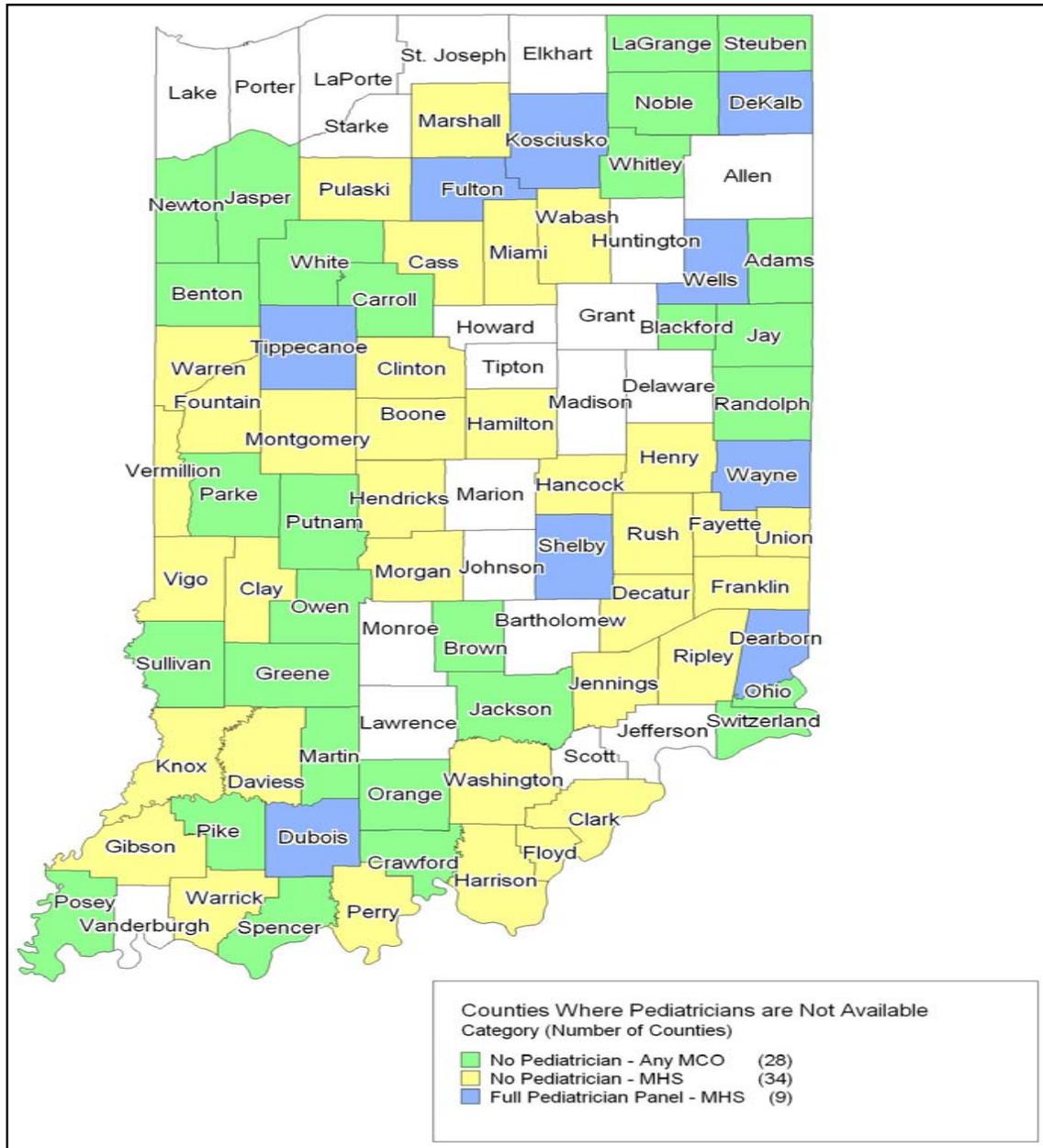
Report #	II.A.2
Report Title	Counties Where Pediatricians Are Not Available- MDWise
Population	All Hoosier Healthwise Children
Time Period	March 2008
Source	EDS Analysis of MAR Data

Findings	MDWise has the lowest number of counties without a contracted pediatrician among all three MCOs. In addition to the 28 counties with no pediatrician, there are no pediatricians registered with MDWise in 20 counties.
	MDWise has 6 counties with potential panel size issues statewide.



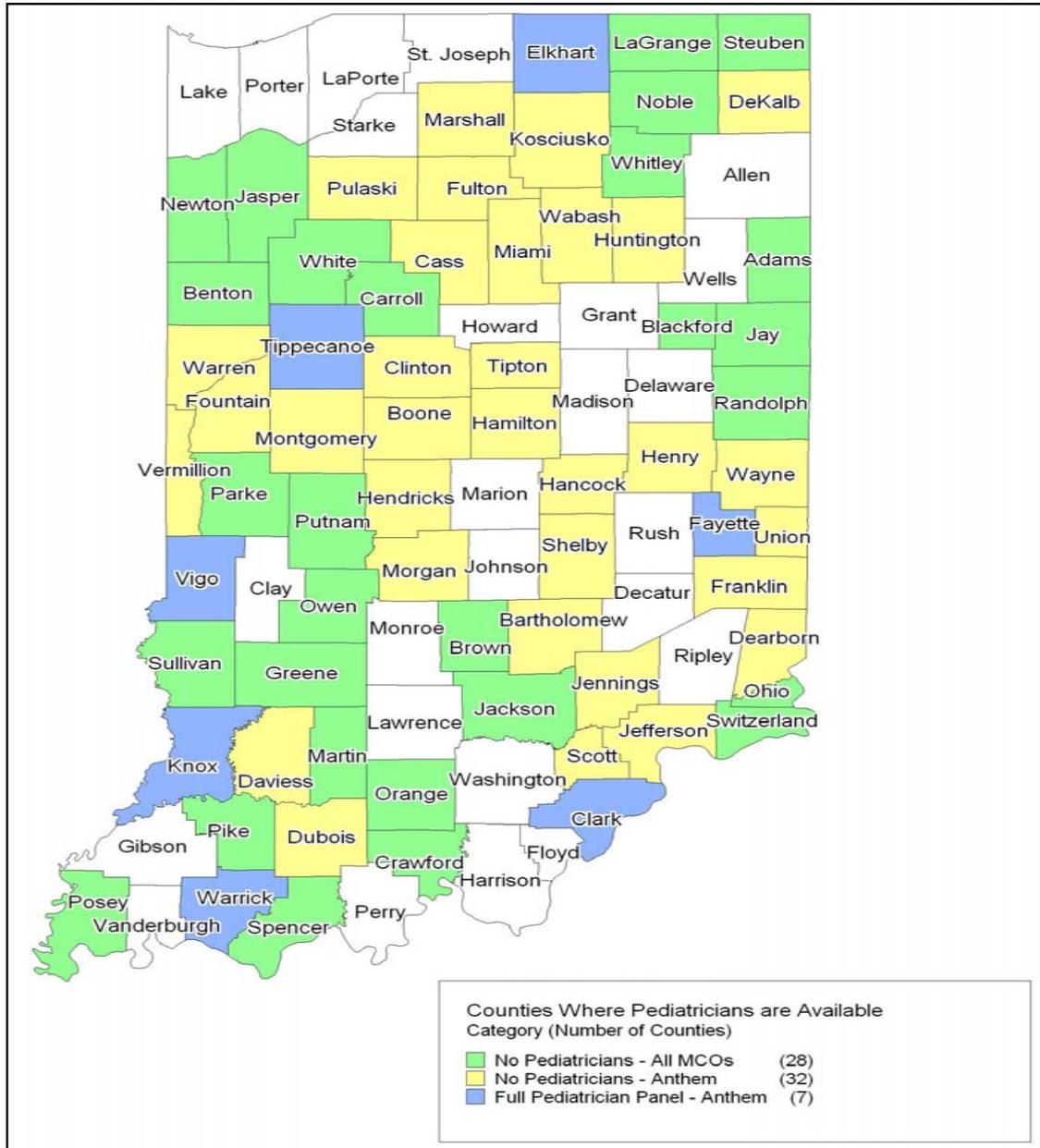
Report #	II.A.3
Report Title	Counties Where Pediatricians Are Not Available- MHS
Population	All Hoosier Healthwise Children
Time Period	March 2008
Source	EDS Analysis of MAR Data

Findings	Among the 64 counties with at least one pediatrician available across all MCOs, MHS has no contracted pediatrician in over half of them (34).
	In 9 additional counties, MHS has only pediatricians with a full panel.



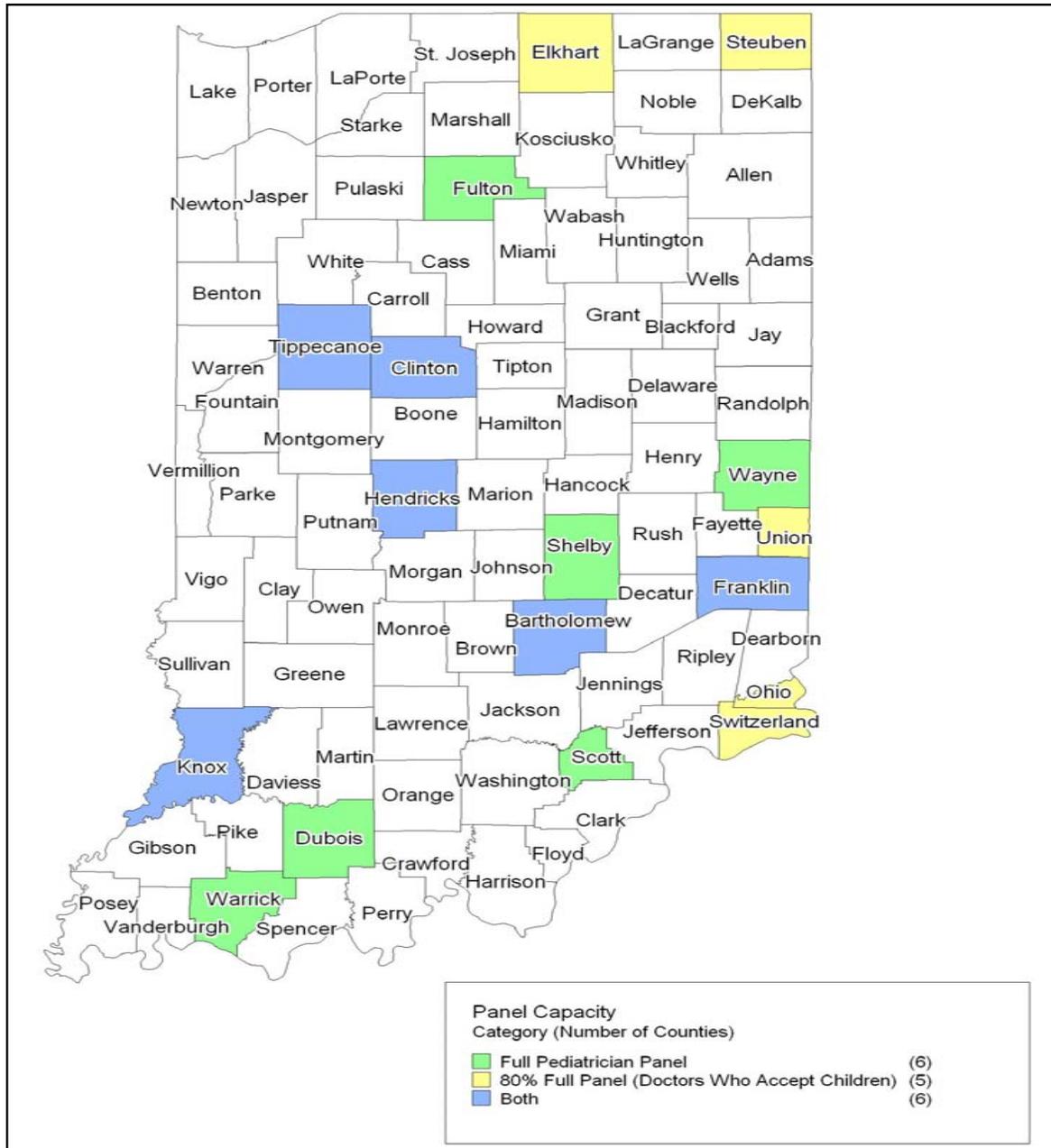
Report #	II.A.4
Report Title	Counties Where Pediatricians Are Not Available- Anthem
Population	All Hoosier Healthwise Children
Time Period	March 2008
Source	EDS Analysis of MAR Data

Findings	Among the 64 counties with at least one pediatrician available across all MCOs, Anthem has no contracted pediatrician in half of them (32).
	Seven additional counties have Anthem registered pediatricians with full panels.



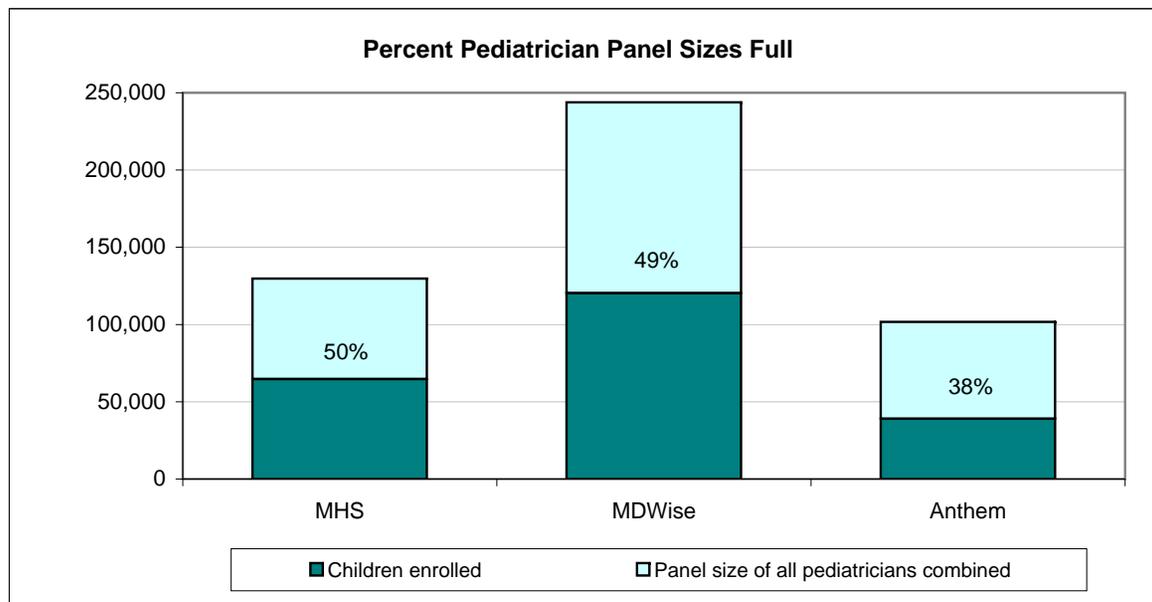
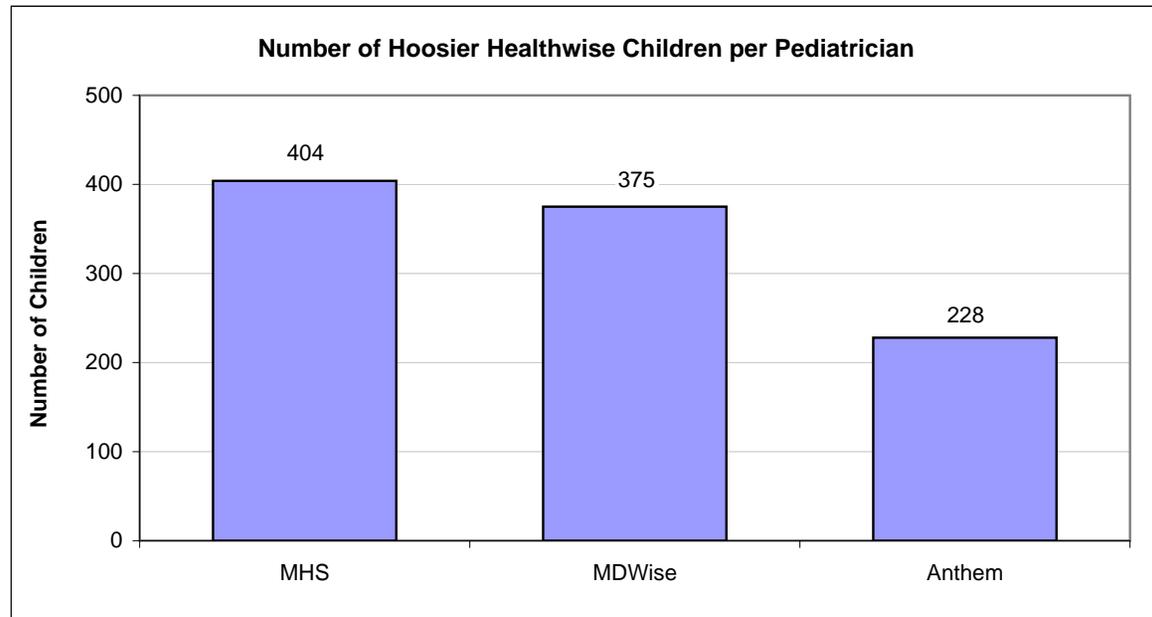
Report #	II.A.5
Report Title	Counties With Full Panel Pediatricians
Population	All Hoosier Healthwise Children
Time Period	March 2008
Source	EDS Analysis of MAR Data

Findings	Among the 64 counties with available pediatricians in 2008, 6 counties' pediatricians have full panels. Another 6 counties have both full panels for their pediatricians and other primary care physicians. Five counties have panels that are 80% full.
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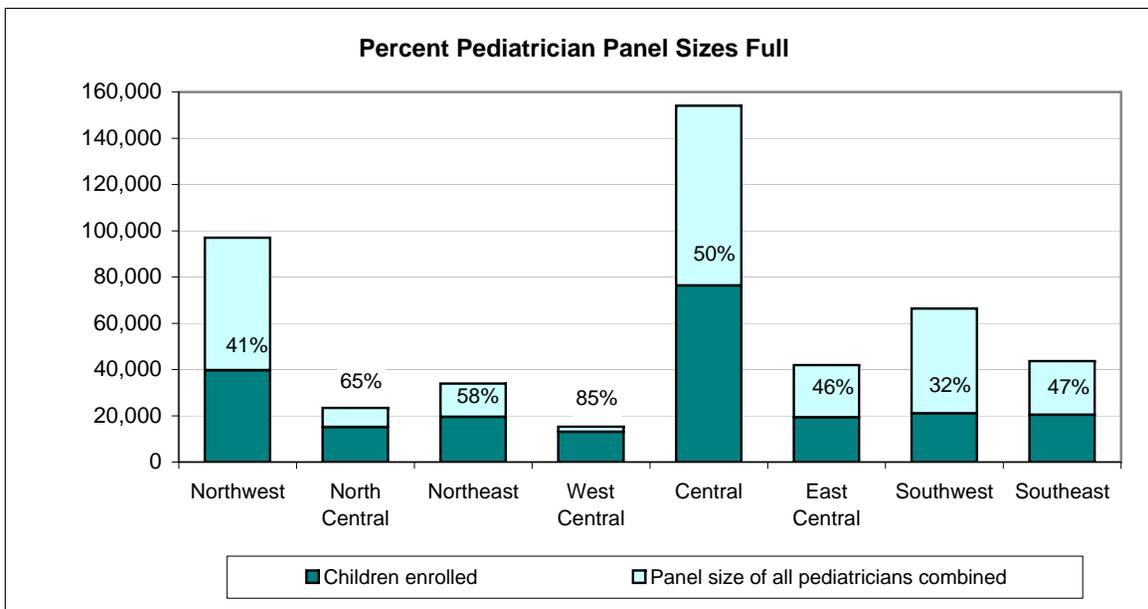
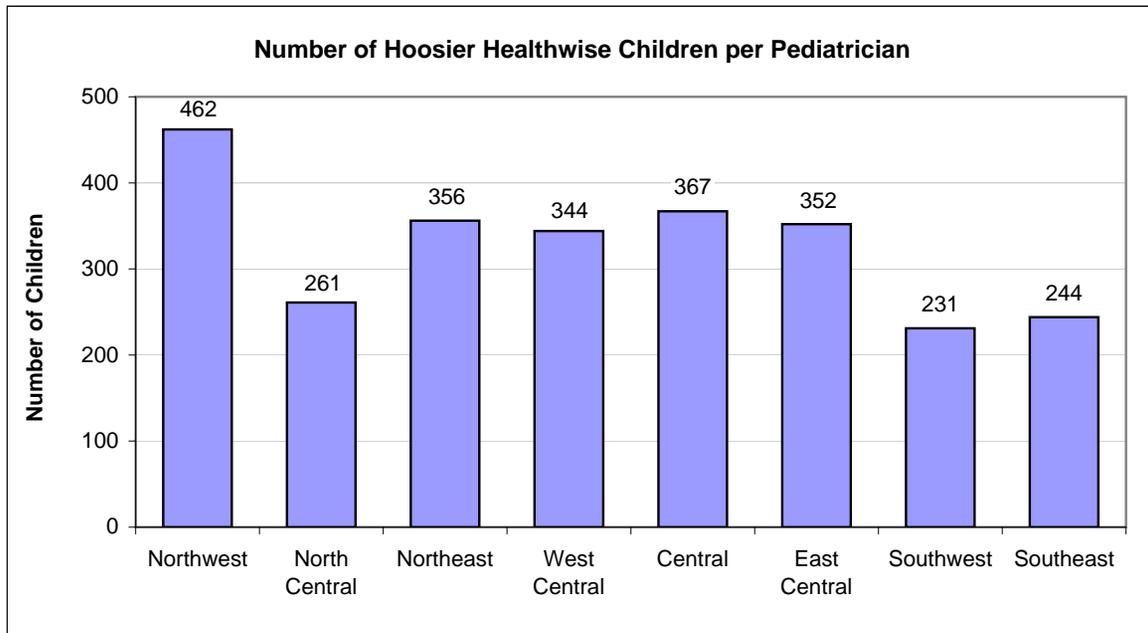
Report #	II.A.6
Report Title	Hoosier Healthwise Children per Pediatrician and Percent Full Panel Sizes by MCO
Population	All Hoosier Healthwise Children
Time Period	March 2008
Source	EDS Analysis of MAR Data

Findings	Of the three MCOs, MHS has the greatest number of Hoosier Healthwise children per pediatrician. Anthem has the fewest.
	As Anthem is the newest MCO, it has the smallest number of children enrolled. Hoosier Healthwise children enrolled in Anthem comprise only 38% of all pediatricians panel size.



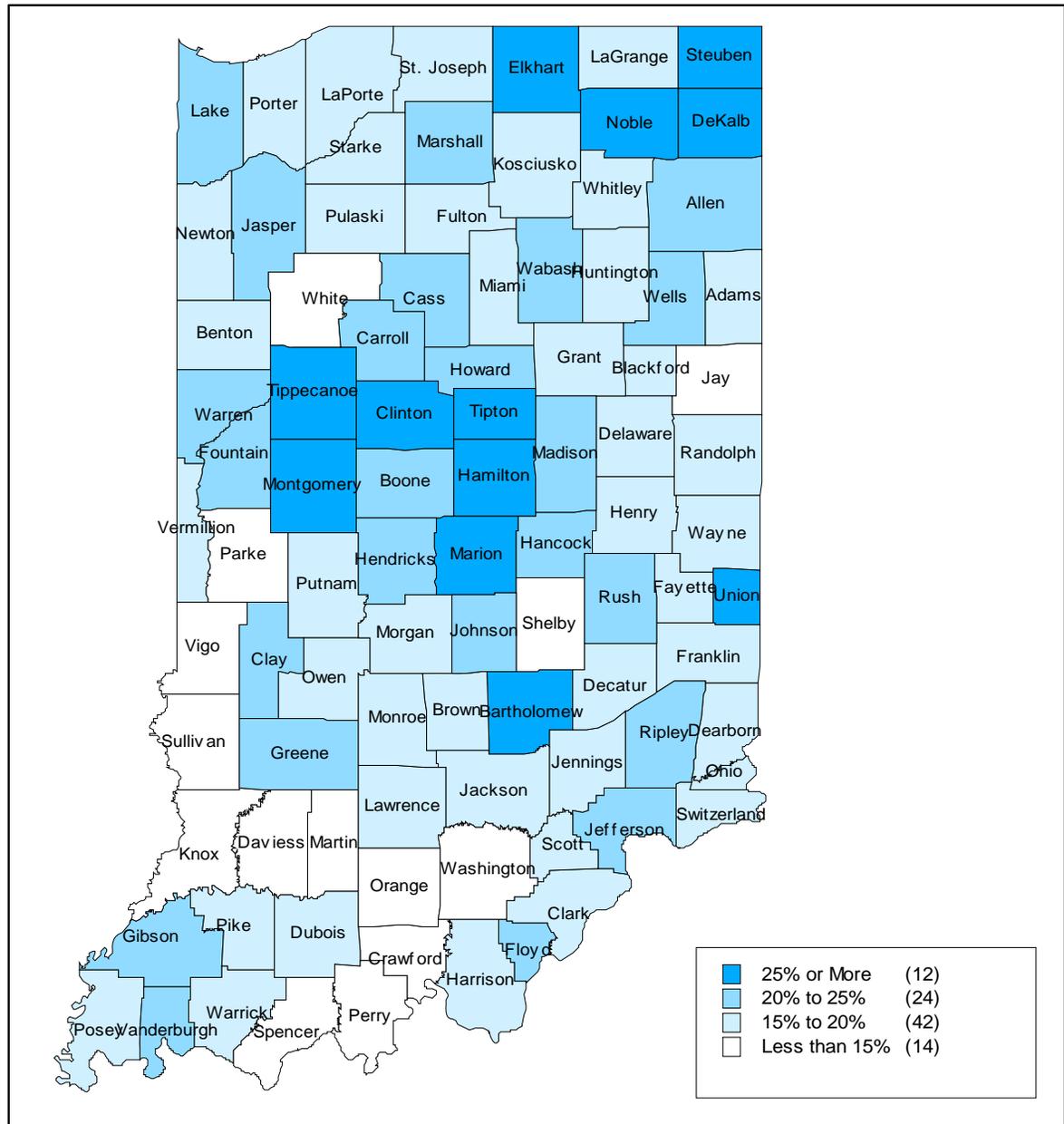
Report #	II.A.7
Report Title	Hoosier Healthwise Children per Pediatrician and Percent Full Panel Sizes by Region
Population	All Hoosier Healthwise Children
Time Period	March 2008
Source	EDS Analysis of MAR Data

Findings	The number of Hoosier Healthwise children per pediatrician varied by region. The Northwest region had the greatest number of children for each pediatrician, while the southern regions had the least.
	Hoosier Healthwise children in the West Central region were most likely to experience a pediatrician with a full panel. Only about 32% of pediatrician's panels were full in the Southwest region.



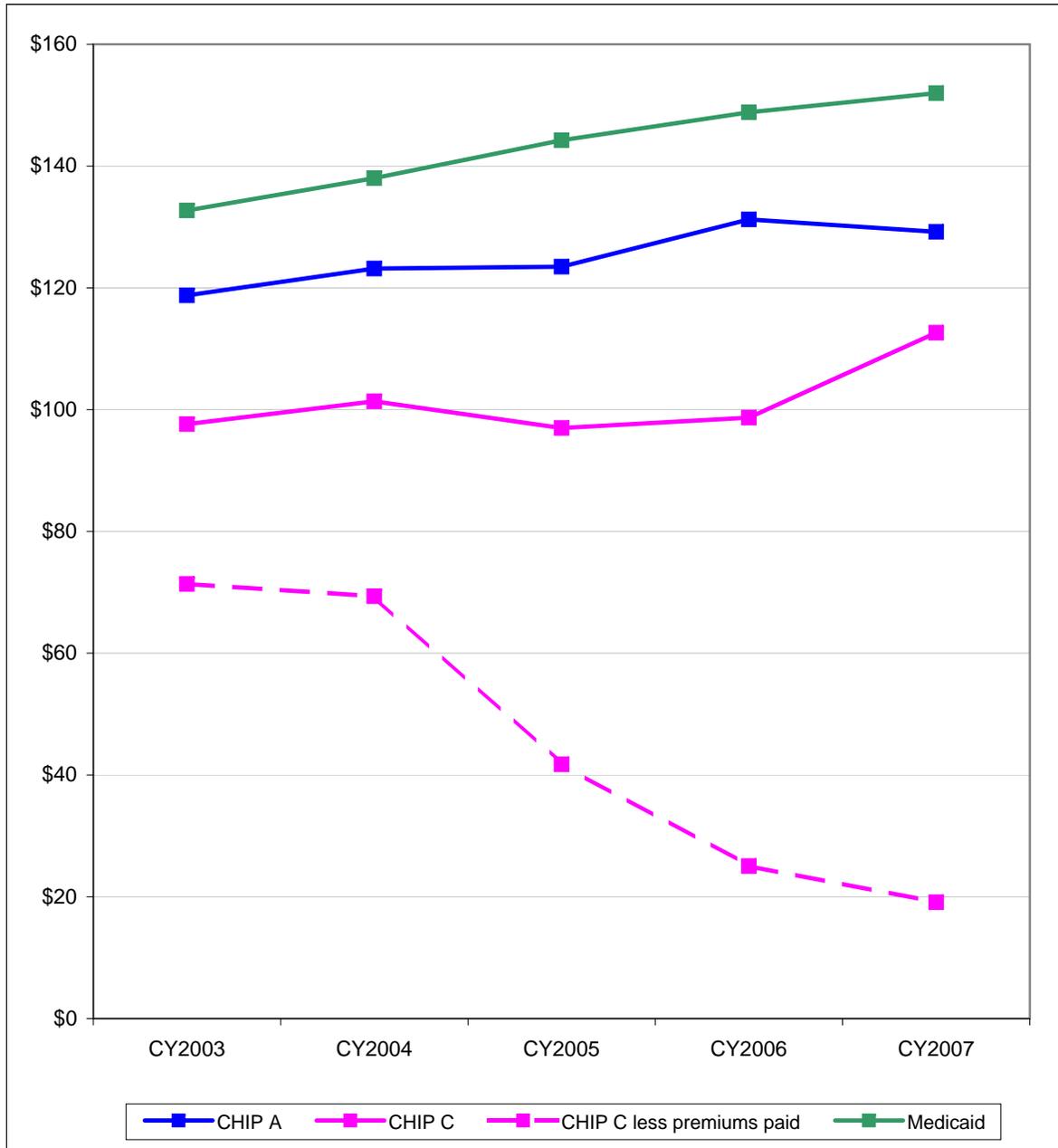
Report #	II.A.8
Report Title	Percent of Clients Enrolled in FFS for 4 or More Consecutive Months
Population	CHIP A and CHIP C, Children Under Age 19
Time Period	CY 2005 through CY 2007
Source	EDS Analysis of MAR Data

Findings	Twelve counties had more than a quarter of CHIP members enrolled in fee-for-service for 4 or more consecutive months in the time period considered. These counties are primarily clustered in the Northeast regions and Central regions of Indiana.
	The counties with the lowest percentage of CHIP members with a long fee-for-service tenure include: Orange, Crawford, and Martin. These counties all have fewer than 10% of CHIP members in FFS for 4 or more months.



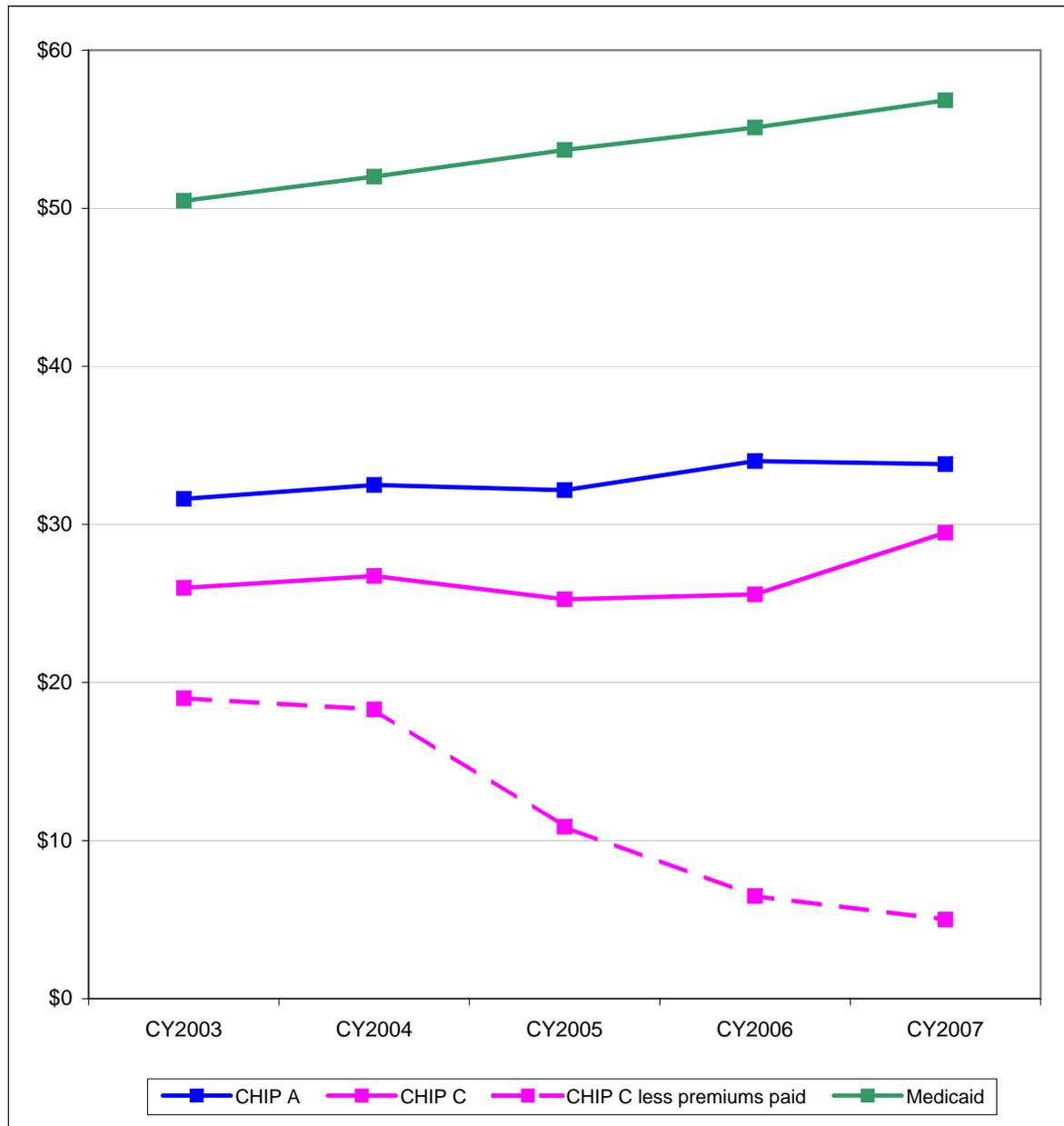
Report #	III.A.1
Report Title	Trend in Per Member Per Month Expenditures (Capitation and Fee-for-Service) - Total Funds
Population	CHIP A, CHIP C, Medicaid Children
Time Period	CY 2003 to CY 2007

Findings	The CHIP A PMPM has risen some from 2003 to 2006, but not significantly.
	The CHIP C PMPM has increased significantly, from \$98 in 2003 to \$112 in 2007. However, premiums charged per member also doubled, so the net effect is a large decrease in the PMPM when premium offsets are factored in.
	Both CHIP A and CHIP C continue to be consistently lower than the Medicaid child PMPM. This is even after controlling for infants, which have been removed from all calculations.



Report #	III.A.2
Report Title	Trend in Per Member Per Month Expenditures (Capitation and Fee-for-Service) - State Funds
Population	CHIP A, CHIP C, Medicaid Children
Time Period	CY 2003 to CY 2007

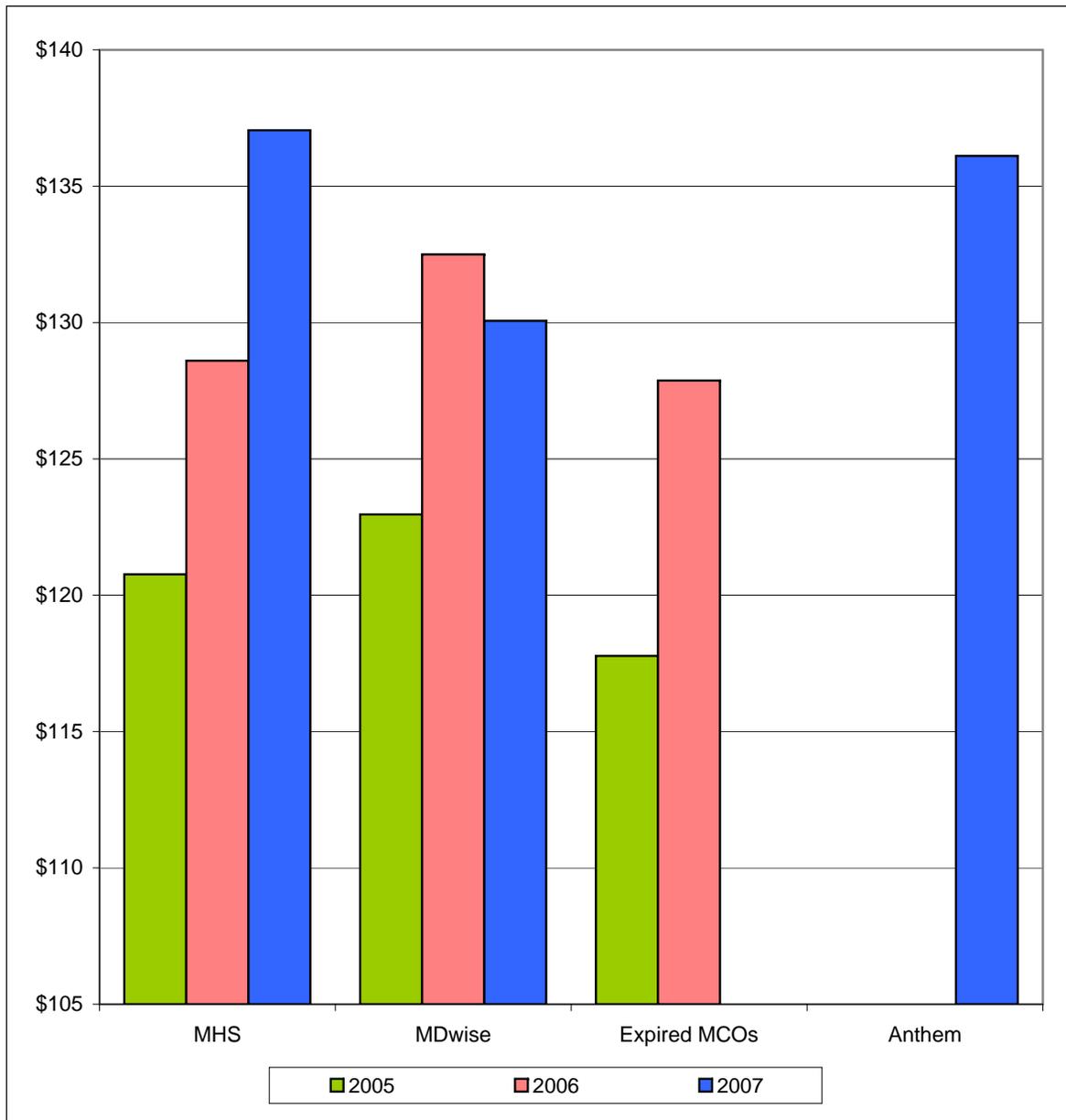
Findings	The percent changes in PMPMs when only state funds are considered mirrored the trend found for total funds.
	However, changes in the CHIP PMPMs from a state funds perspective are even lower than Medicaid due to the enhanced federal match rates for CHIP.



Report #	III.A.3
Report Title	Trend in Per Member Per Month Expenditures (Capitation and Fee-for-Service) - By MCO
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 to CY 2007

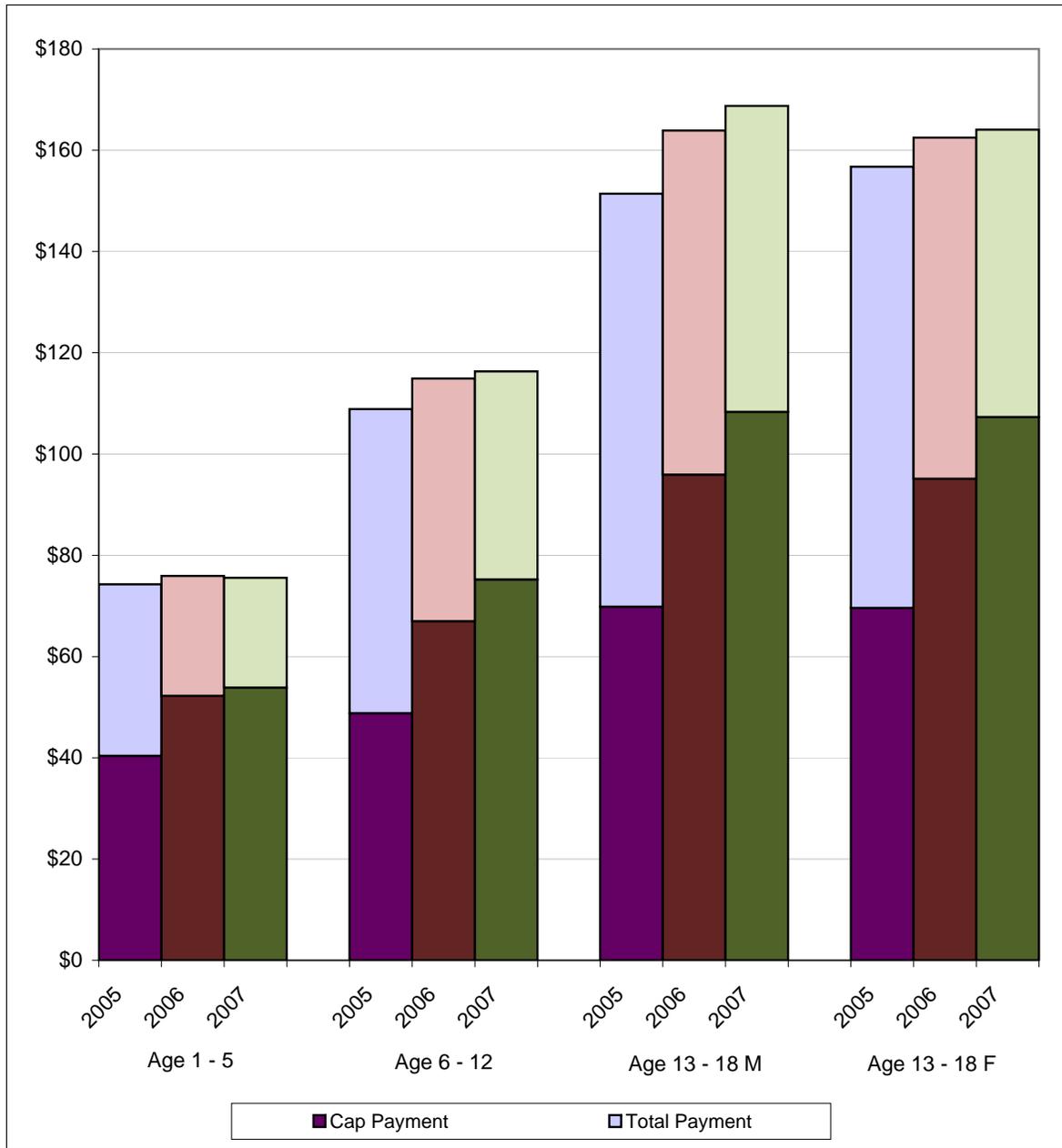
Findings	The PMPMs for MHS increased 13% from \$121 in 2005 to \$137 in 2007. MDWise increased 6% during this same time period.
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Note: In CY 2007, the new MCO contract pays the same capitation rate to each MCO for a specific rate cell. Therefore, the differences here by MCO are a result in different case mixes by age group for the CHIP population.



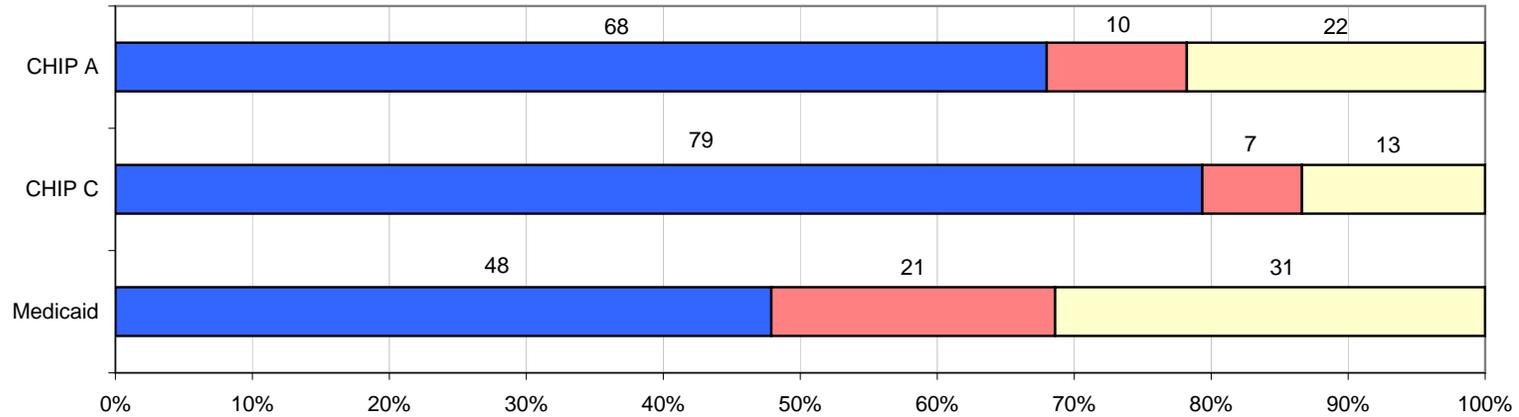
Report #	III.A.4
Report Title	Trend in Per Member Per Month Expenditures (Capitation and Fee-for-Service) - By Age Group
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 to CY 2007

Findings	There was little to no change in the PMPMs by age group between 2006 and 2007.
	Cap payments accounted for an increasing proportion of total payments between 2005 and 2007 for children over age 5.

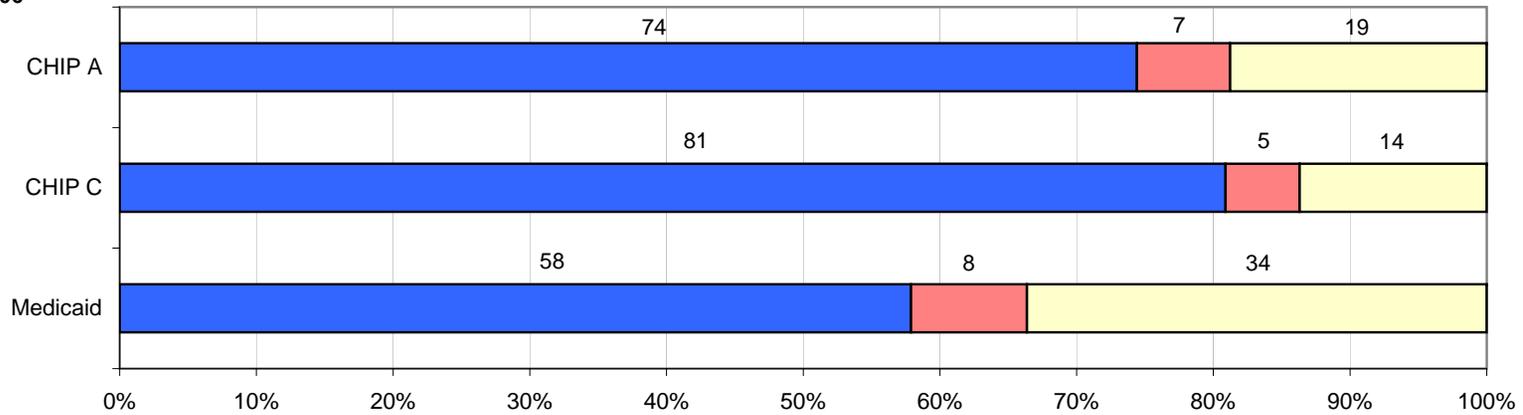


**Report IV.A.1:
Percent Usage of Physician Services by Members Enrolled
at least 9 Months in One MCO**

2007



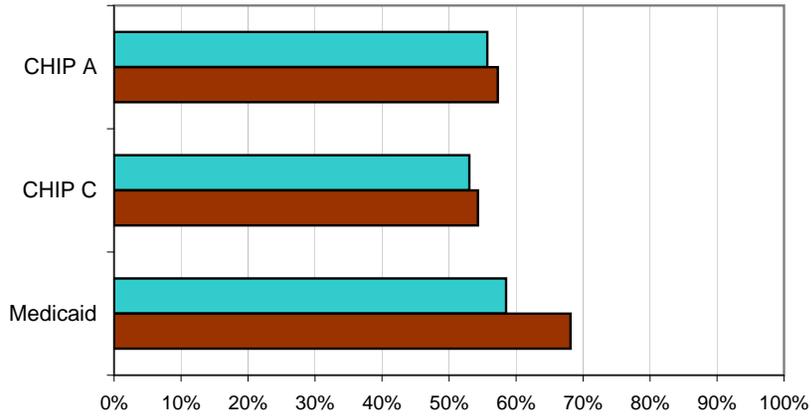
2006



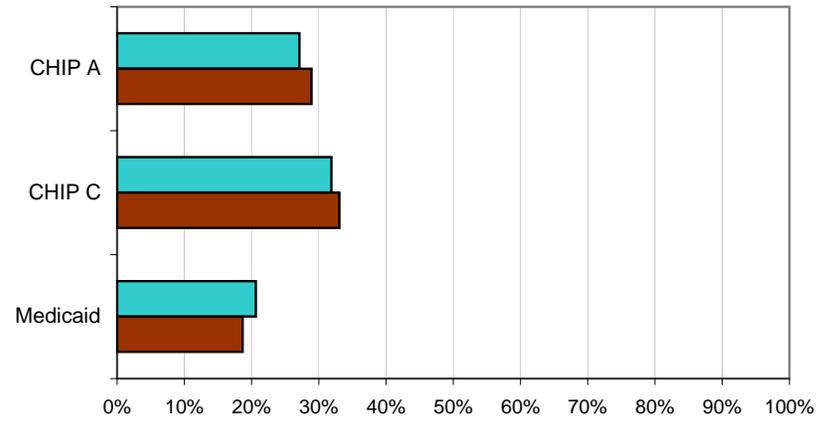
■ Assigned PMP Visit
 ■ No Assigned PMP Visit, but Unassigned PMP, Specialist, or Clinic Visit
 ■ No Visit to PMP, Specialist, or Clinic

Report IV.A.1(a): Percent Usage of Services for Members Who Had an Assigned PMP Visit
 (Members Enrolled at least 9 Months in One MCO)

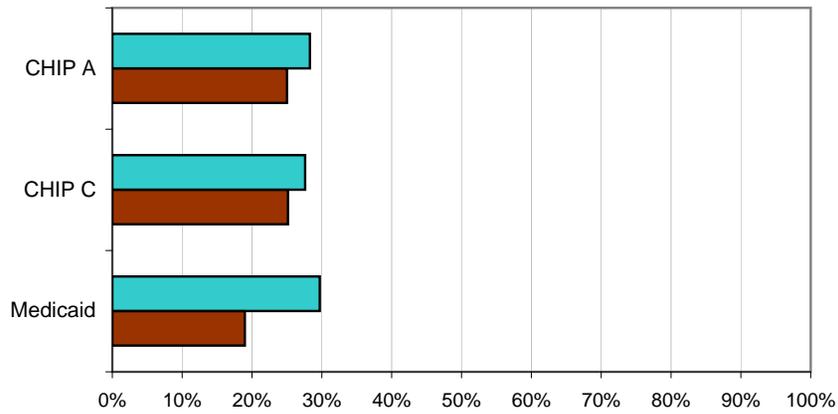
Visited Assigned PMP Only



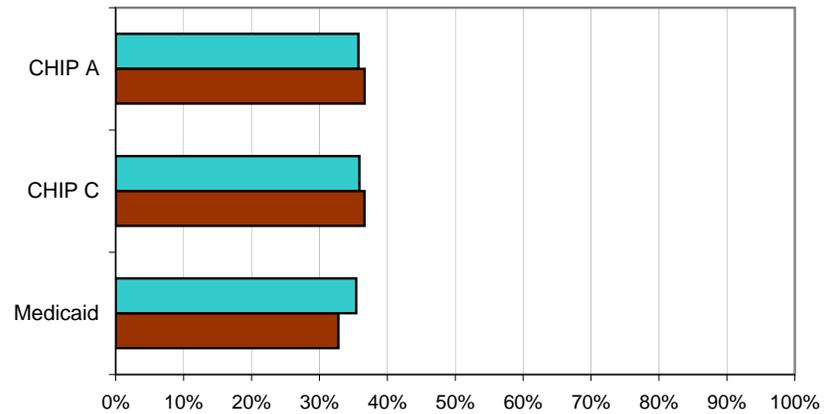
Visited Assigned PMP and Specialist



Visited Assigned PMP and Clinic



Visited Assigned PMP and ER



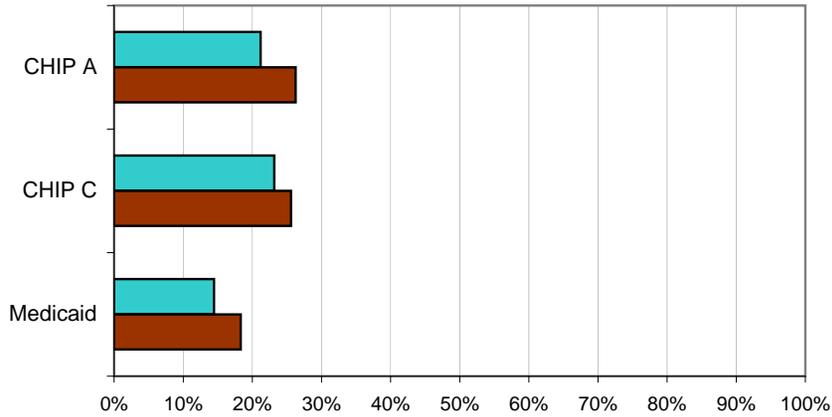
■ 2007 ■ 2006

■ 2007 ■ 2006

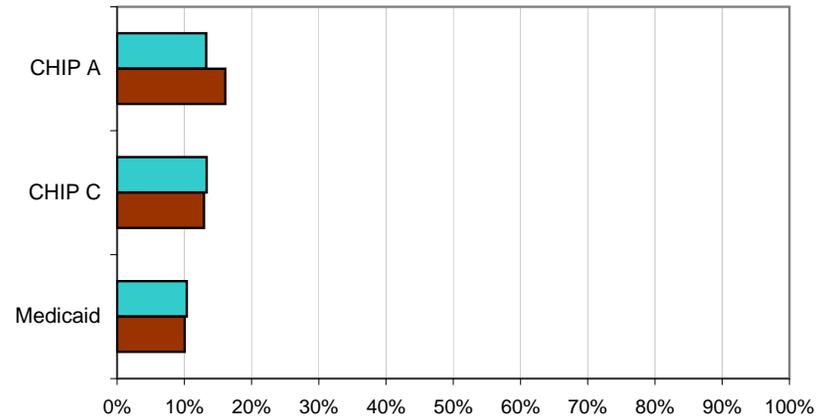
These graphs further explore the blue group in Report IV.A.1 - Members with an Assigned PMP Visit.

**Report IV.A.1(b): Percent Usage of Services for Members Who Had No Assigned PMP Visit, but Had an Unassigned PMP, Specialist or Clinic Visit
(Members Enrolled at least 9 Months in One MCO)**

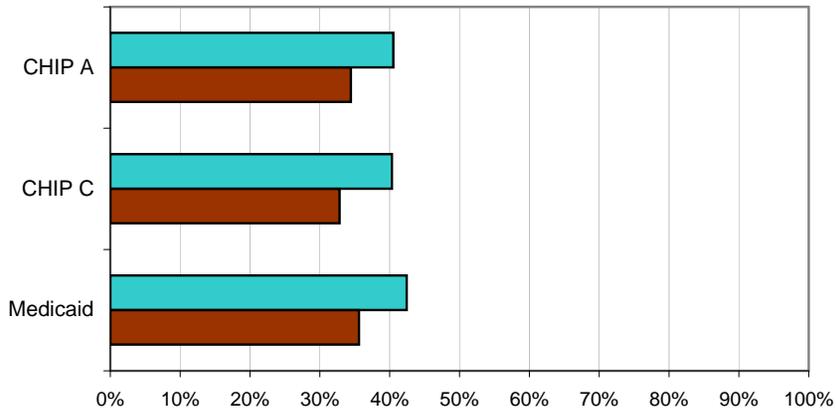
Specialist Visit, No Assigned PMP or ER Visit



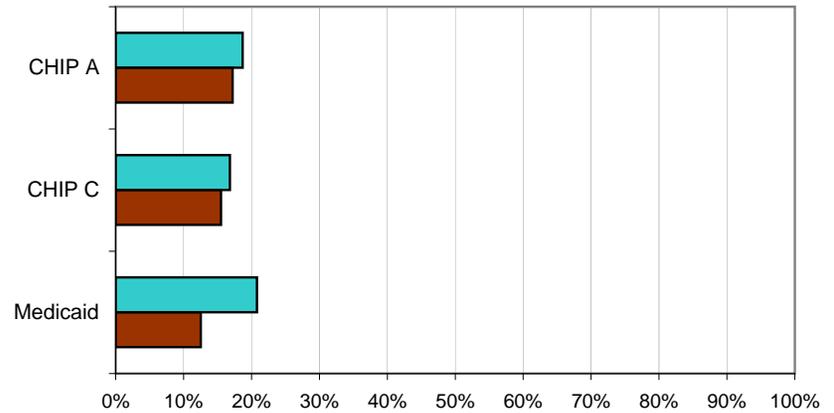
Specialist and ER Visit, No Assigned PMP Visit



Clinic Visit, No Assigned PMP or ER Visit



Clinic and ER Visit, No Assigned PMP Visit



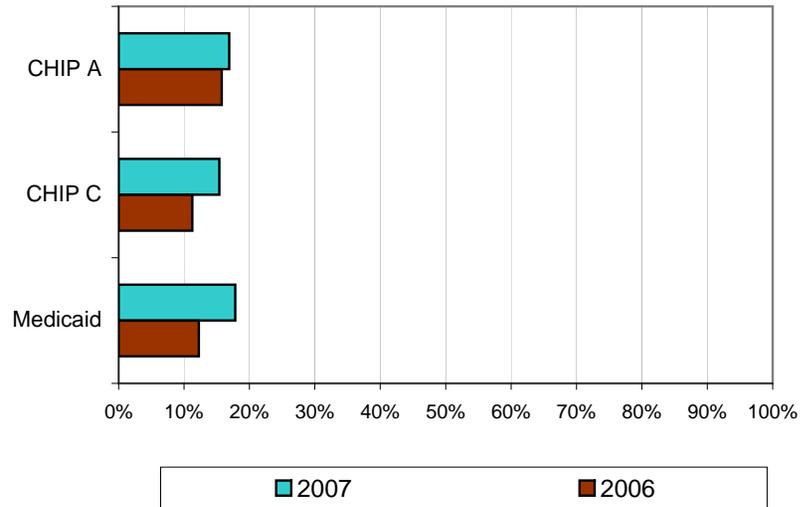
2007 2006

2007 2006

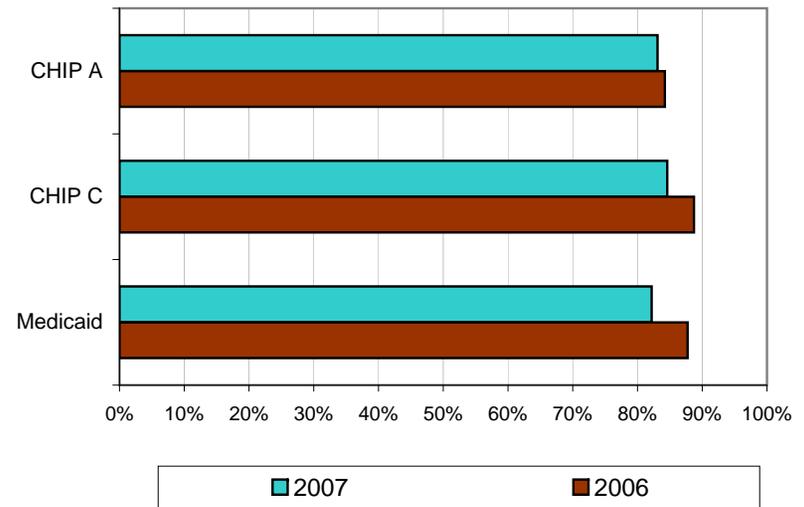
These graphs further explore the salmon group in Report IV.A.1 - Members with no Assigned PMP Visit, but with an Unassigned PMP, Specialist, or Clinic Visit.

Report IV.A.1(c): Percent Usage of Services for Members Who Had No PMP, Specialist, or Clinic Visit
 (Members Enrolled at least 9 Months in One MCO)

Had an ER Visit



Did not have an ER Visit

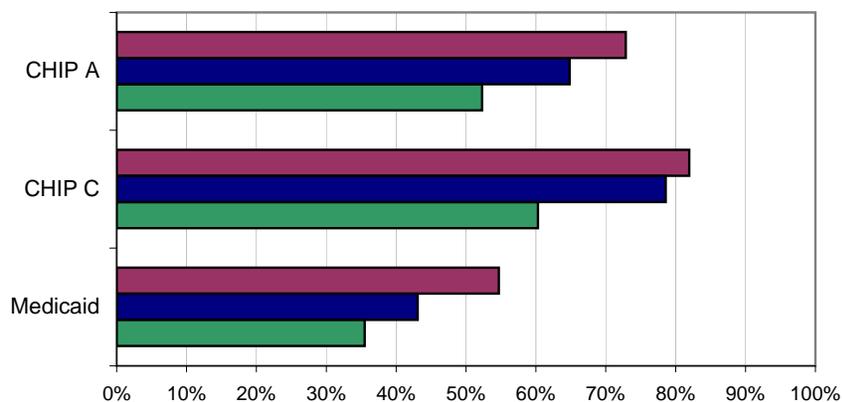


These graphs further explore the pale yellow group in Report IV.A.1 - Members with no Assigned PMP, Unassigned PMP, Specialist, or Clinic Visit.

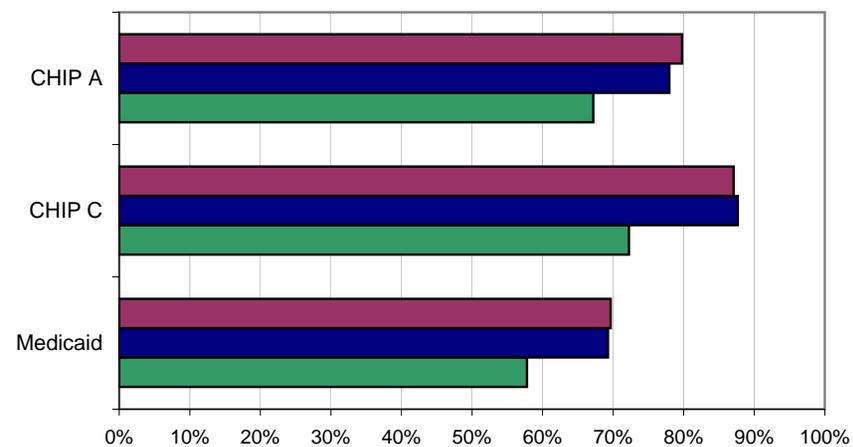
Report IV.A.2: Percent Usage of Assigned PMP and PMP/Specialist/Clinic Services by MCO
 (Members Enrolled at least 9 Months in One MCO)

2007

Assigned PMP

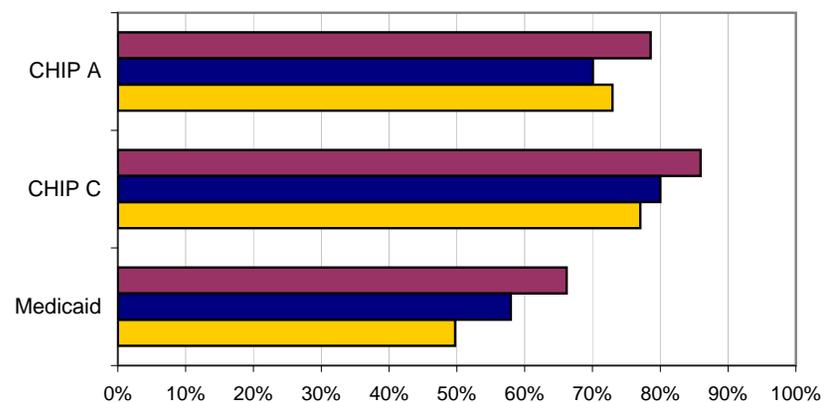


PMP, Specialist, or Clinic

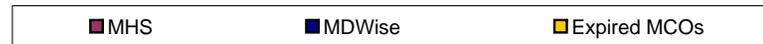
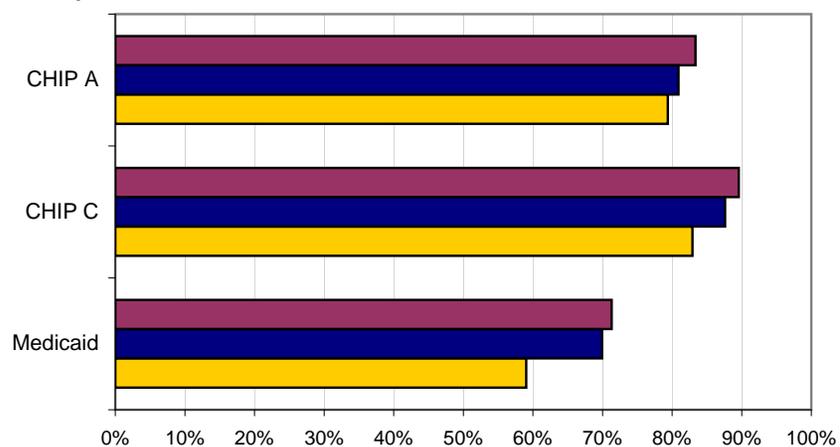


2006

Assigned PMP



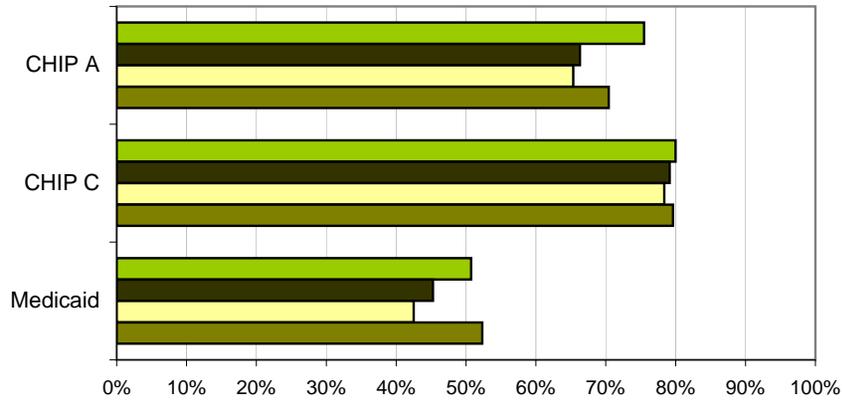
PMP, Specialist, or Clinic



Report IV.A.3: Percent Usage of Assigned PMP and PMP/Specialist/Clinic Services by Age Group
 (Members Enrolled at least 9 Months in One MCO)

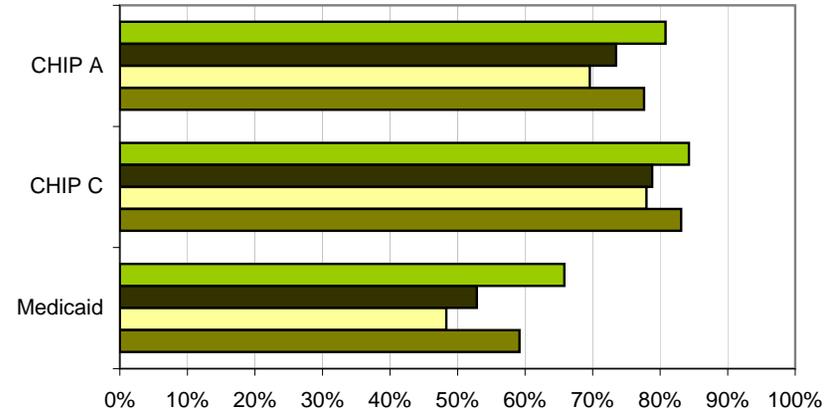
2007

Assigned PMP

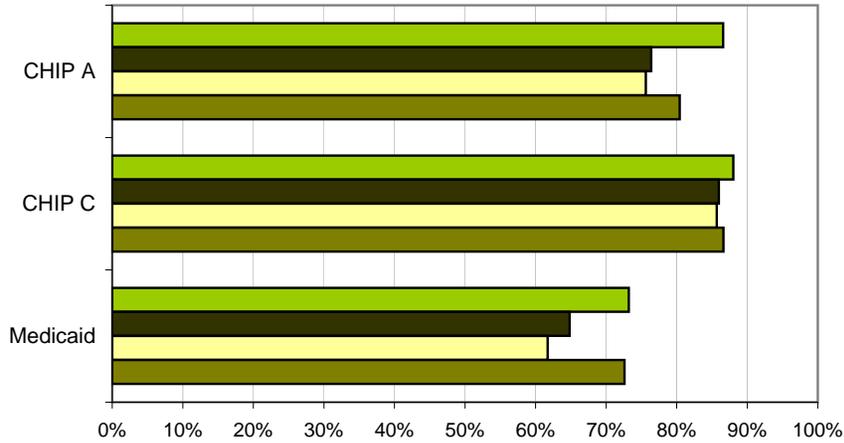


2006

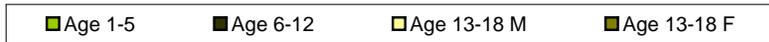
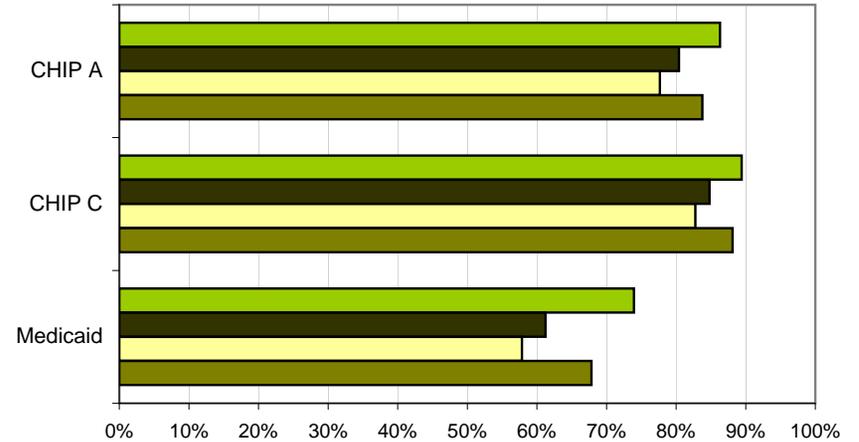
Assigned PMP



PMP, Specialist, or Clinic



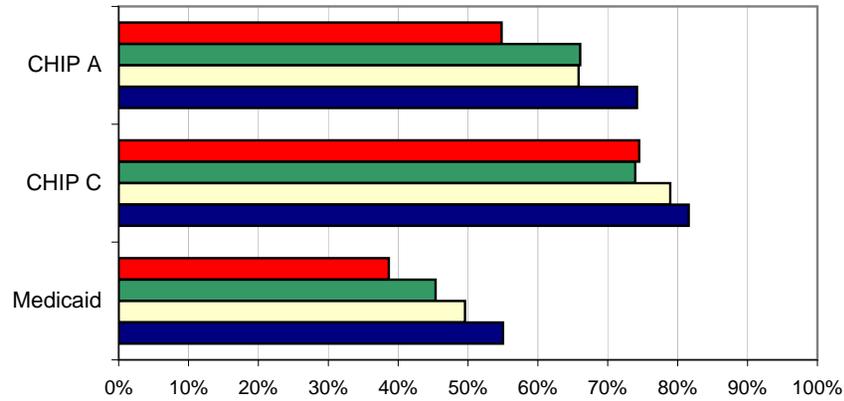
PMP, Specialist, or Clinic



Report IV.A.4: Percent Usage of Assigned PMP and PMP/Specialist/Clinic Services by Race/Ethnicity
(Members Enrolled at least 9 Months in One MCO)

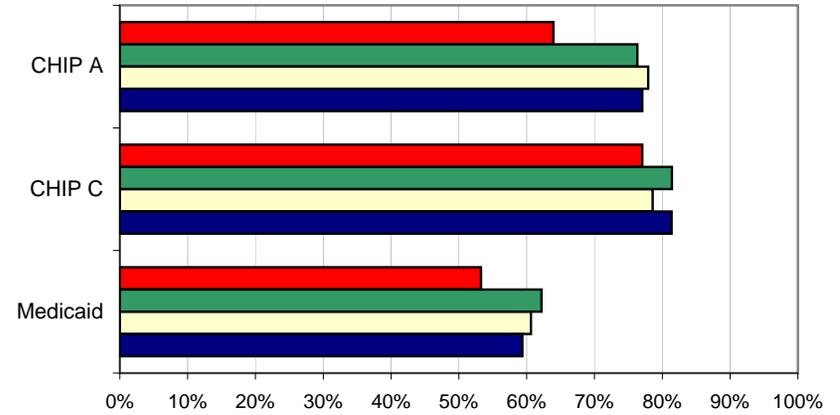
2007

Assigned PMP

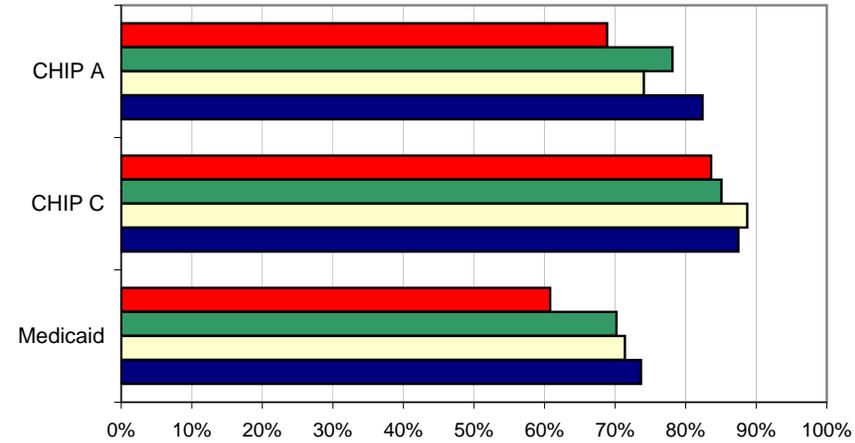


2006

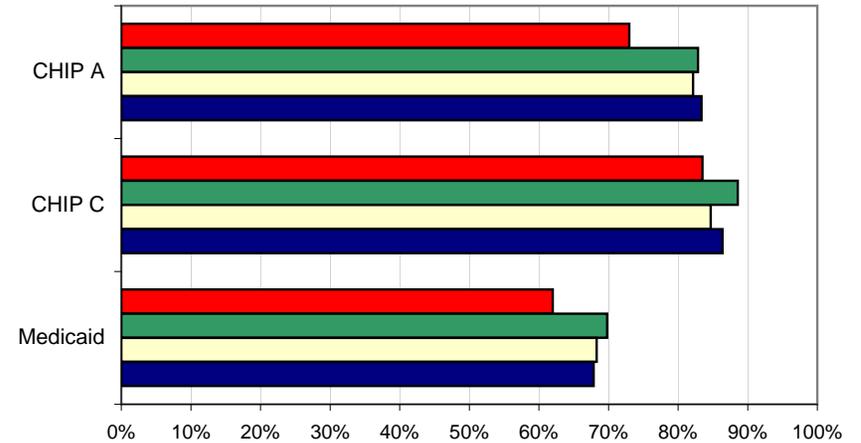
Assigned PMP



PMP, Specialist, or Clinic

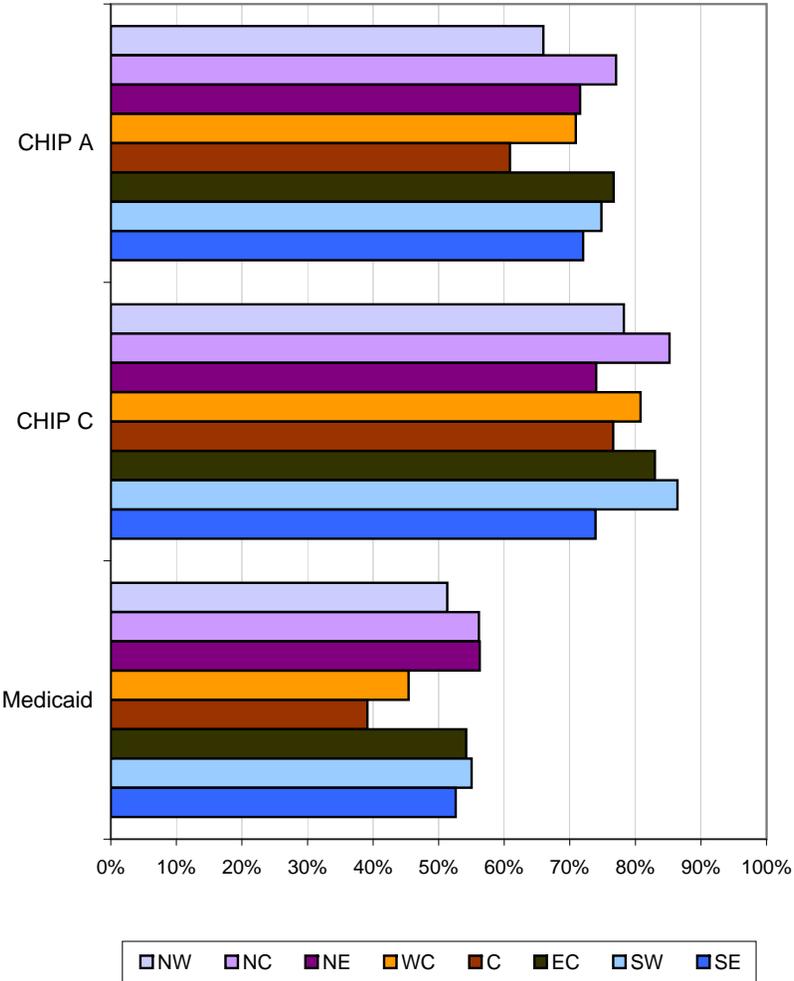


PMP, Specialist, or Clinic

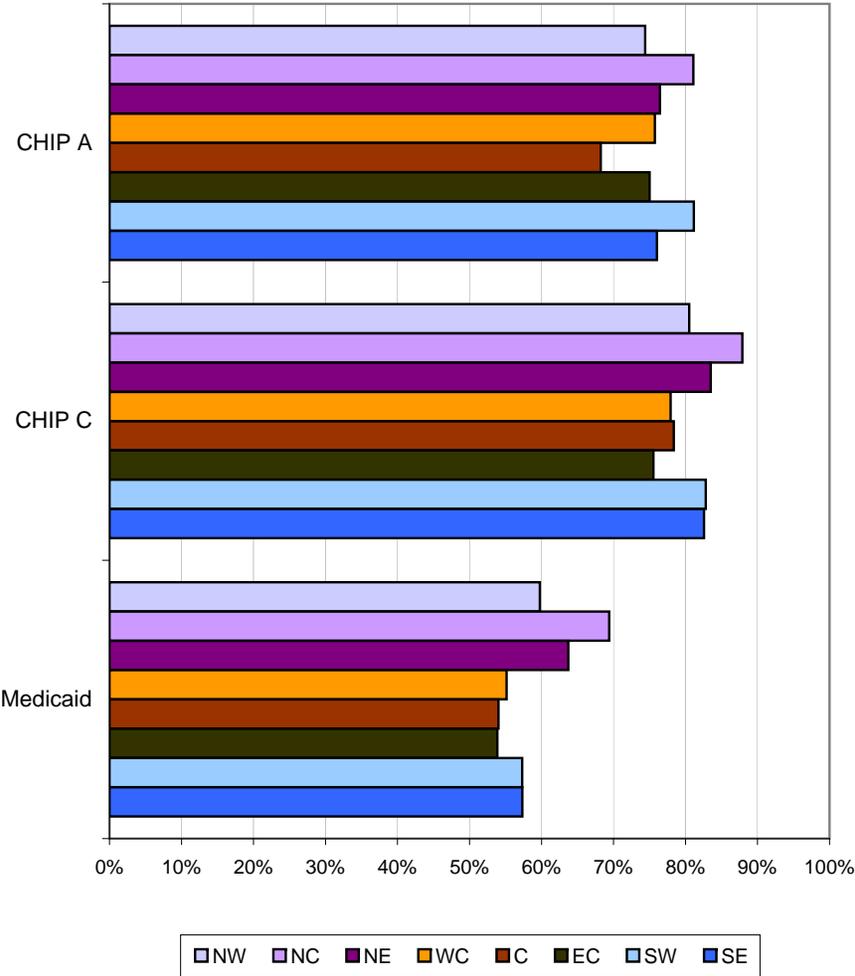


Report IV.A.5(a): Percent Usage of Assigned PMP Services by Region
 (Members Enrolled at least 9 Months in One MCO)

2007

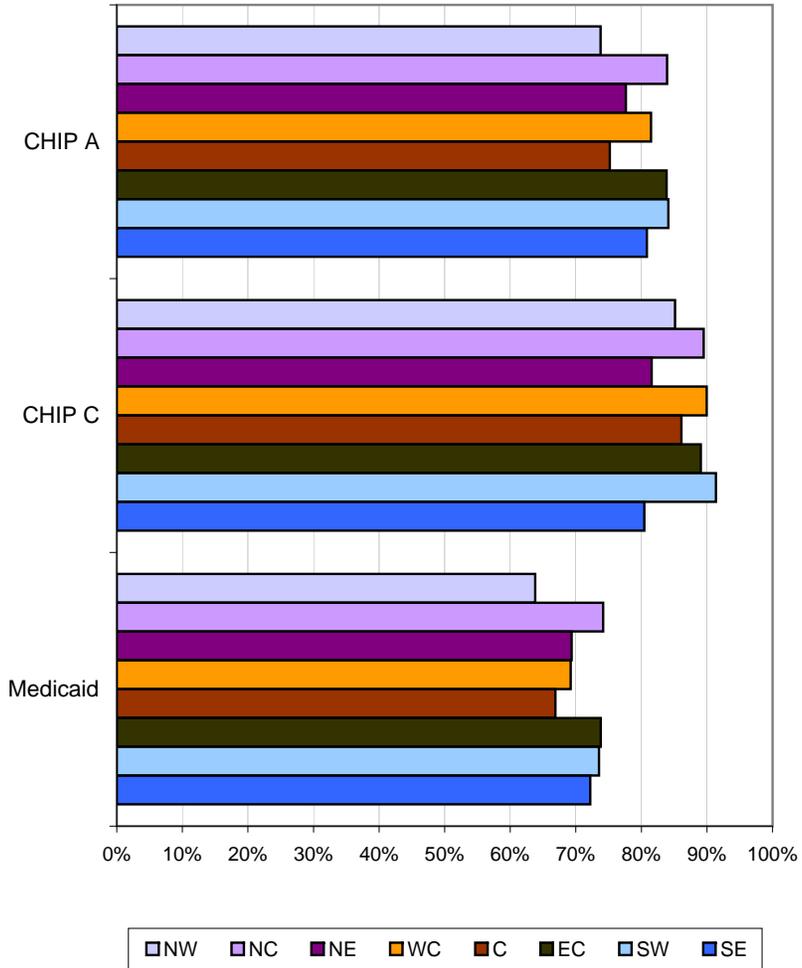


2006

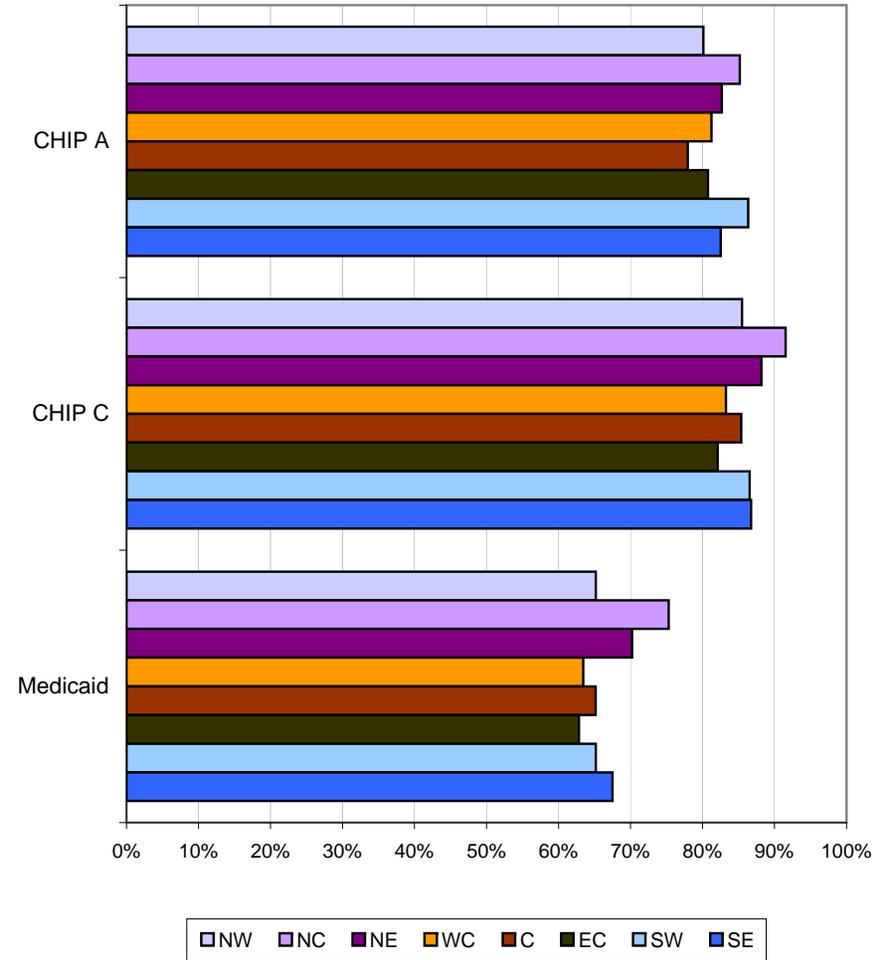


Report IV.A.5(b): Percent Usage of PMP, Specialist or Clinic Services by Region
 (Members Enrolled at least 9 Months in One MCO)

2007

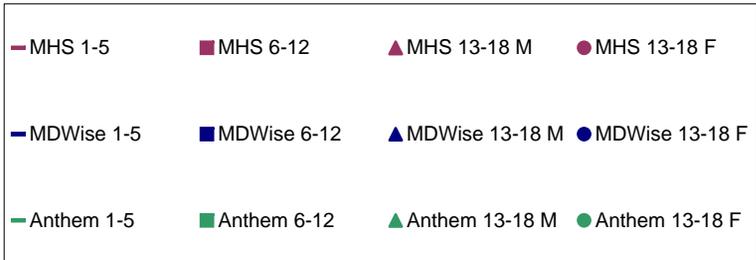
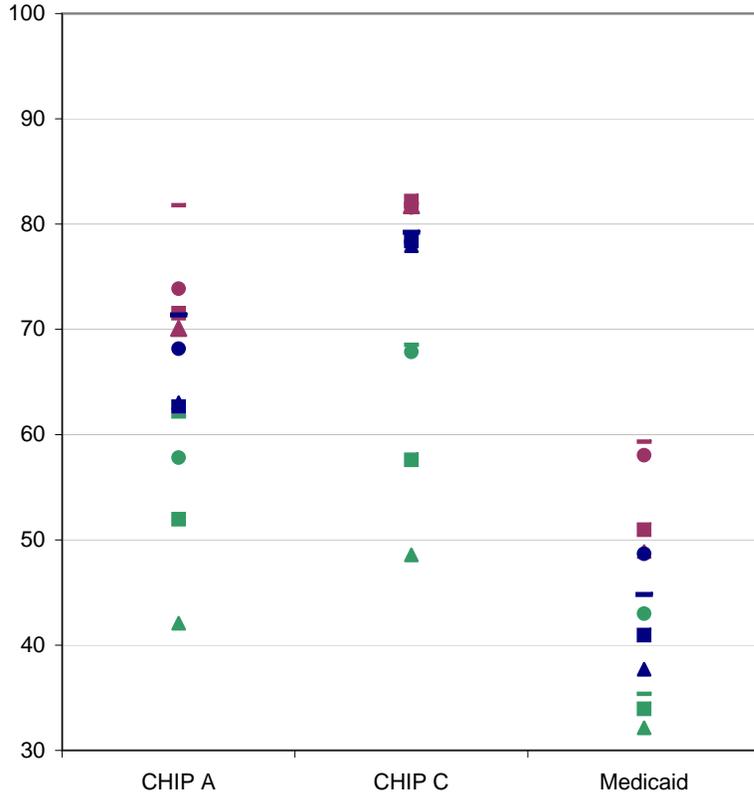


2006

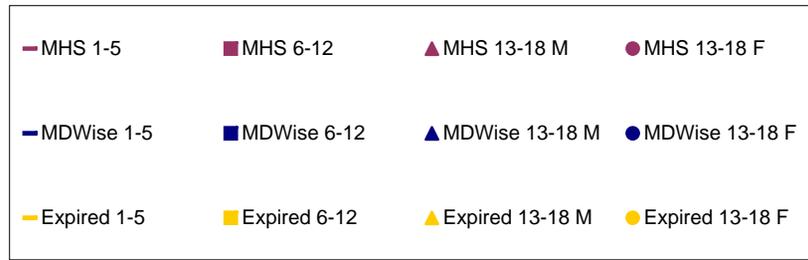
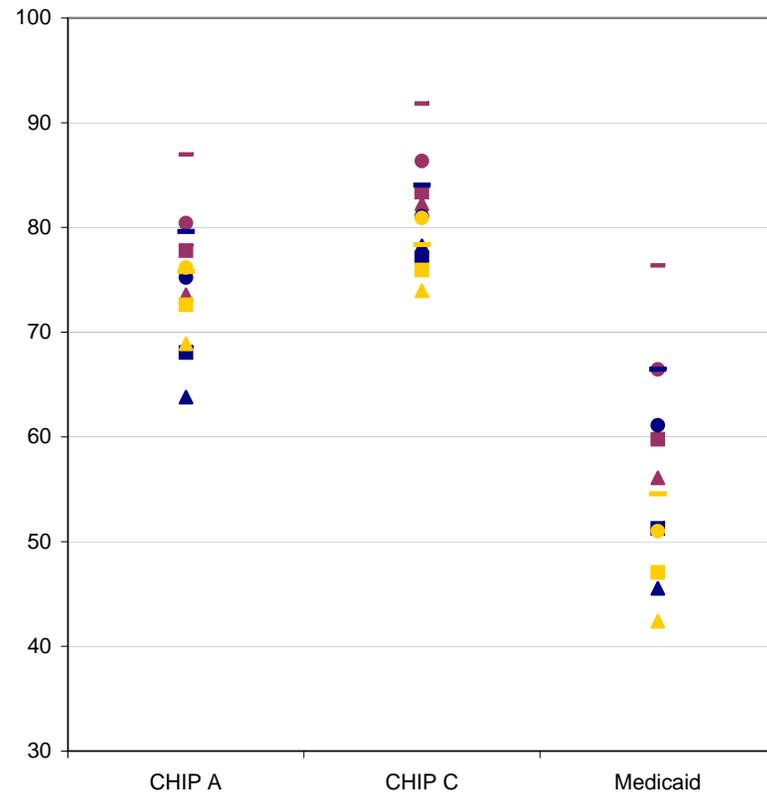


Report IV.A.6(a): Percent Usage of Assigned PMP Services by MCO and Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

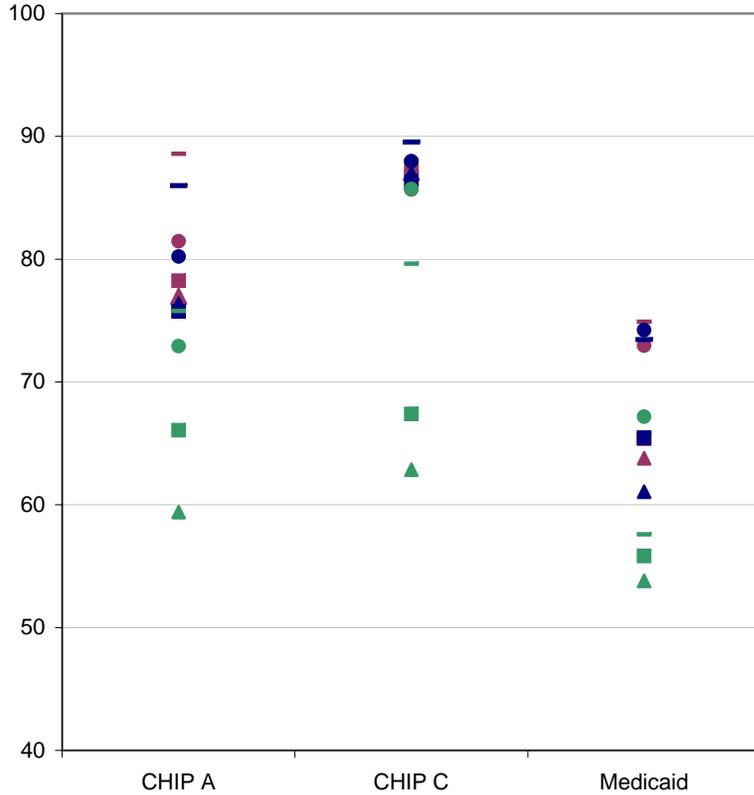


2006

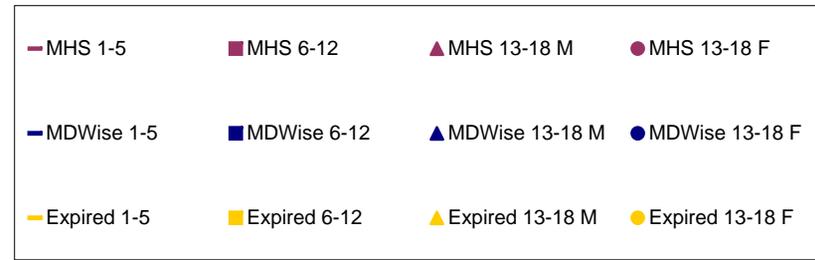
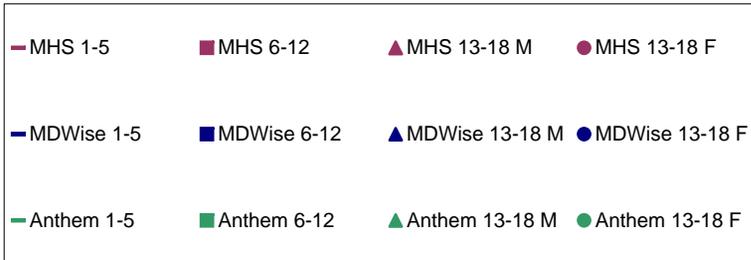
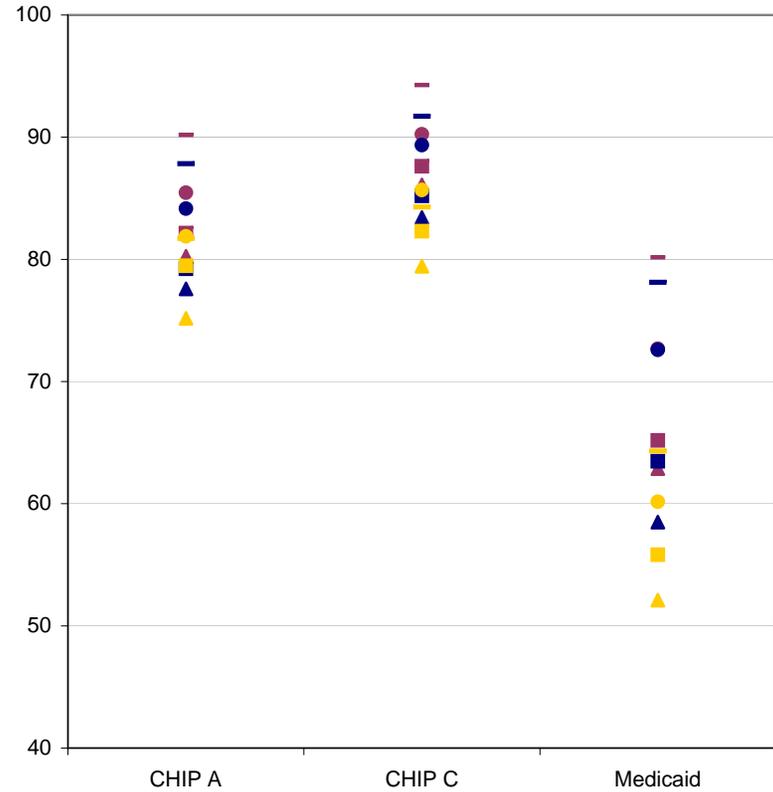


Report IV.A.6(b): Percent Usage of PMP, Specialist or Clinic Services by MCO and Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

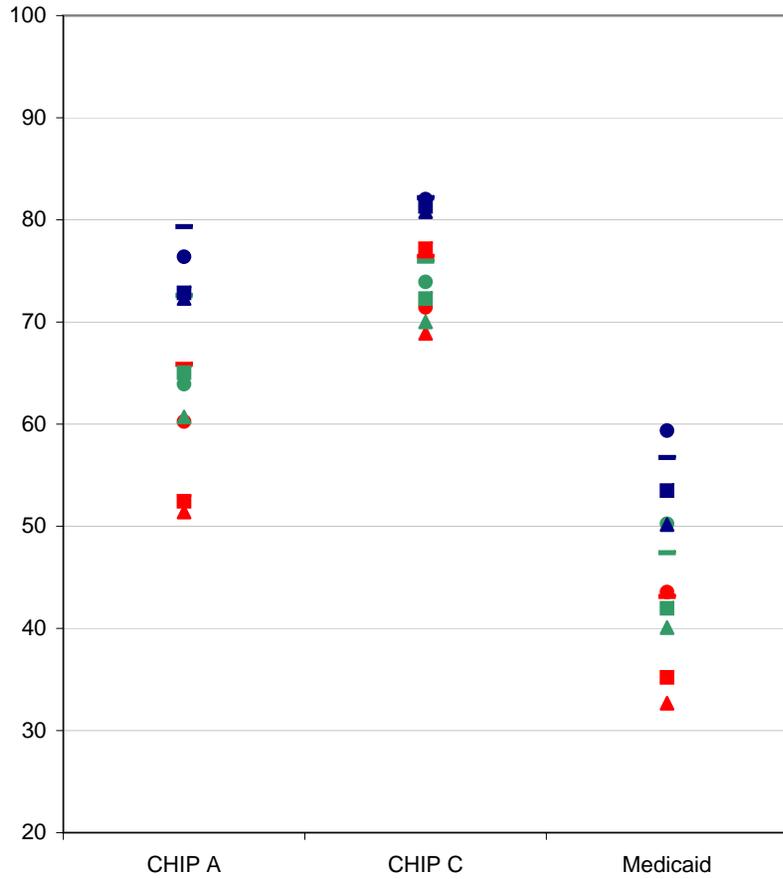


2006

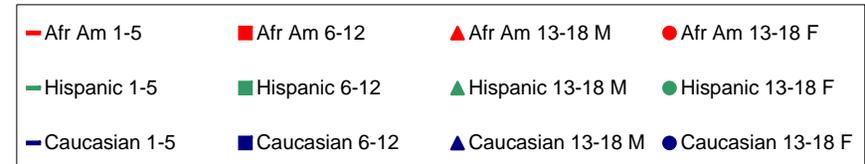
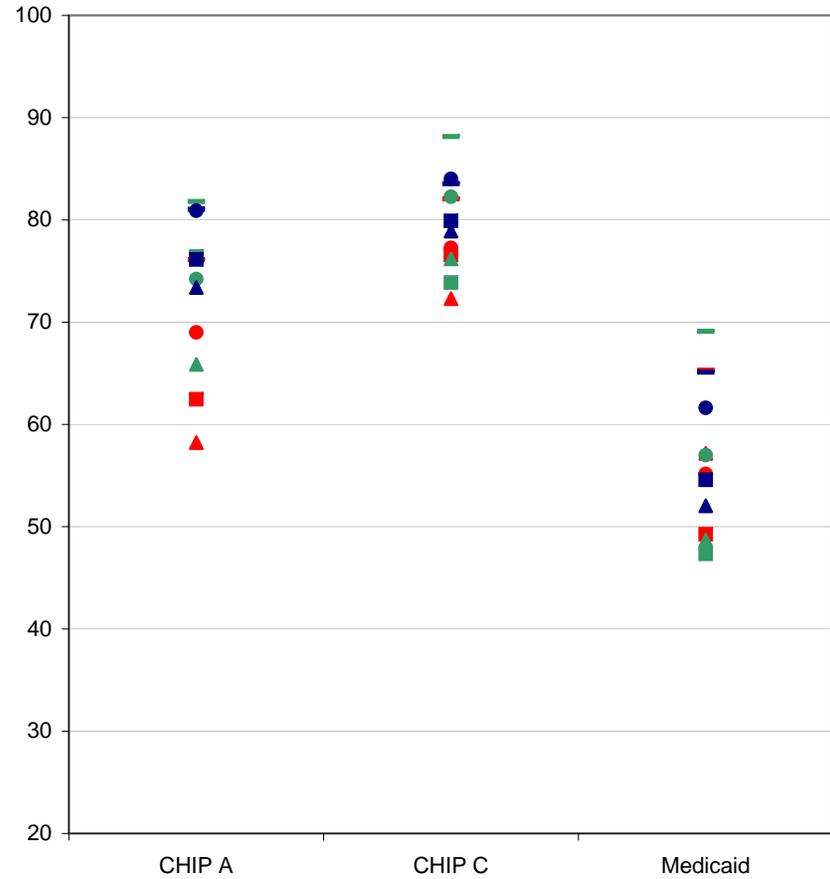


Report IV.A.7(a): Percent Usage of Assigned PMP Services by Race and Age Group
 (Members Enrolled at least 9 Months in One MCO)

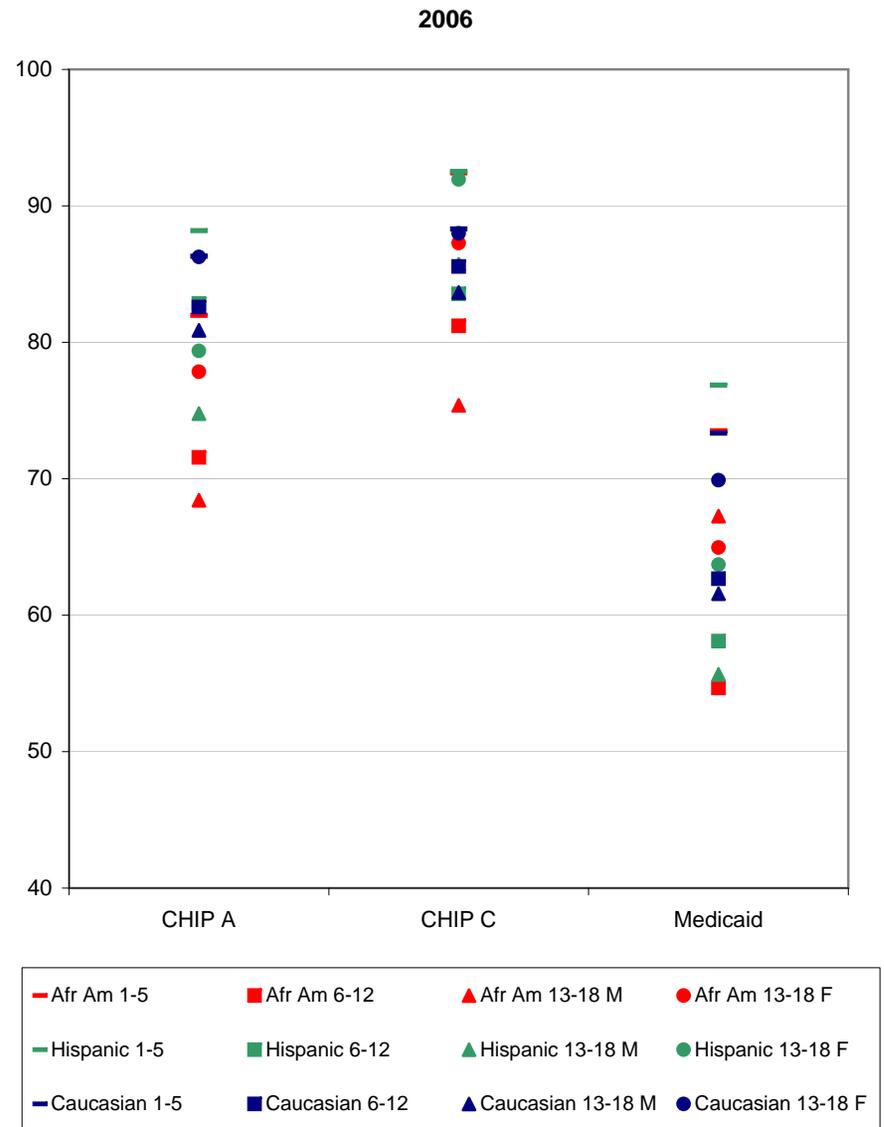
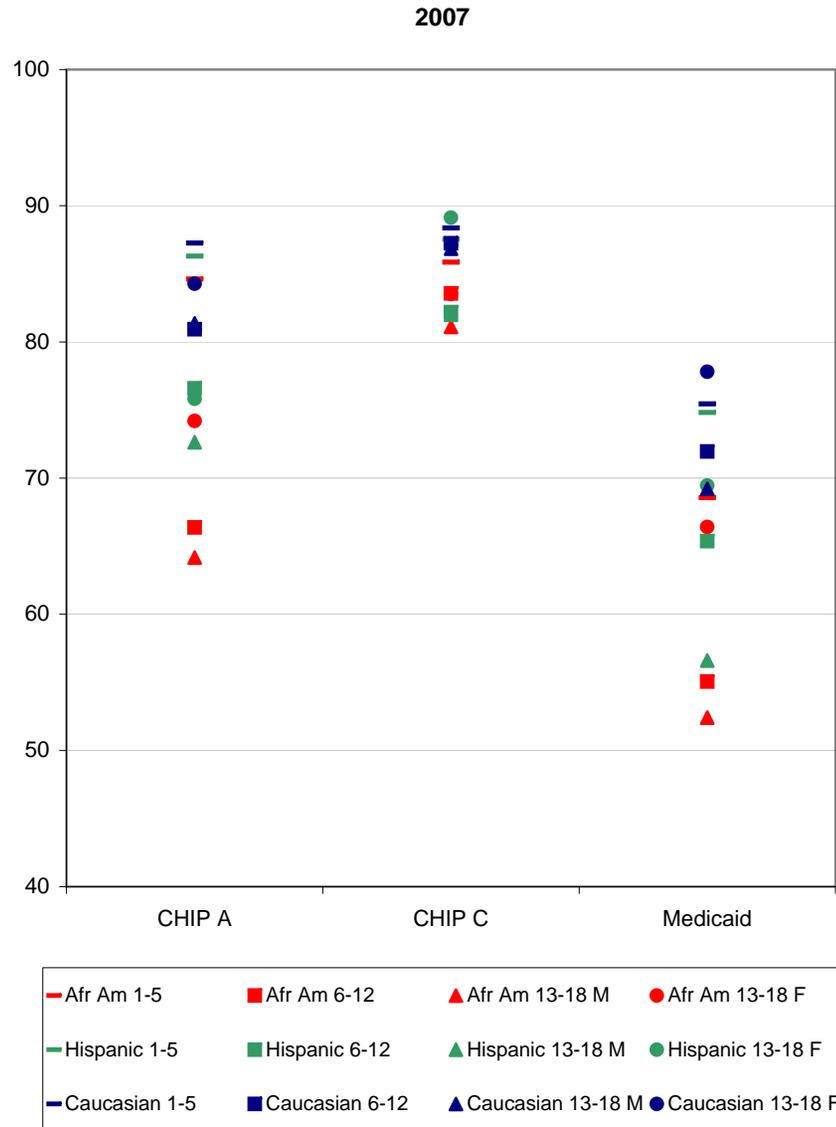
2007



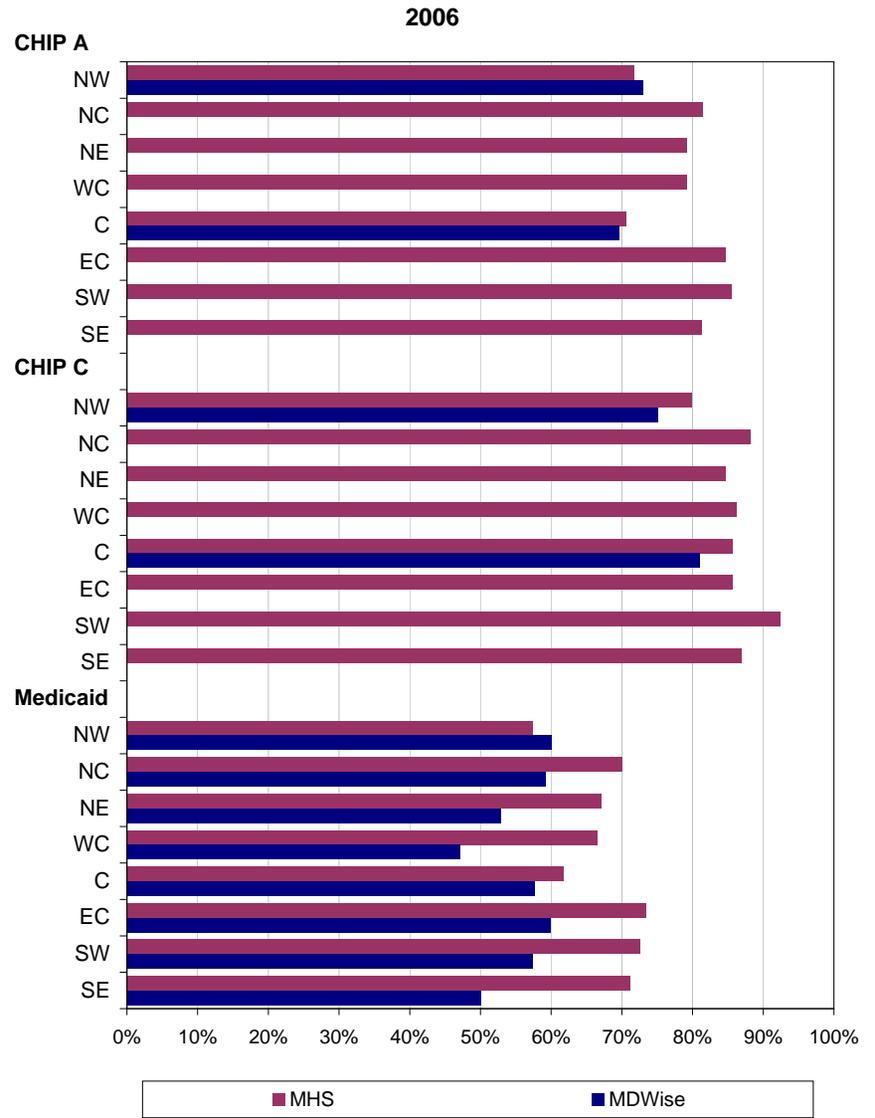
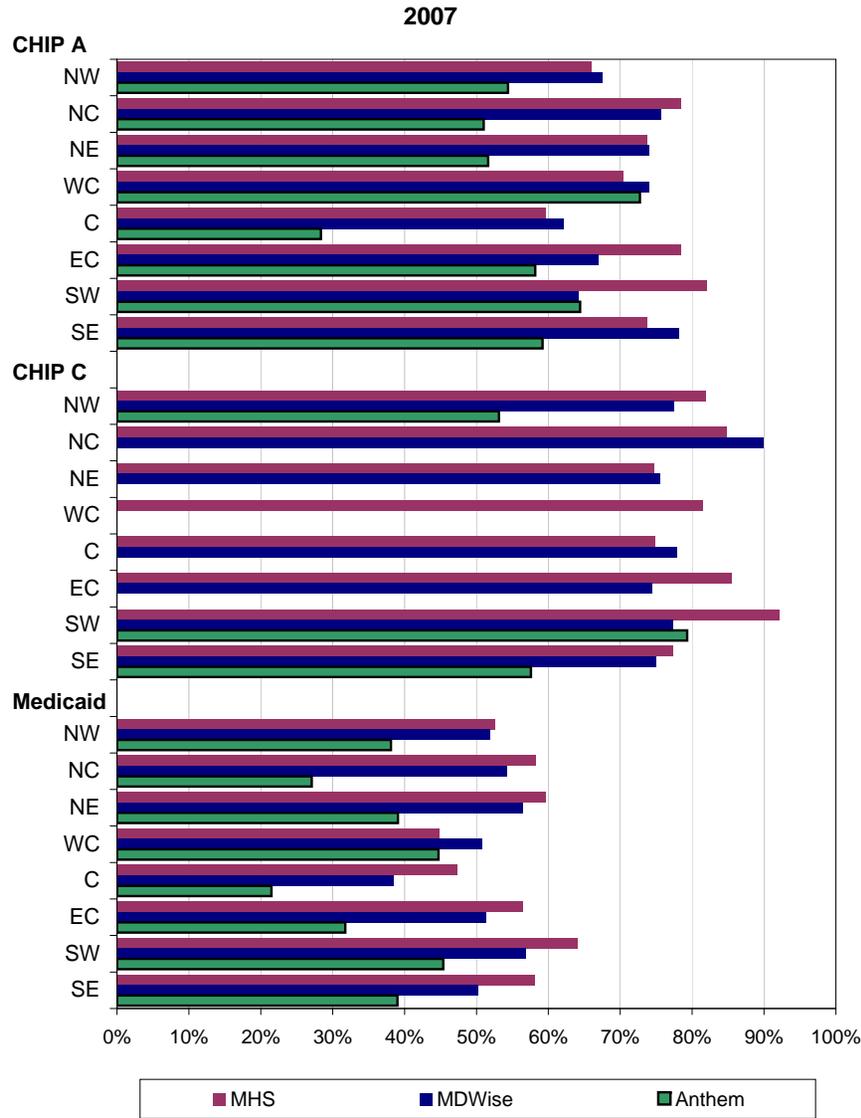
2006



Report IV.A.7(b): Percent Usage of PMP, Specialist or Clinic Services by Race and Age Group
 (Members Enrolled at least 9 Months in One MCO)

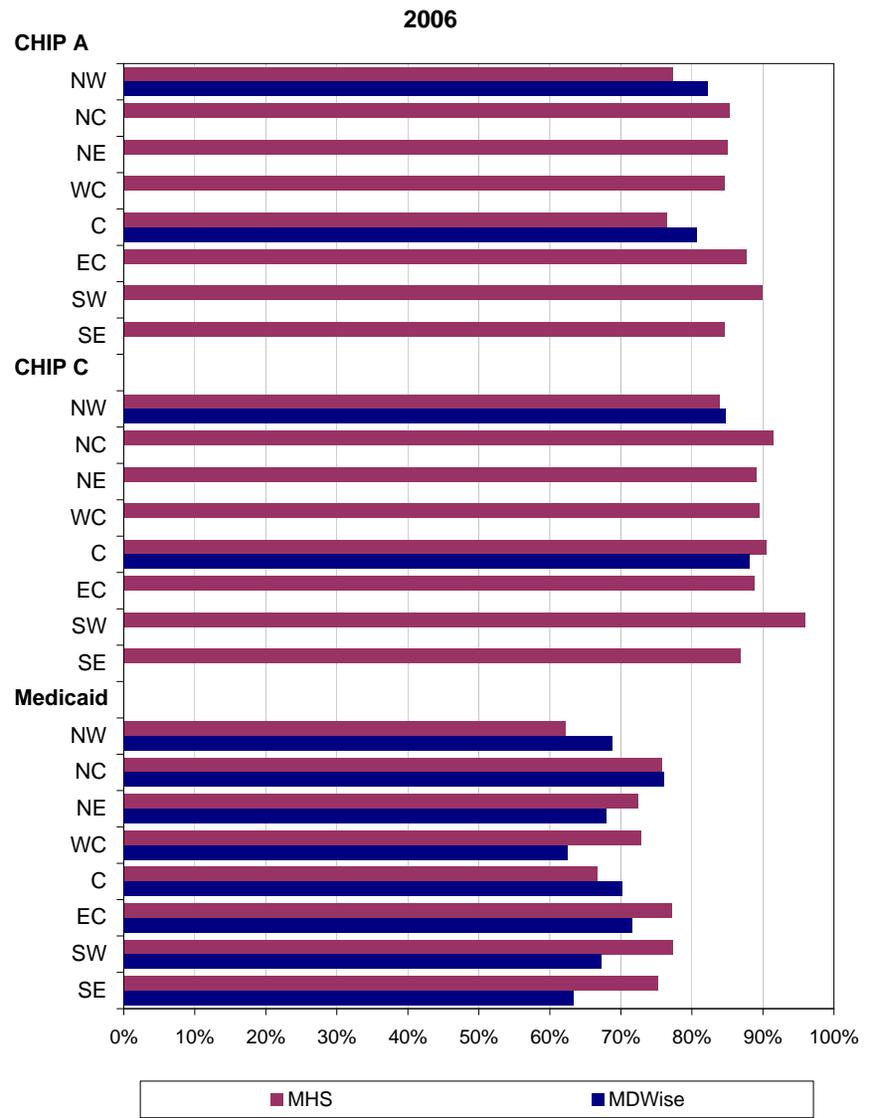
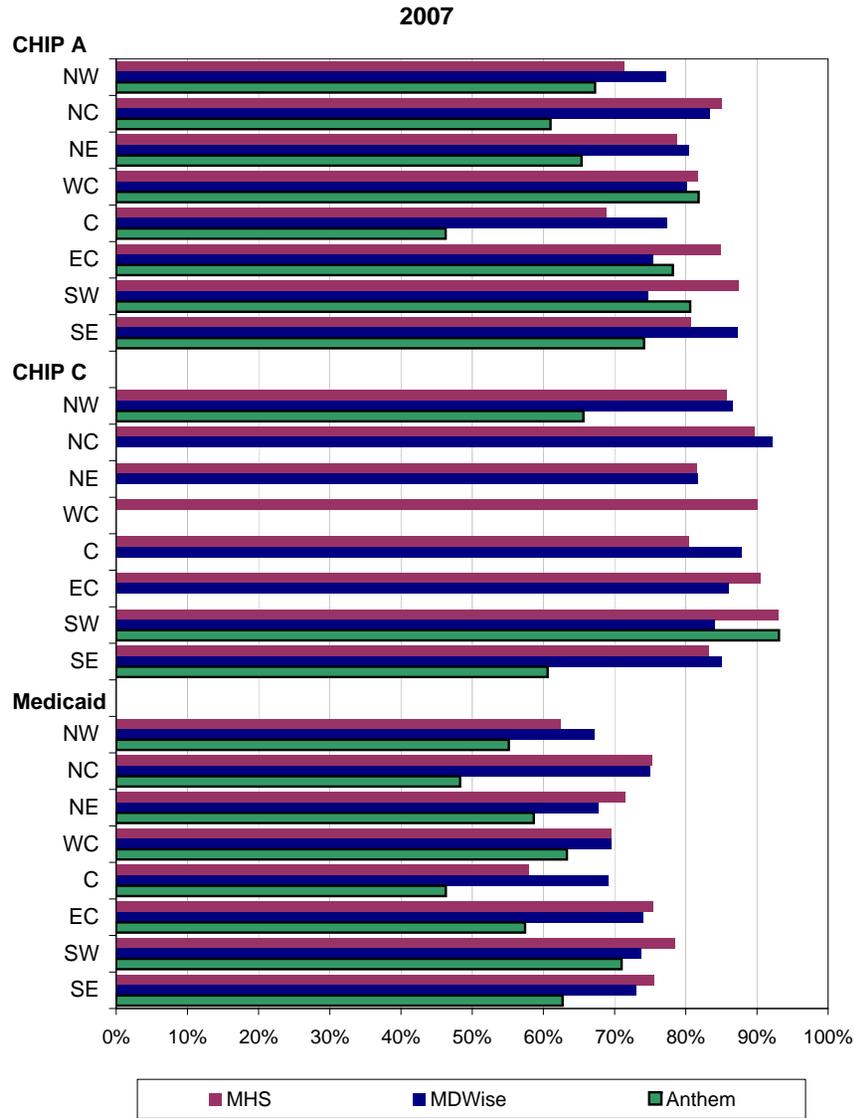


Report IV.A.8(a): Percent Usage of Assigned PMP Services by Region and MCO
 (Members Enrolled at least 9 Months in One MCO)



Subgroups with fewer than 30 members have been excluded from the analysis as results may be unreliable.

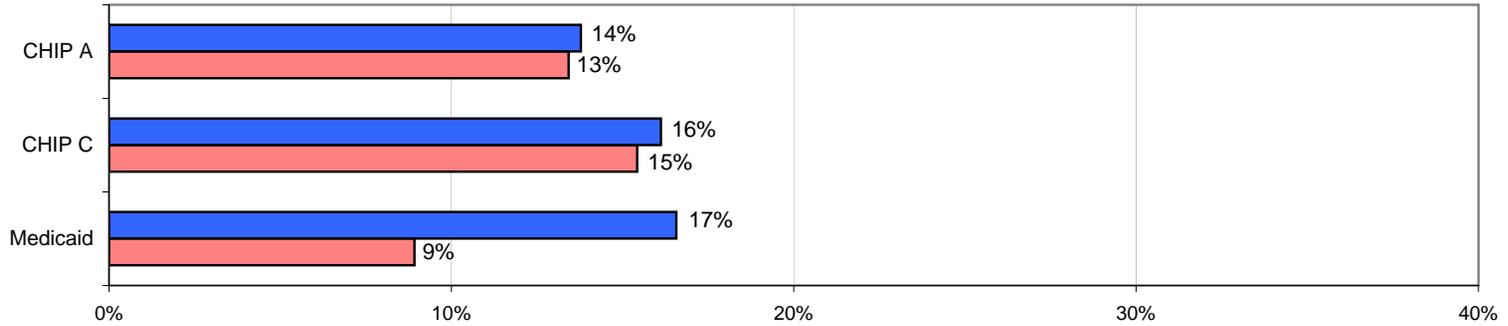
Report IV.A.8(b): Percent Usage of PMP, Specialist, or Clinic Services by Region and MCO
 (Members Enrolled at least 9 Months in One MCO)



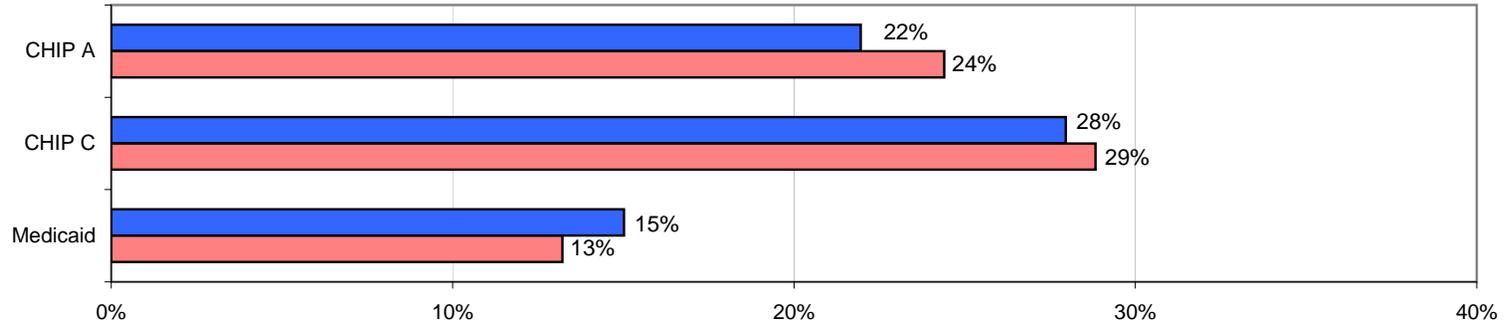
Subgroups with fewer than 30 members have been excluded from the analysis as results may be unreliable.

**Report IV.B.1:
Percent Usage of Services by Members Enrolled
at least 9 Months in One MCO**

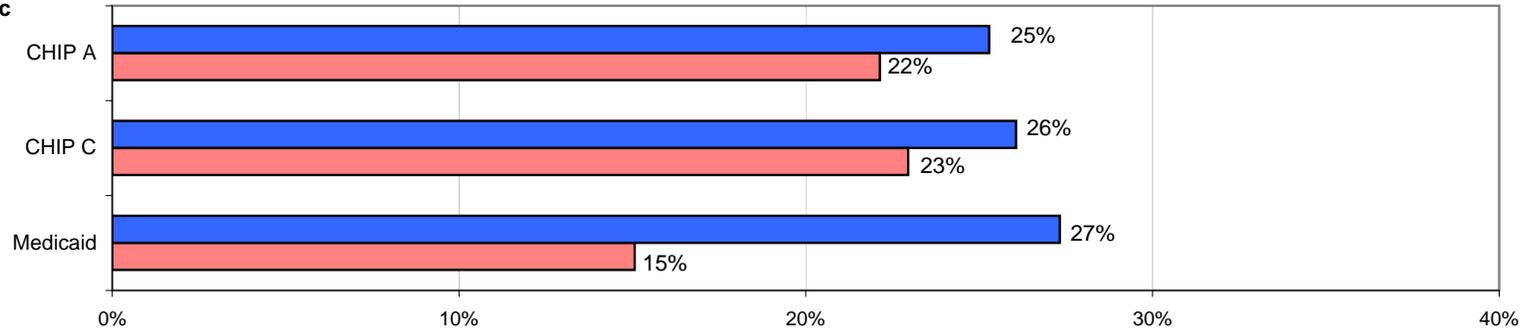
Unassigned PMP



Specialist



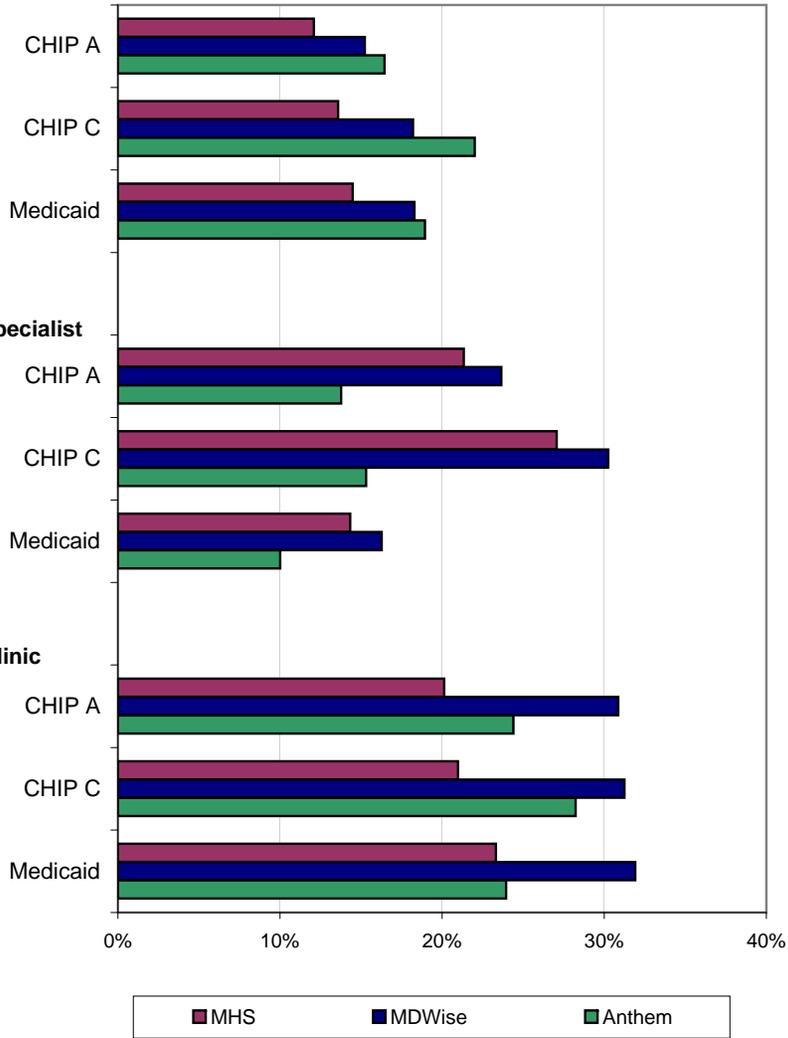
Clinic



Report IV.B.2: Percent Usage of Unassigned PMP, Specialist, and Clinic Services by MCO
 (Members Enrolled at least 9 Months in One MCO)

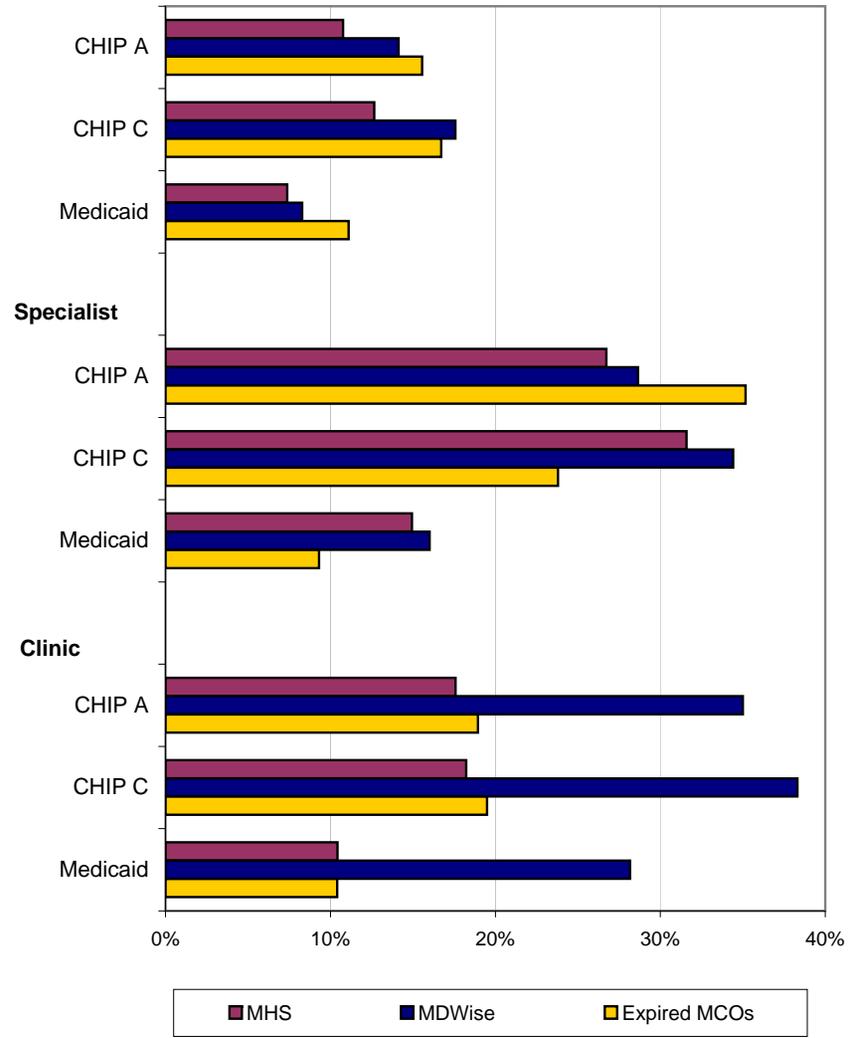
2007

Unassigned PMP



2006

Unassigned PMP



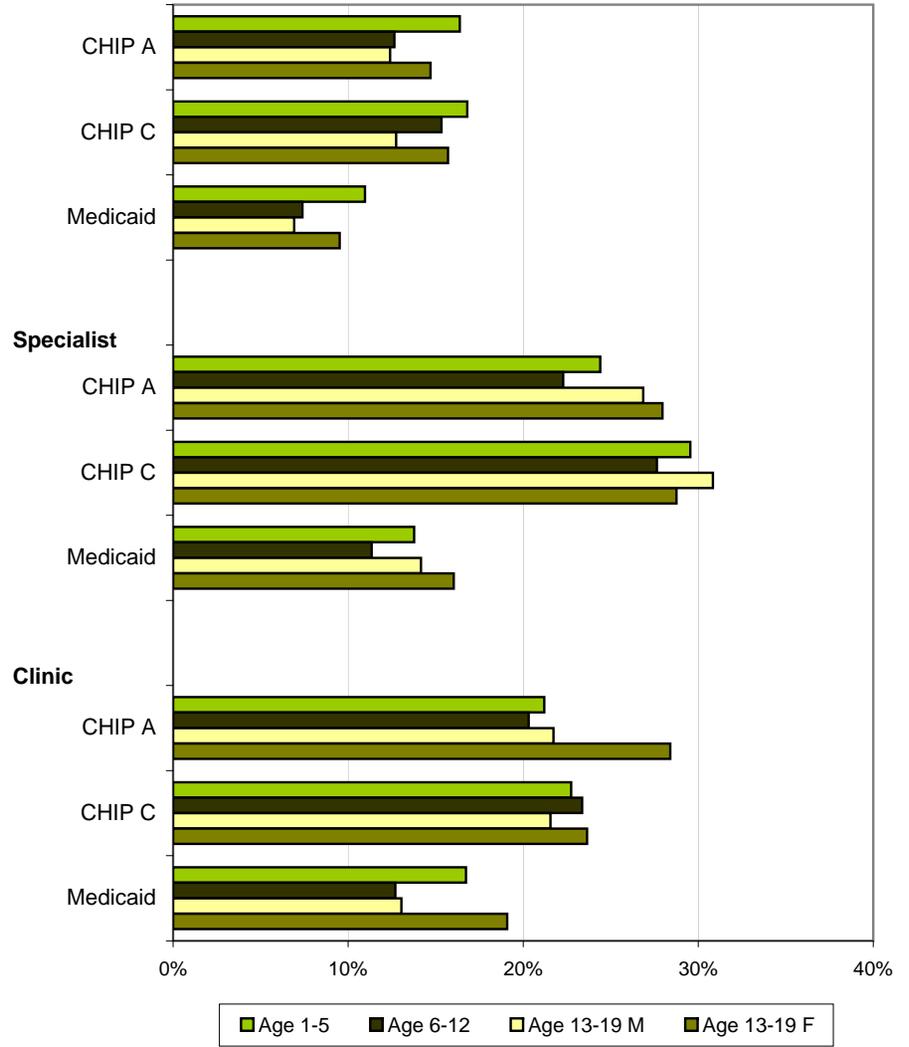
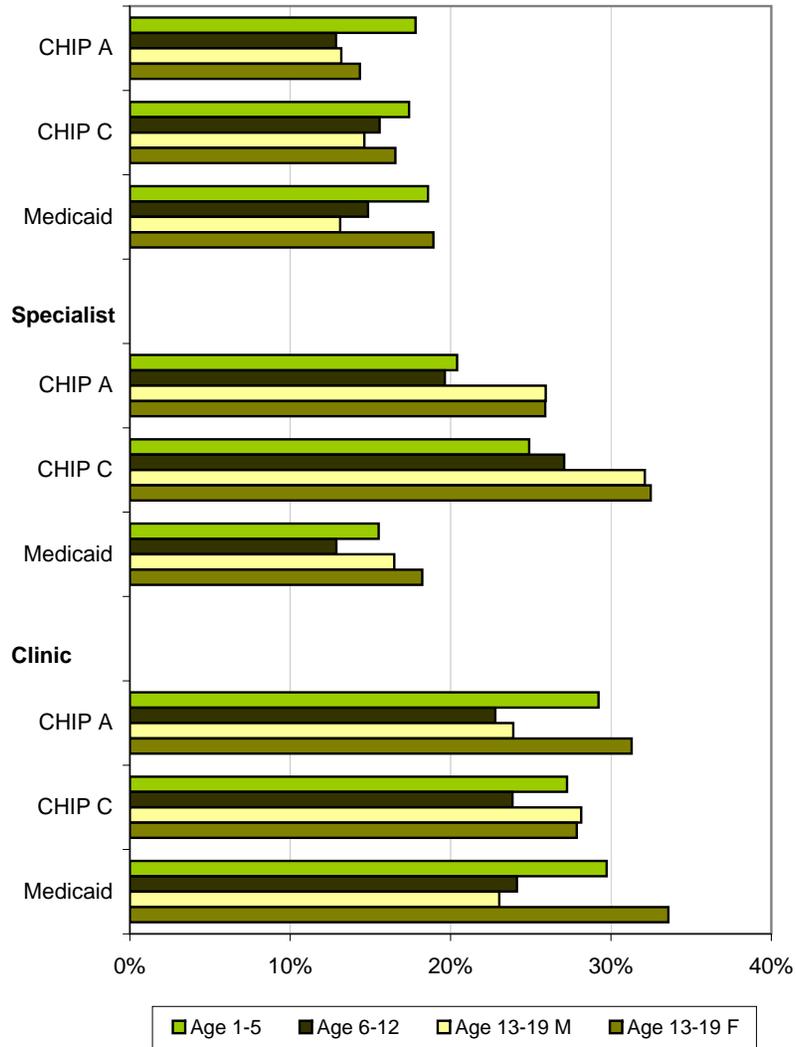
Report IV.B.3: Percent Usage of Unassigned PMP, Specialist, and Clinic Services by Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

2006

Unassigned PMP

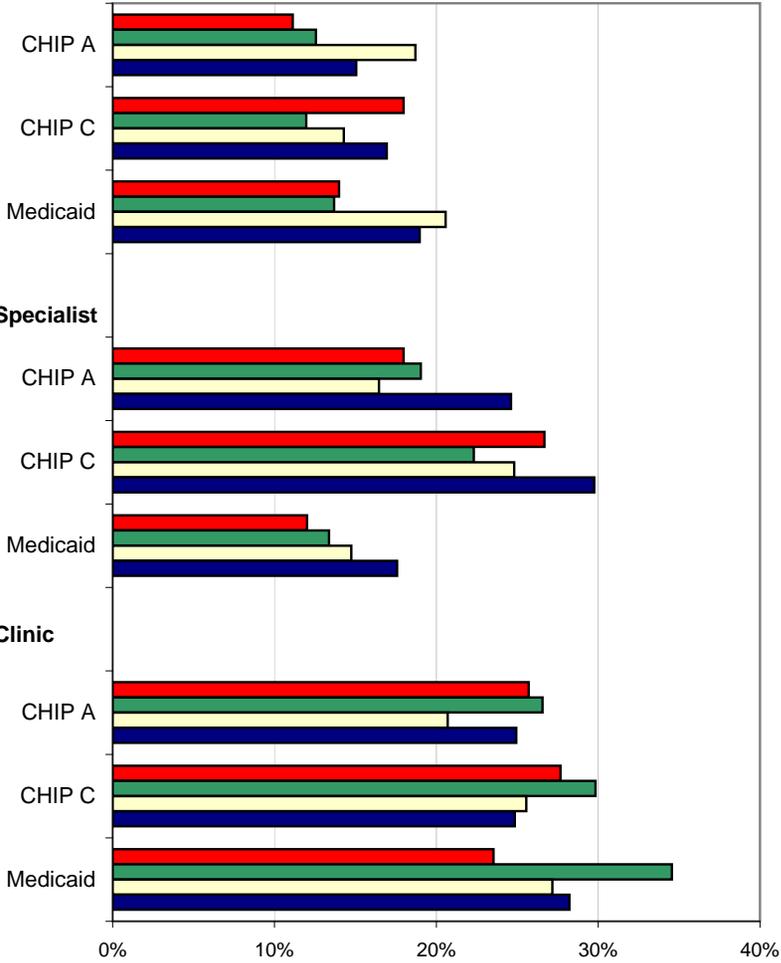
Unassigned PMP



Report IV.B.4: Percent Usage of Unassigned PMP, Specialist, and Clinic Services by Race/Ethnicity
 (Members Enrolled at least 9 Months in One MCO)

2007

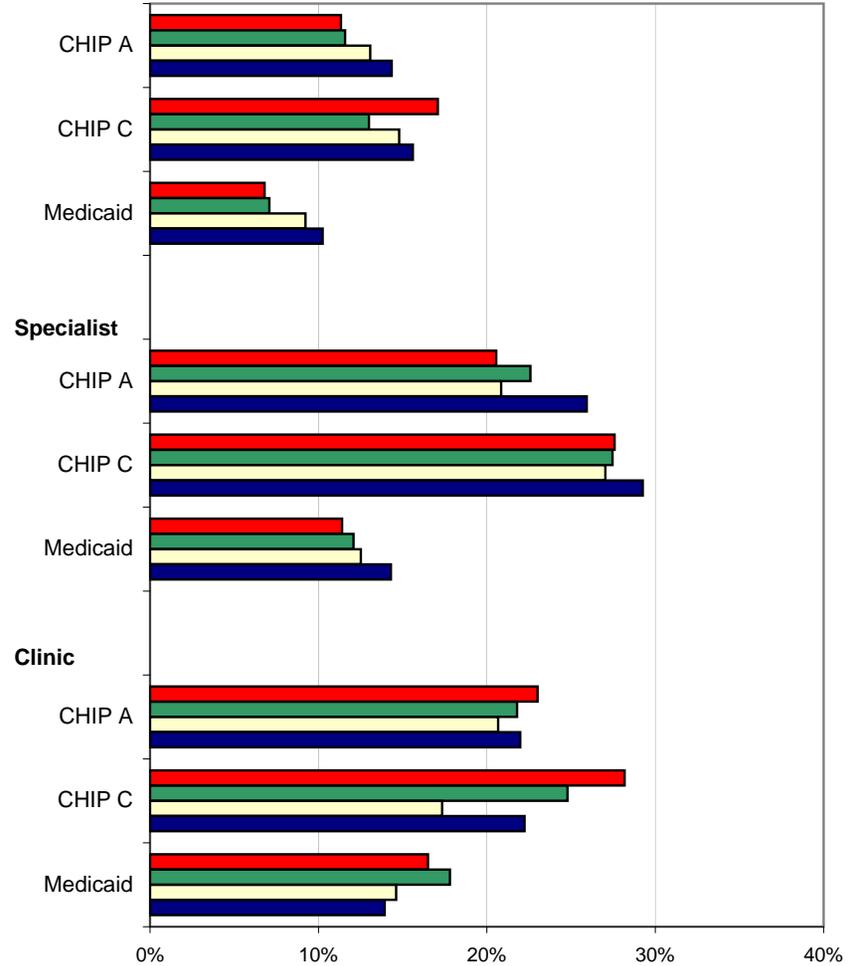
Unassigned PMP



■ African Am
 ■ Hispanic
 ■ Other
 ■ Caucasian

2006

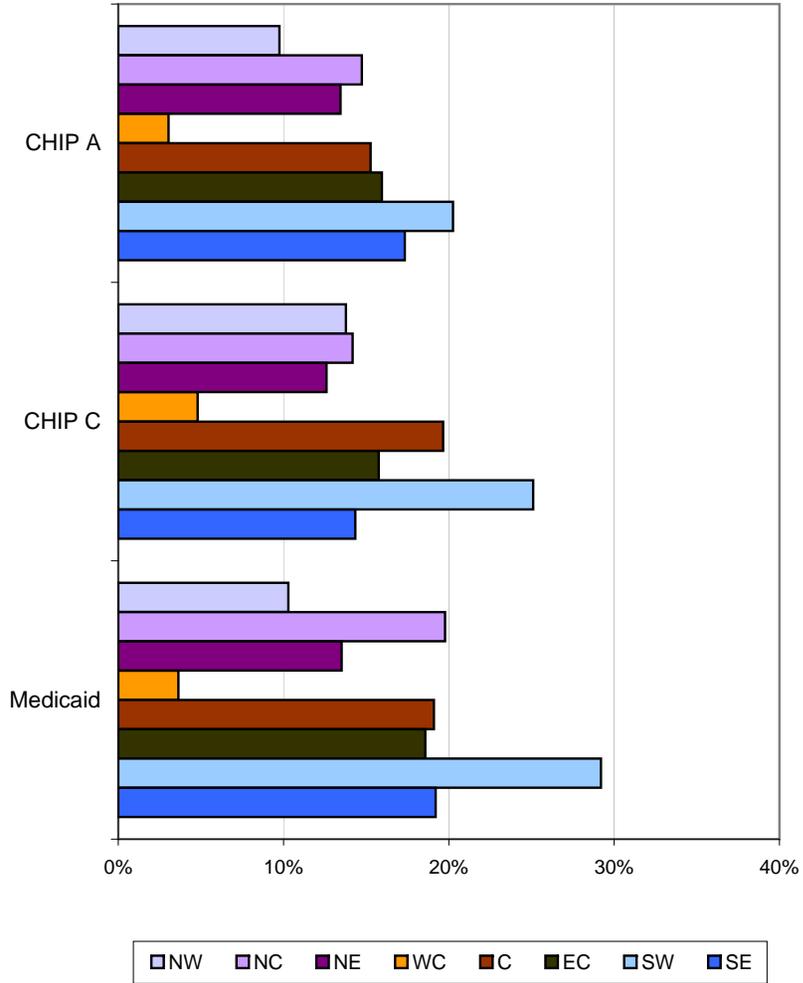
Unassigned PMP



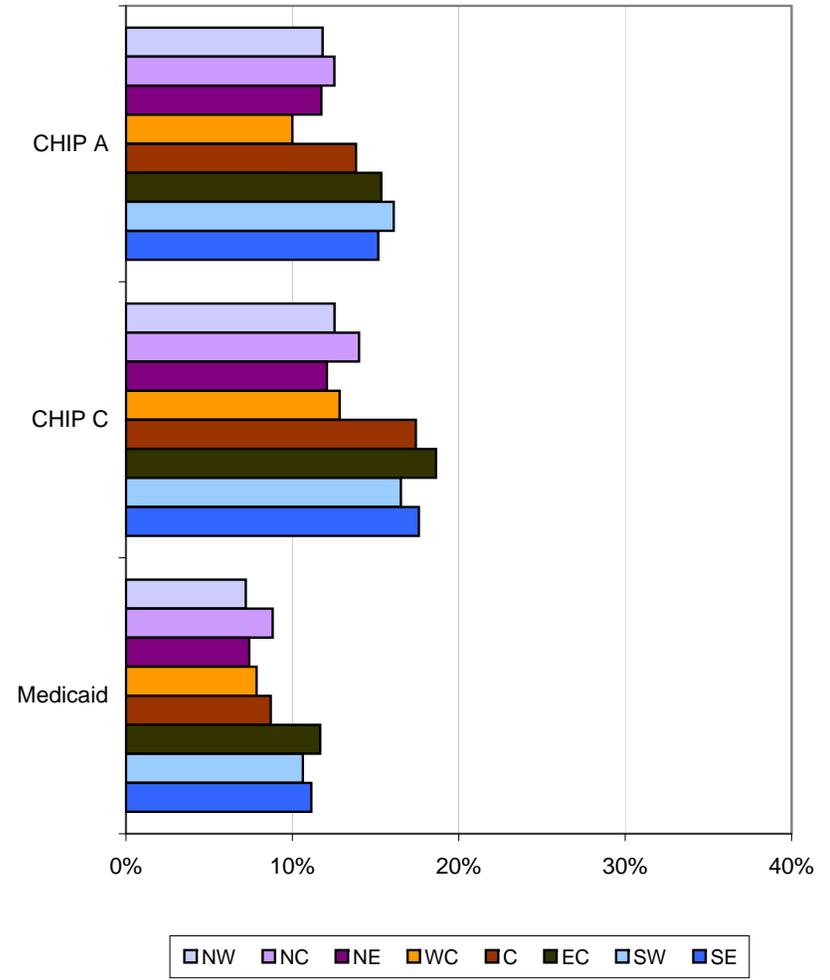
■ African Am
 ■ Hispanic
 ■ Other
 ■ Caucasian

Report IV.B.5(a): Percent Usage of Unassigned PMP Services by Region
 (Members Enrolled at least 9 Months in One MCO)

2007

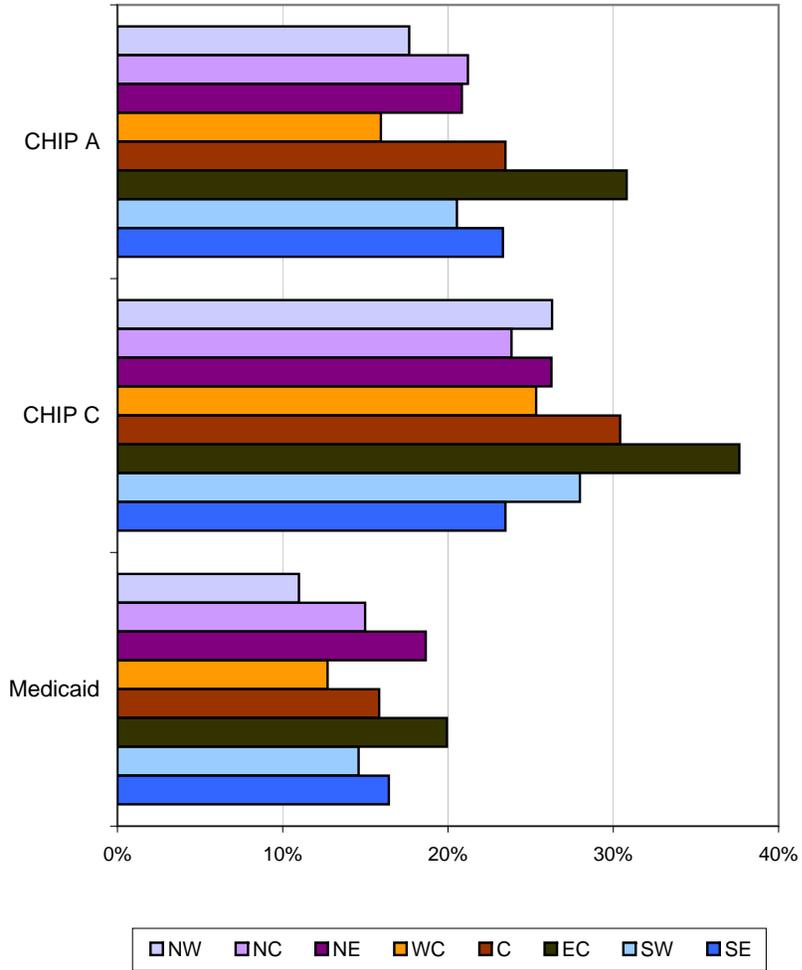


2006

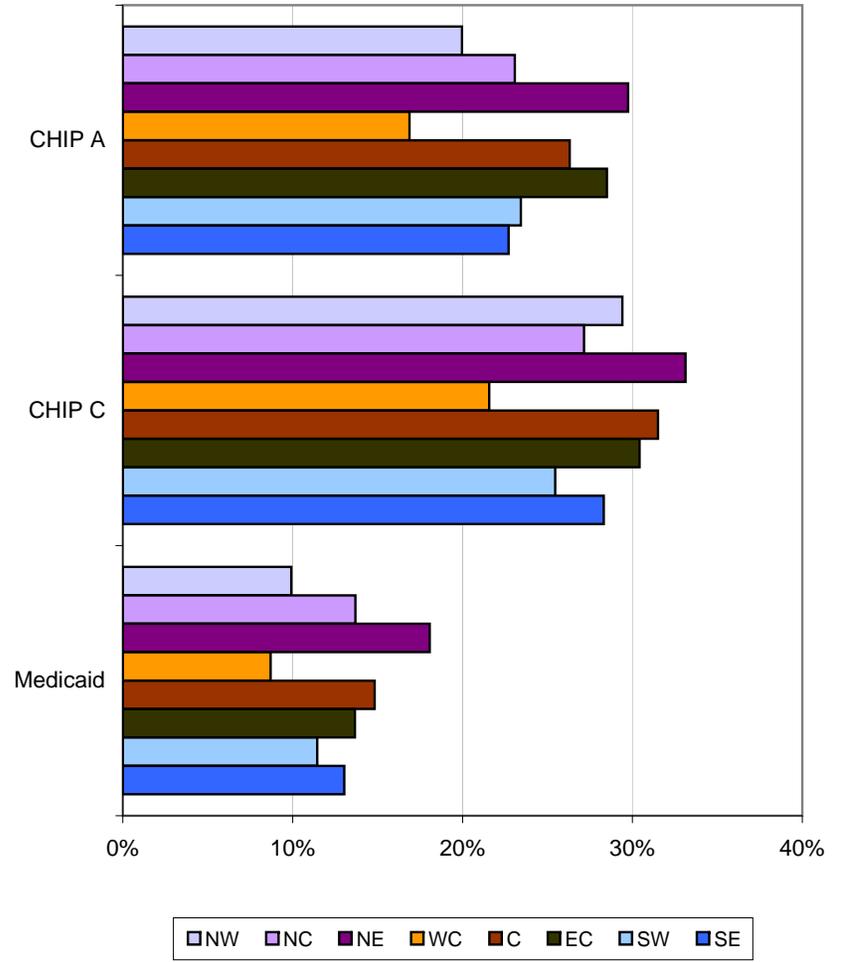


Report IV.B.5(b): Percent Usage of Specialist Services by Region
 (Members Enrolled at least 9 Months in One MCO)

2007

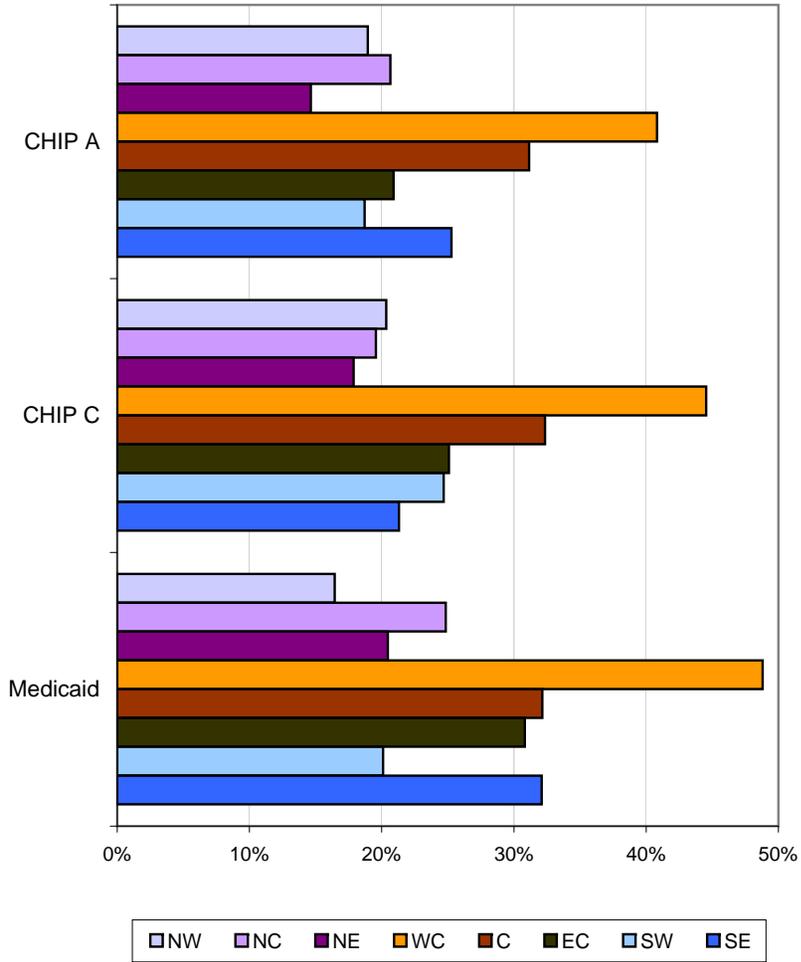


2006

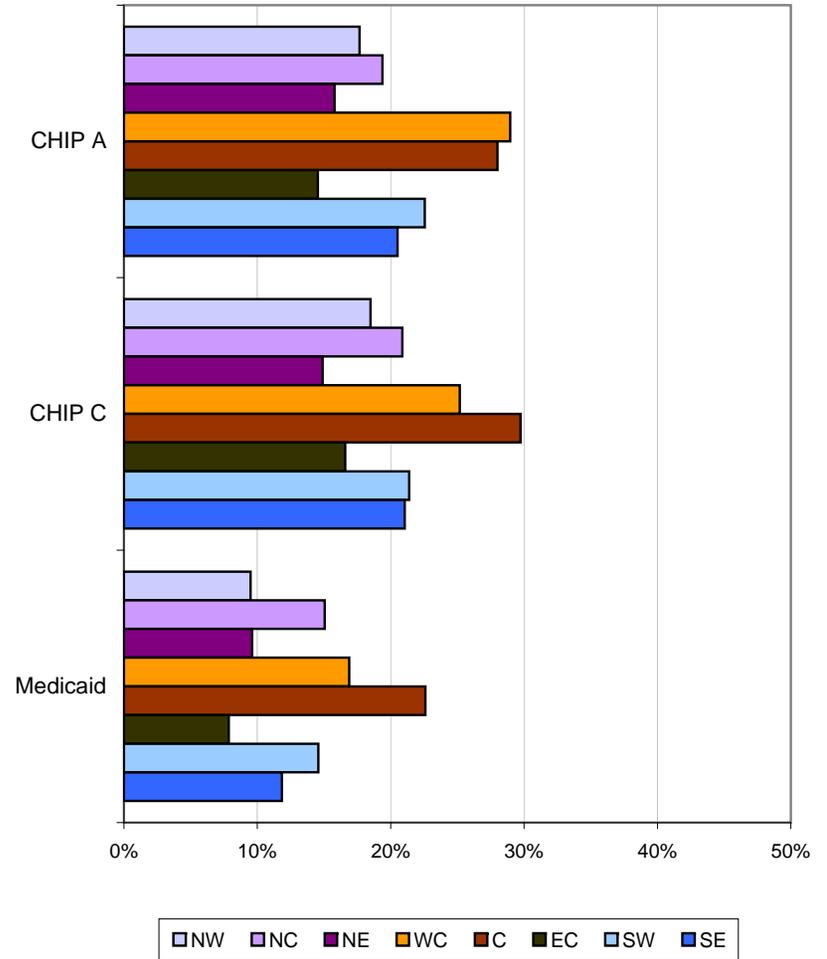


Report IV.B.5(c): Percent Usage of Clinic Services by Region
 (Members Enrolled at least 9 Months in One MCO)

2007

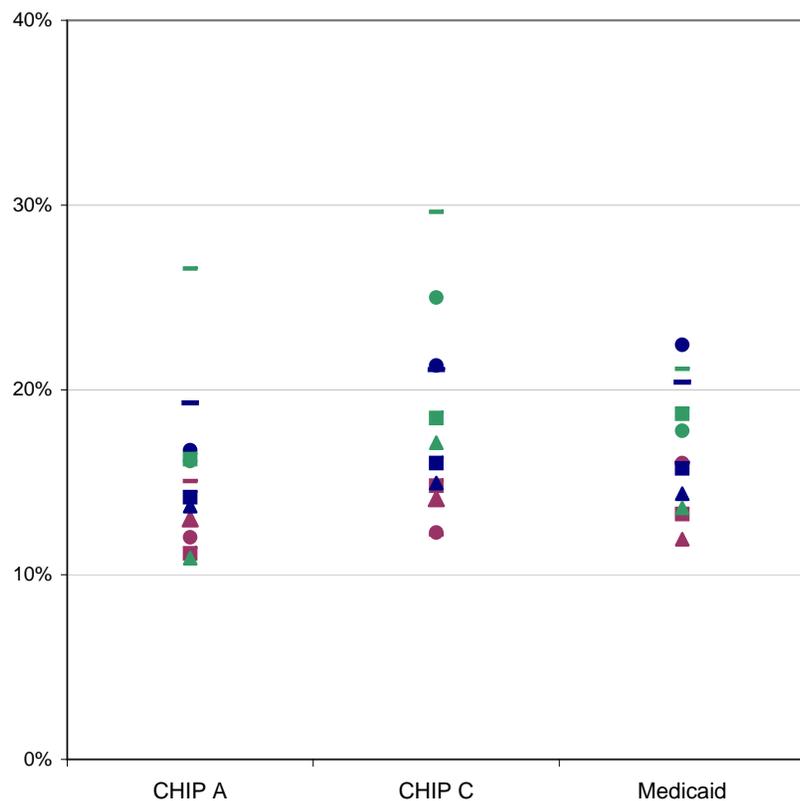


2006

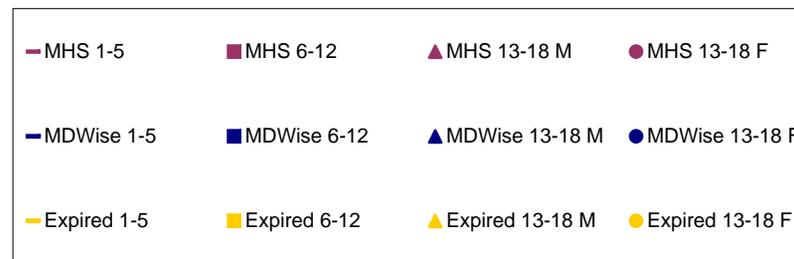
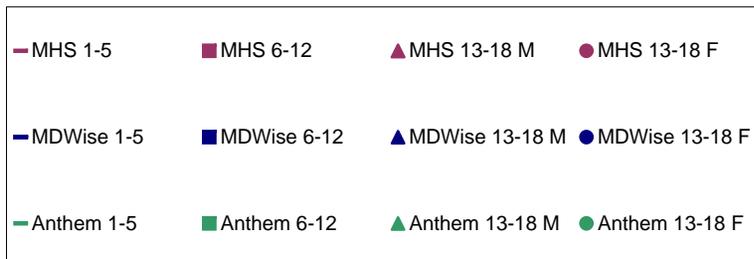
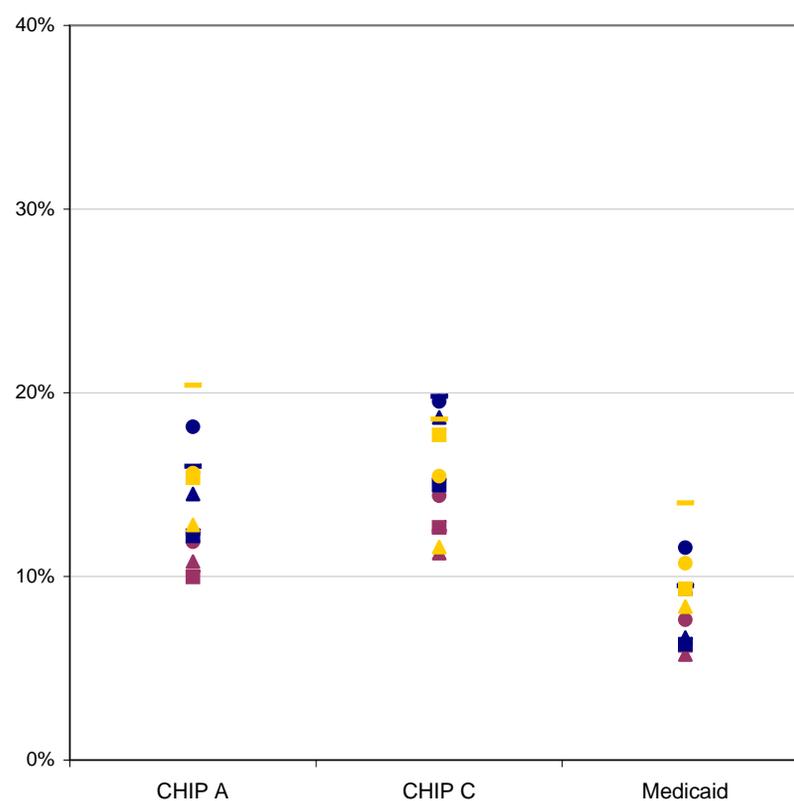


Report IV.B.6(a): Percent Usage of Unassigned PMP by MCO and Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

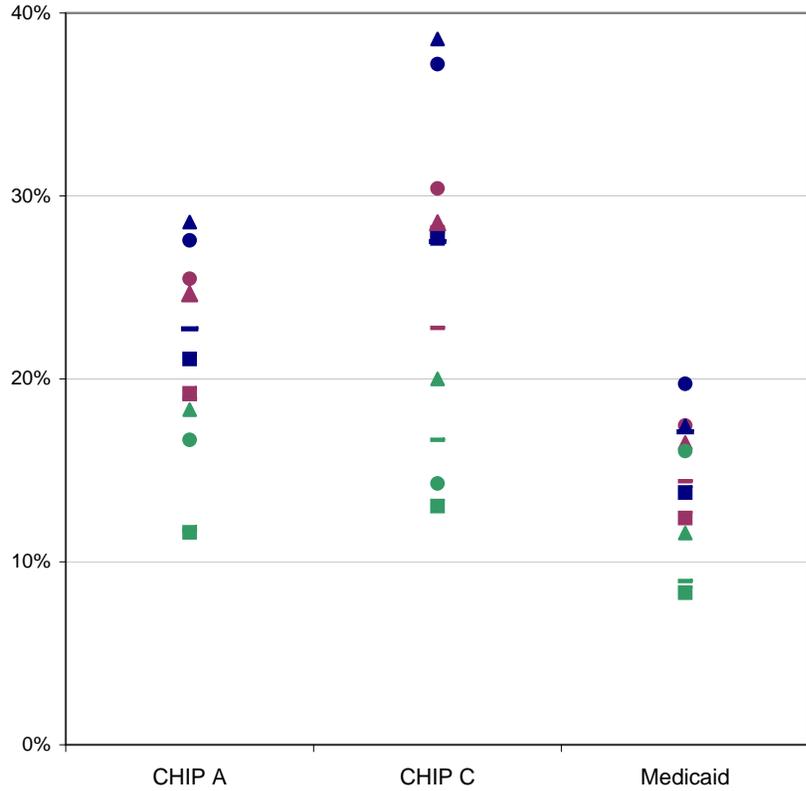


2006

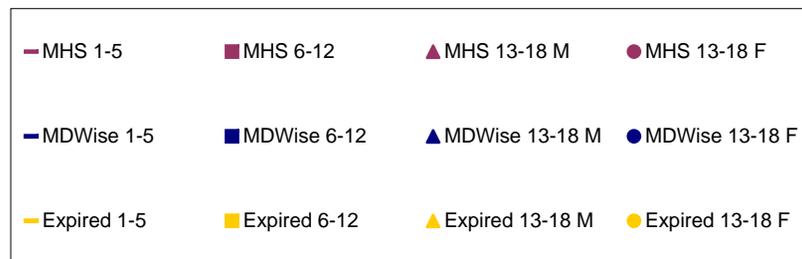
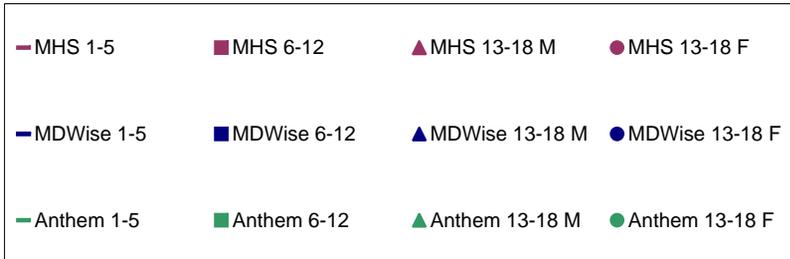
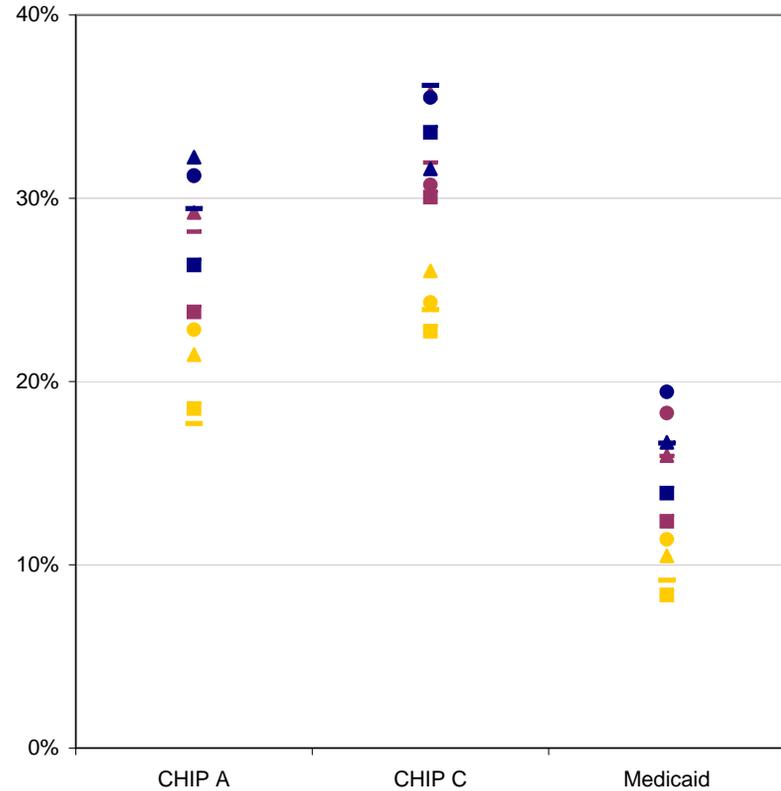


Report IV.B.6(b): Percent Usage of Specialist Services by MCO and Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

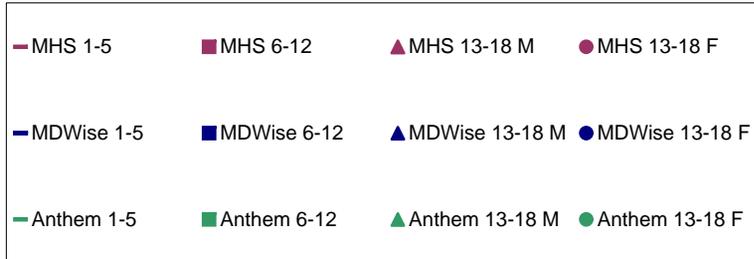
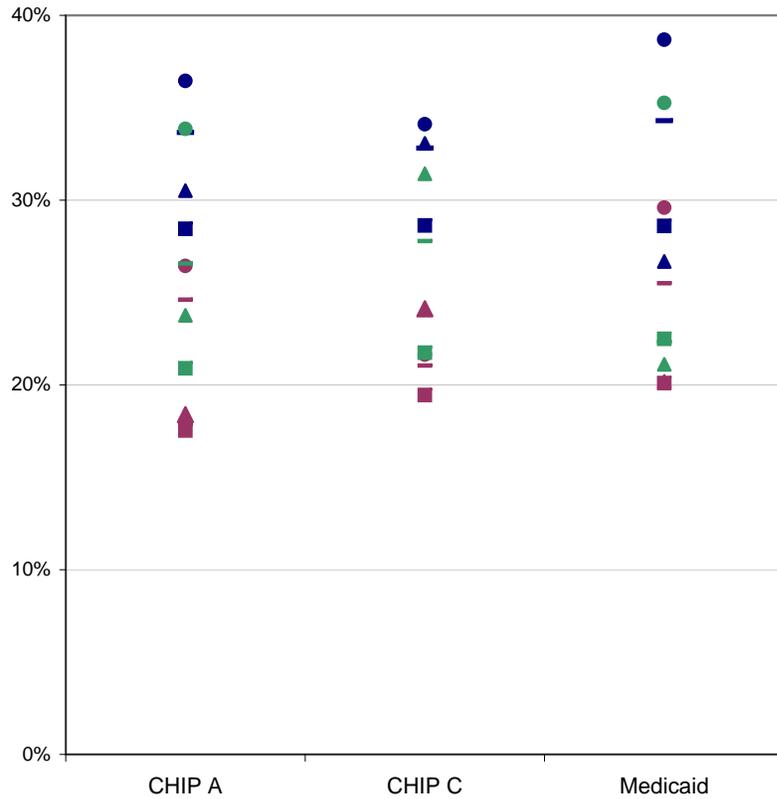


2006

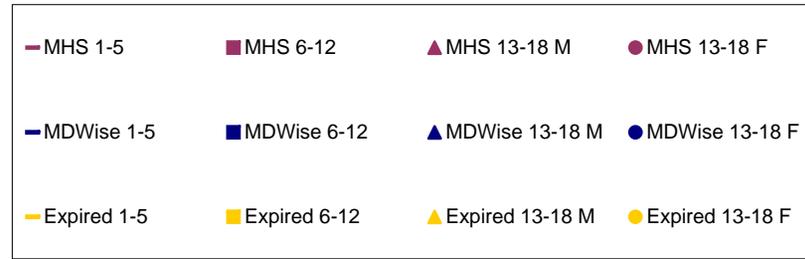
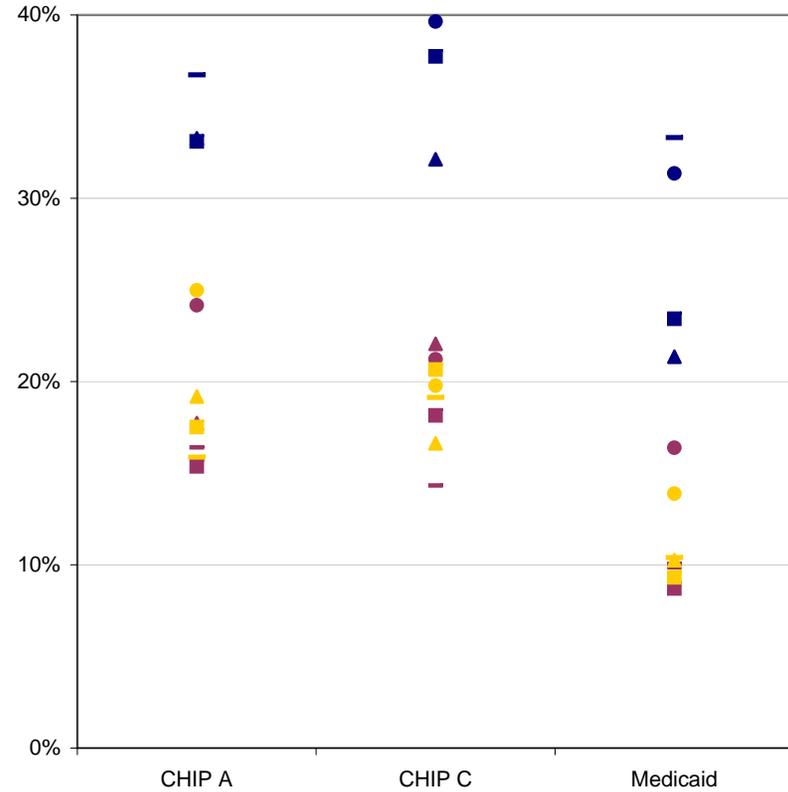


Report IV.B.6(c): Percent Usage of Clinic Services by MCO and Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

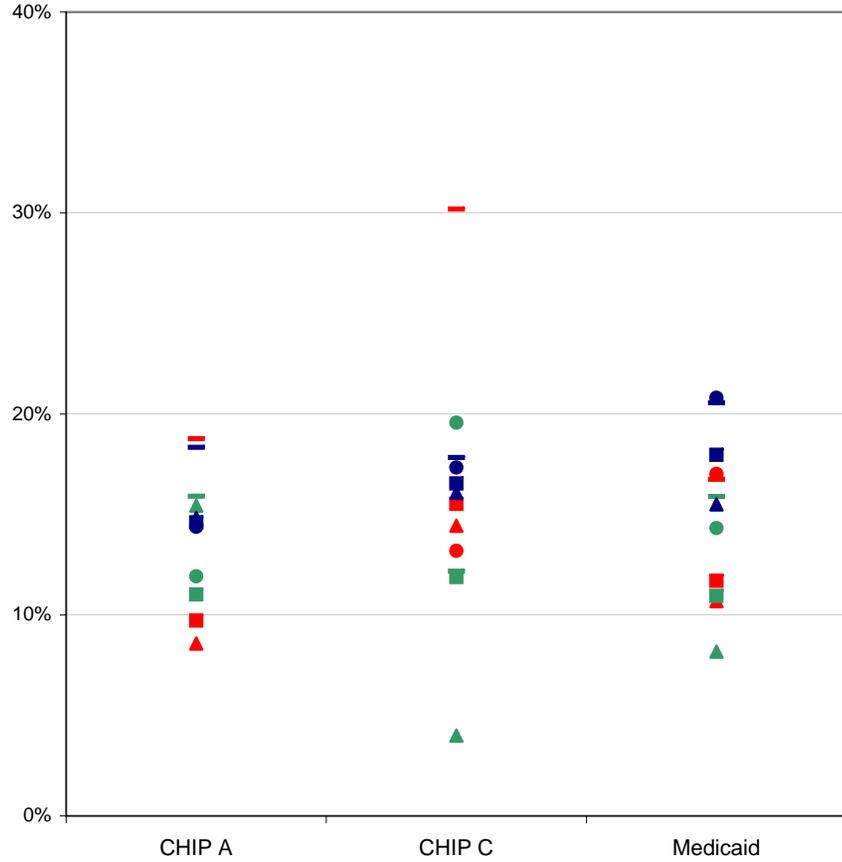


2006

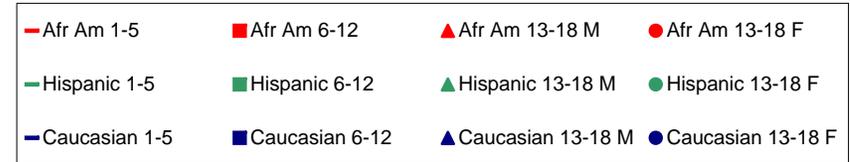
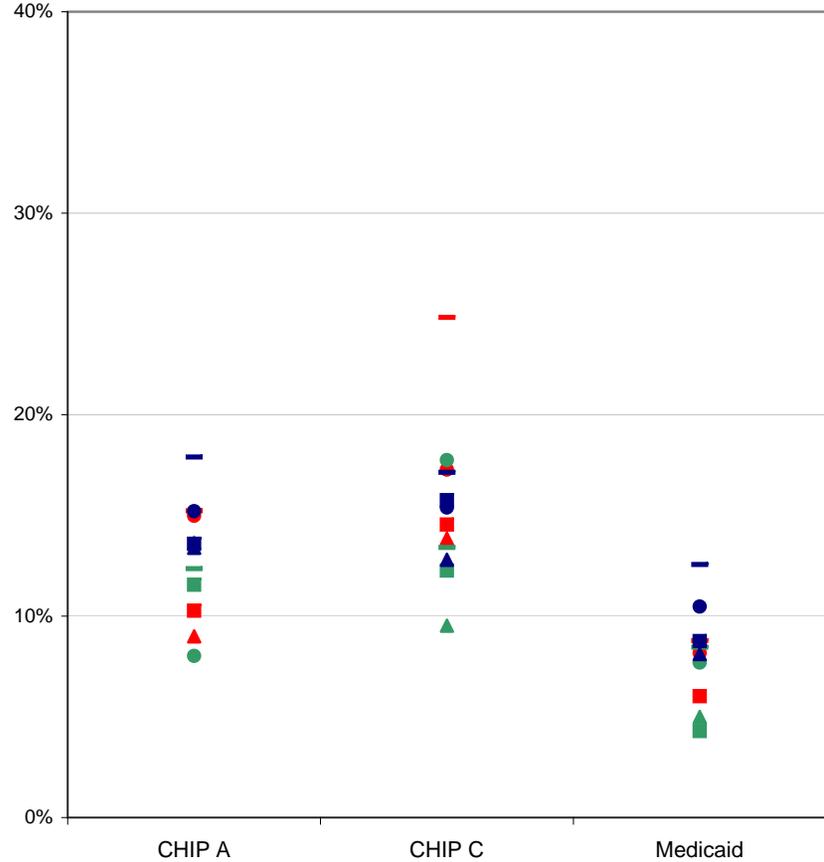


Report IV.B.7(a): Percent Usage of Unassigned PMP by Race and Age Group
(Members Enrolled at least 9 Months in One MCO)

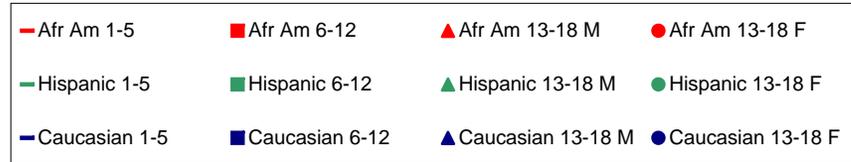
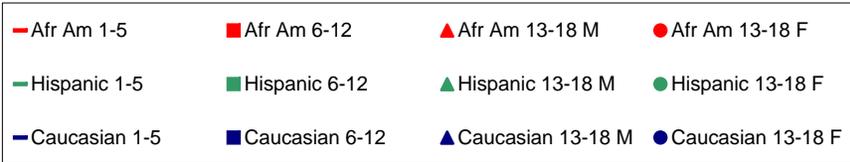
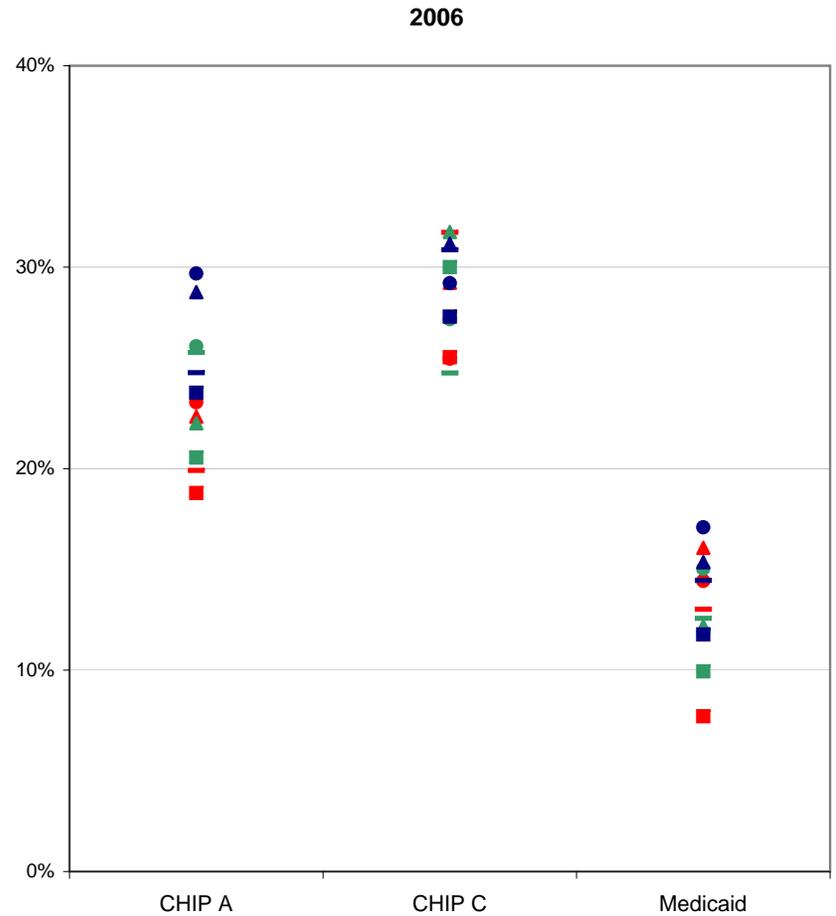
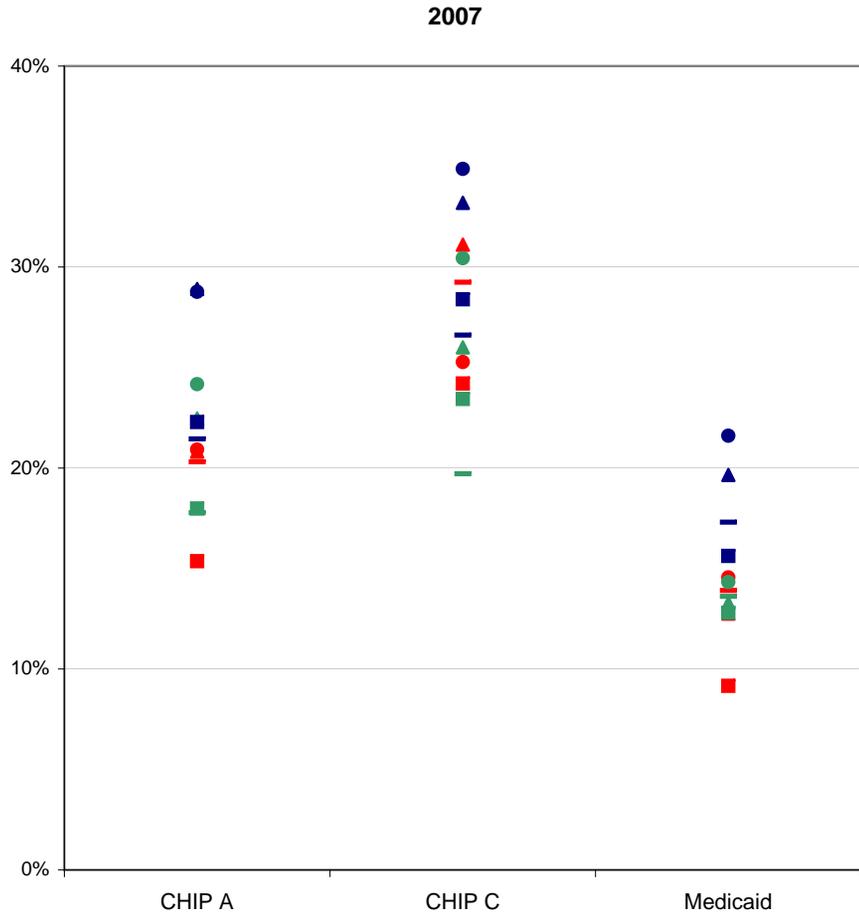
2007



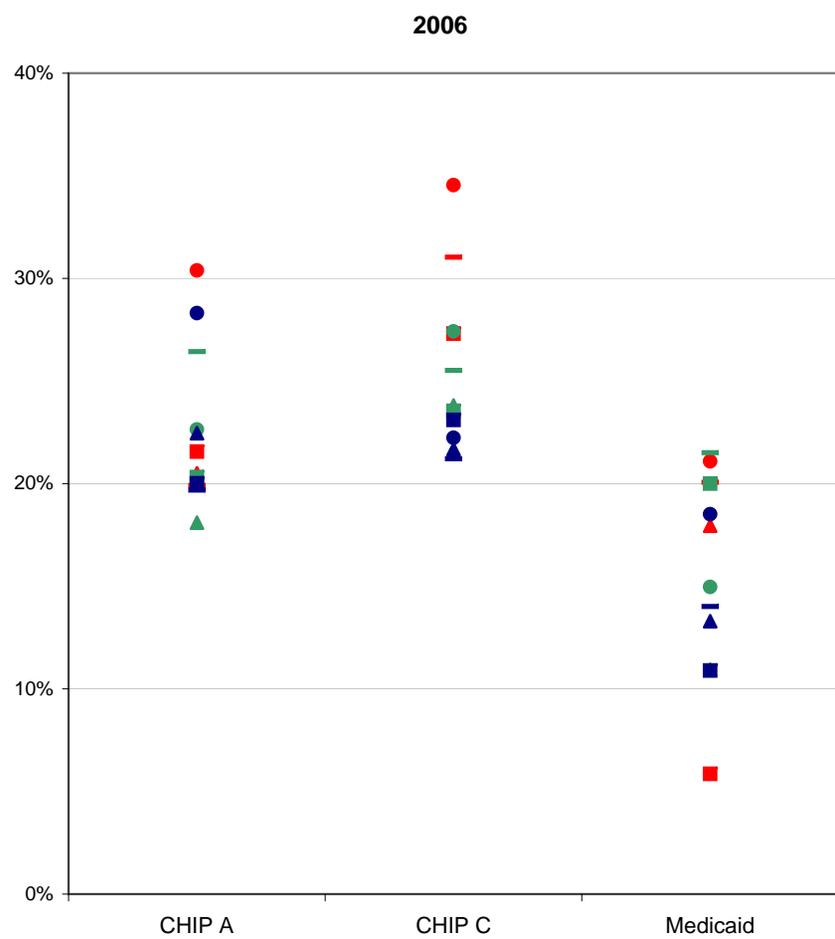
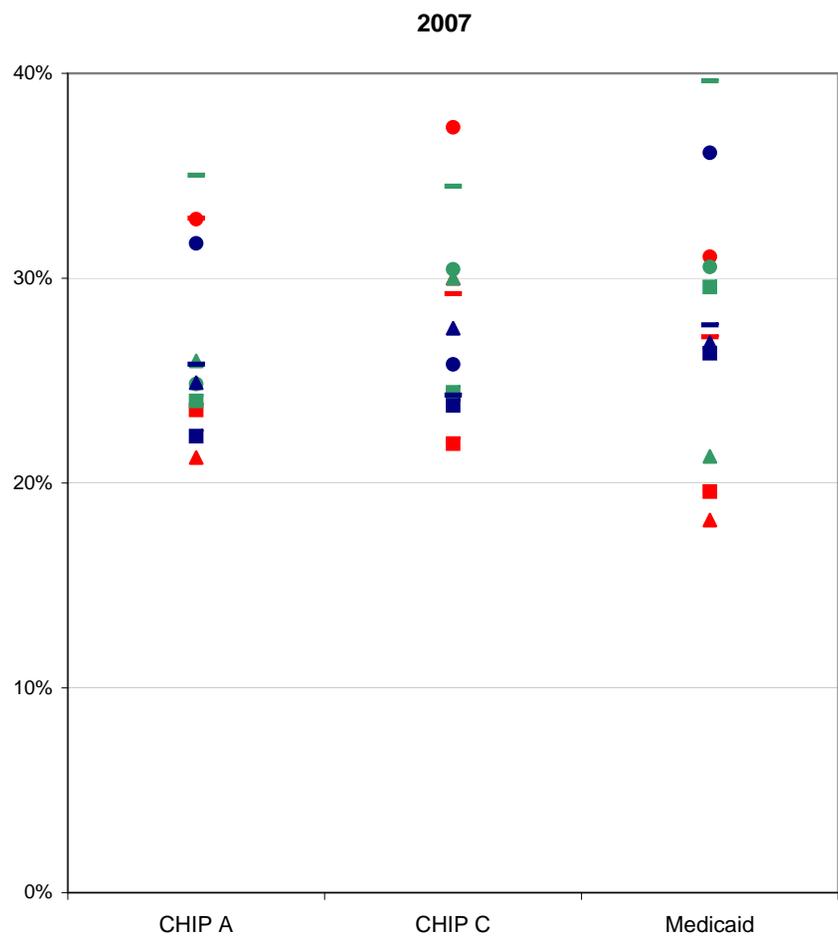
2006



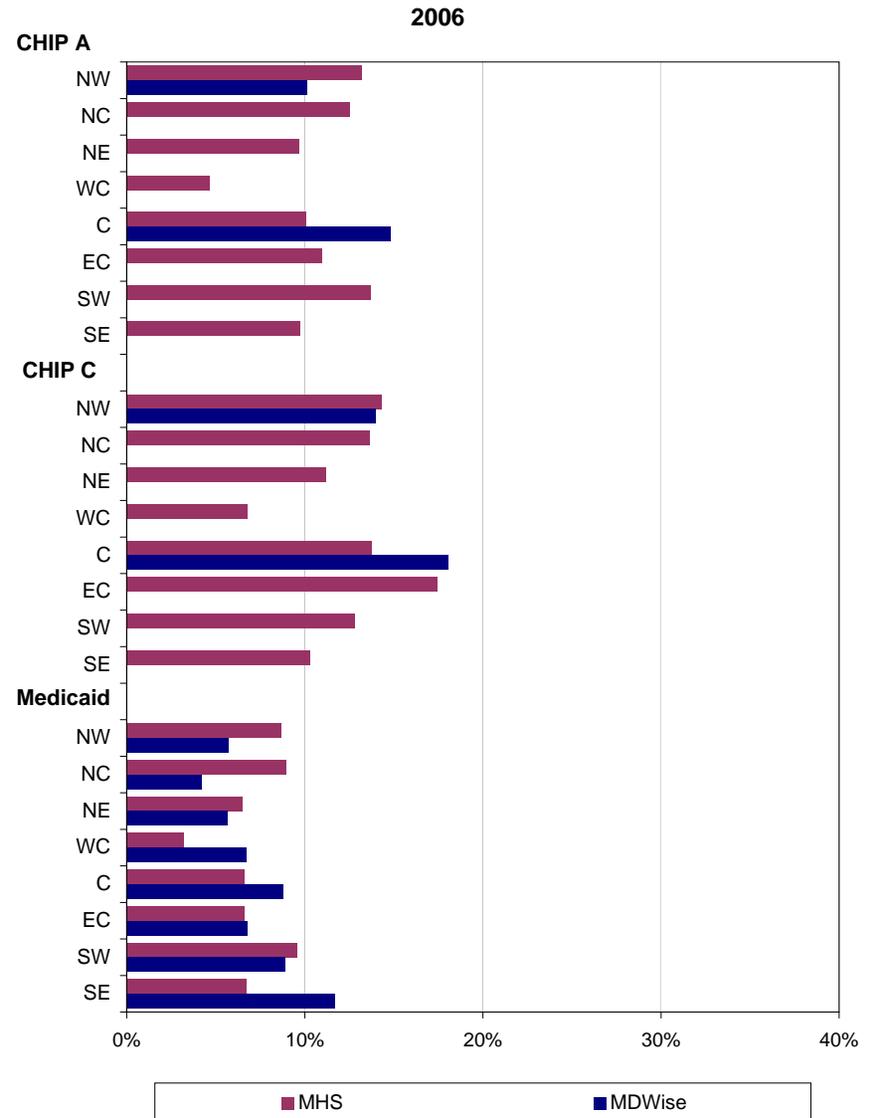
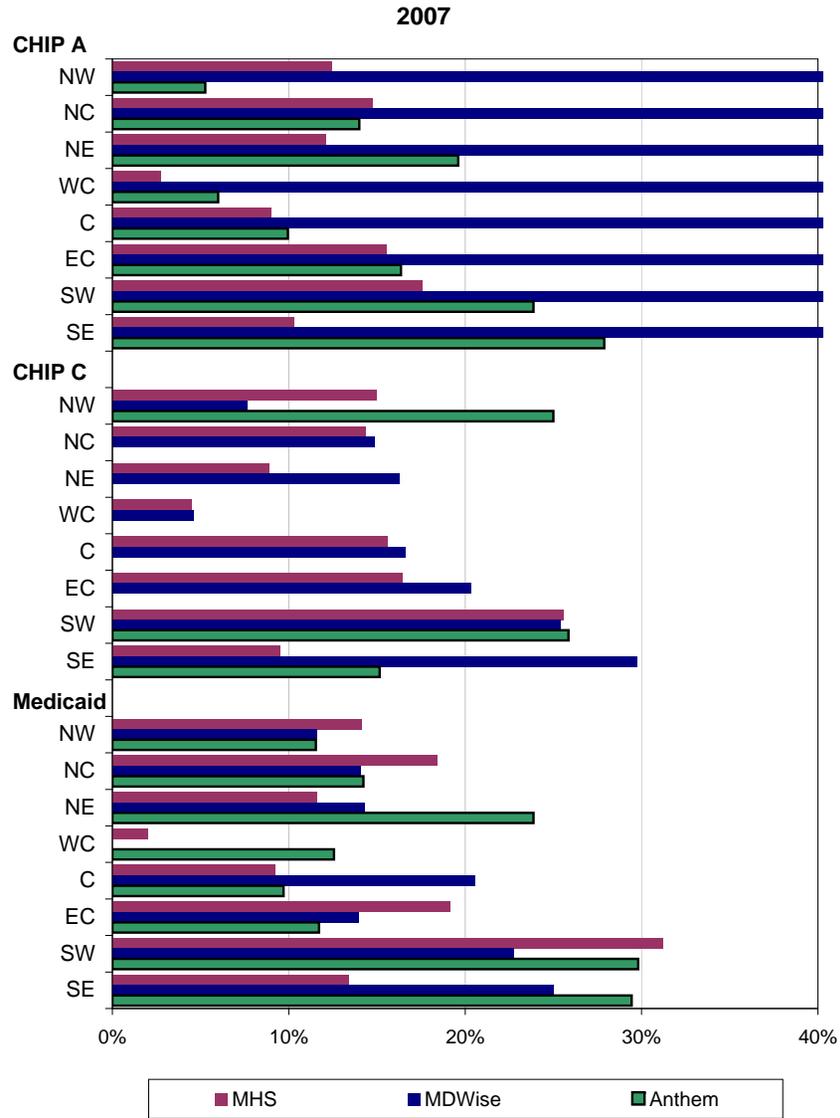
Report IV.B.7(b): Percent Usage of Specialist Services by Race and Age Group
(Members Enrolled at least 9 Months in One MCO)



Report IV.B.7(c): Percent Usage of Clinic Services by Race and Age Group
(Members Enrolled at least 9 Months in One MCO)

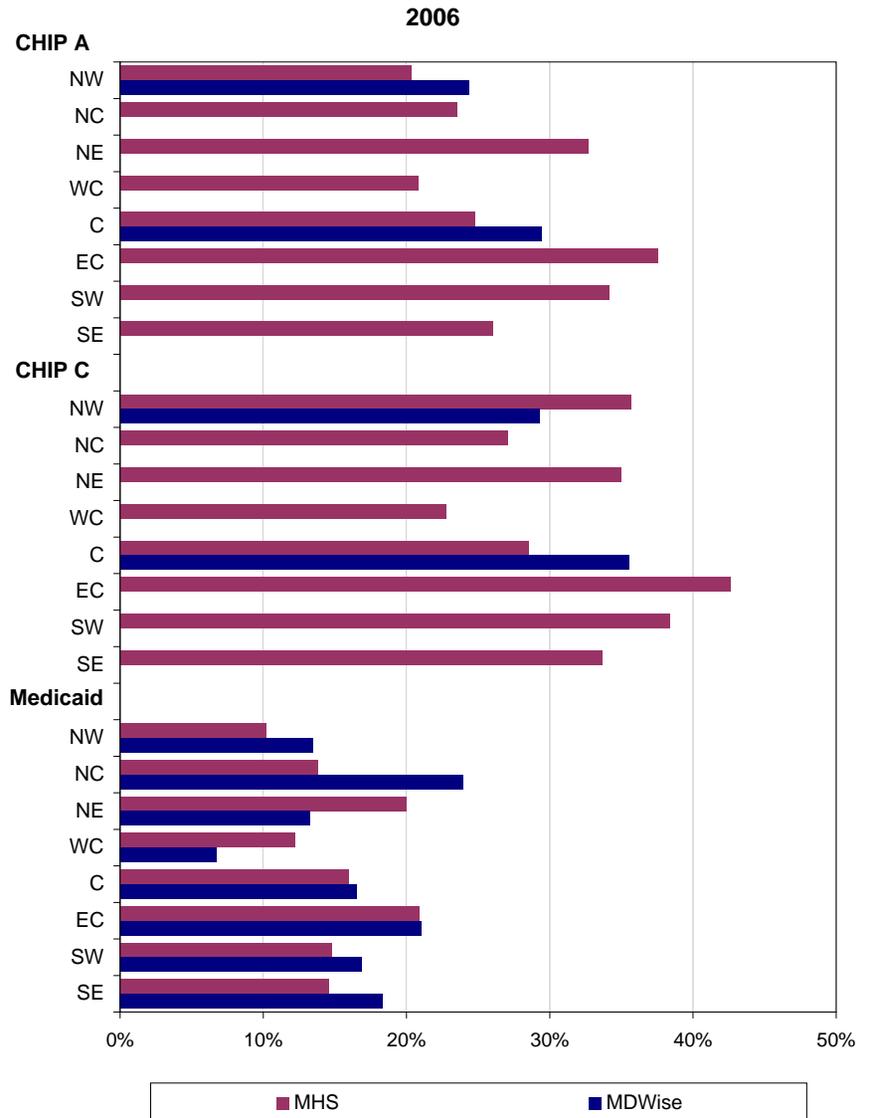
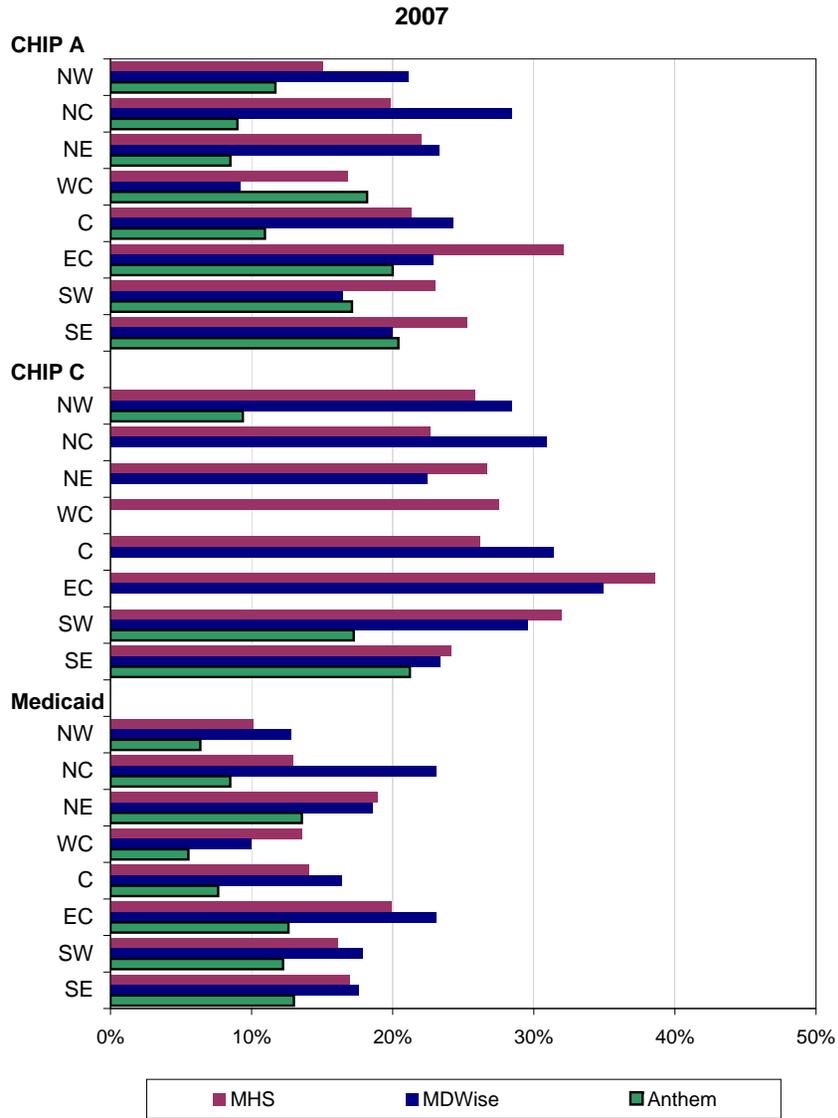


Report IV.B.8(a): Percent Usage of Unassigned PMP Services by Region and MCO
(Members Enrolled at least 9 Months in One MCO)



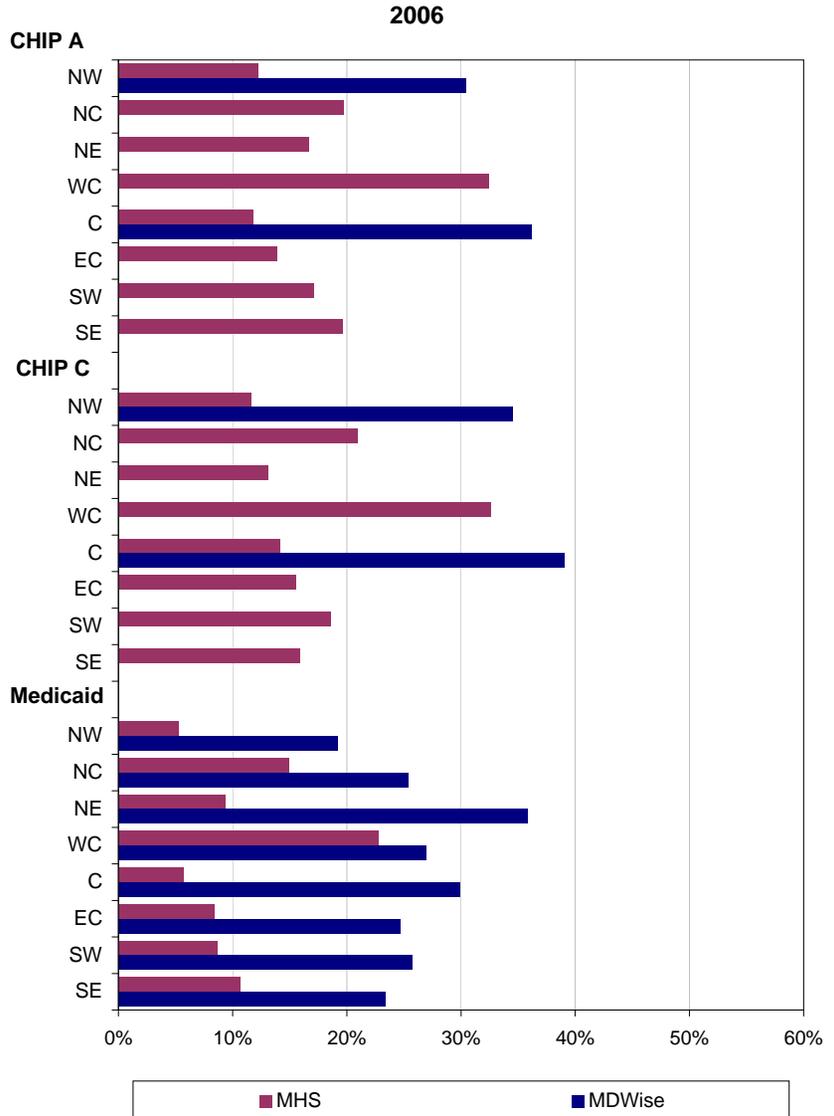
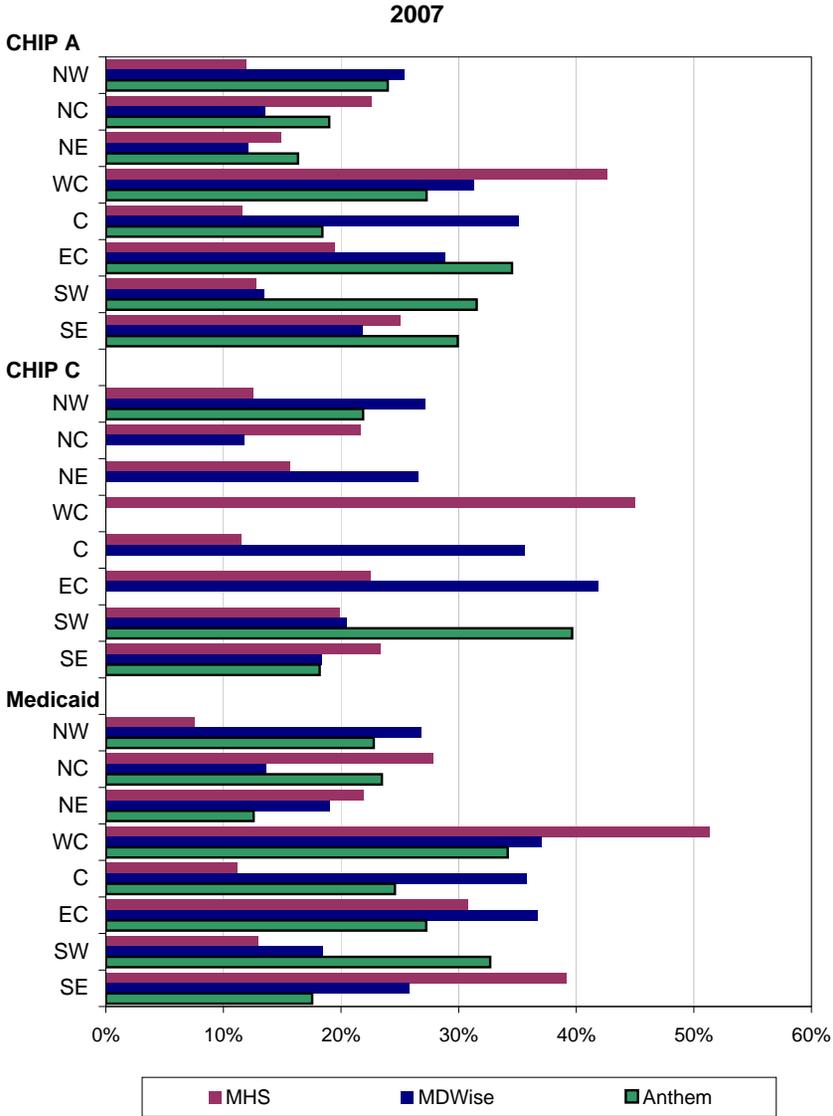
Subgroups with fewer than 30 members have been excluded from the analysis as results may be unreliable.

Report IV.B.8(b): Percent Usage of Specialist Services by Region and MCO
(Members Enrolled at least 9 Months in One MCO)



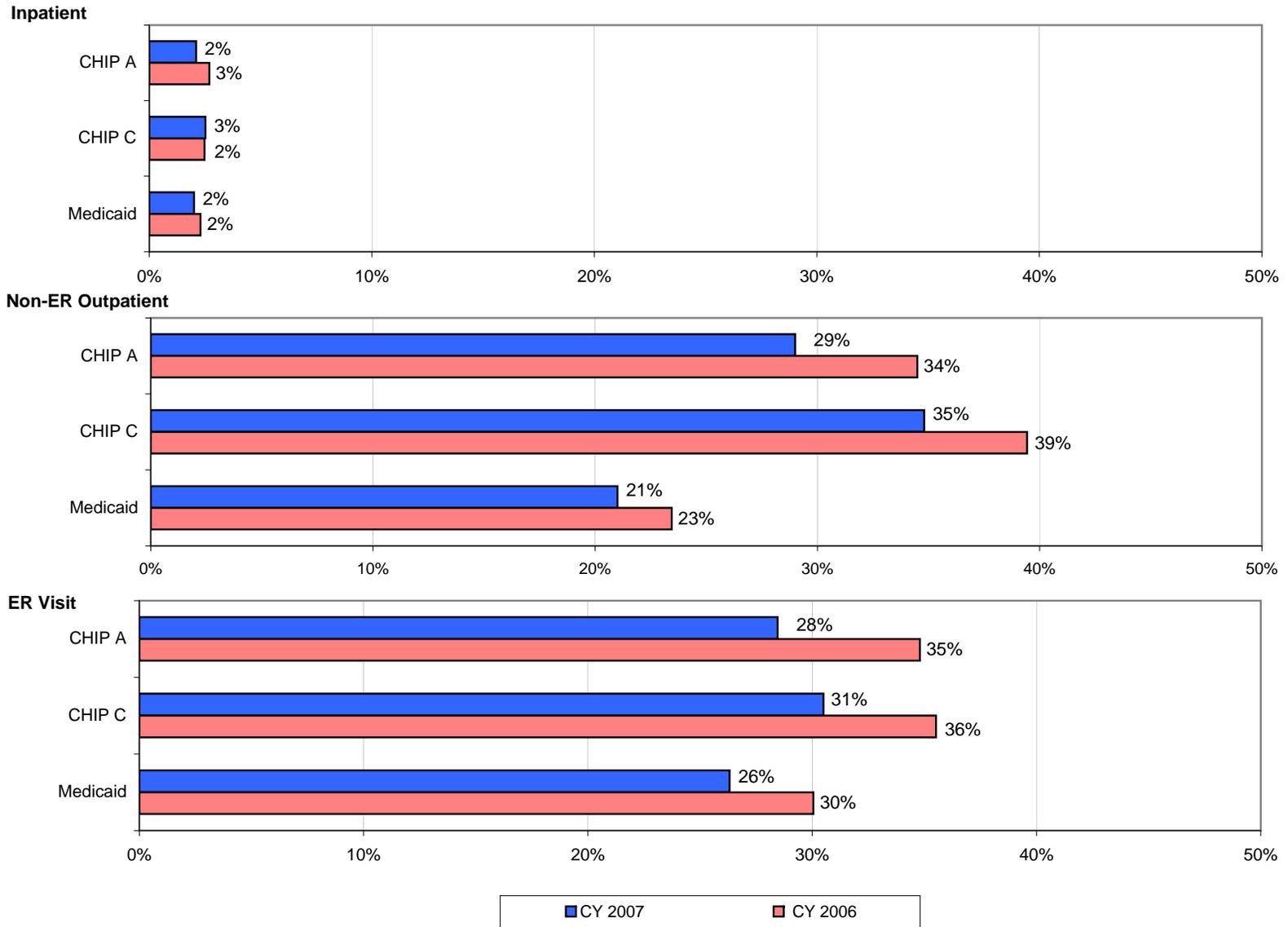
Subgroups with fewer than 30 members have been excluded from the analysis as results may be unreliable.

Report IV.B.8(c): Percent Usage of Clinic Services by Region and MCO
(Members Enrolled at least 9 Months in One MCO)



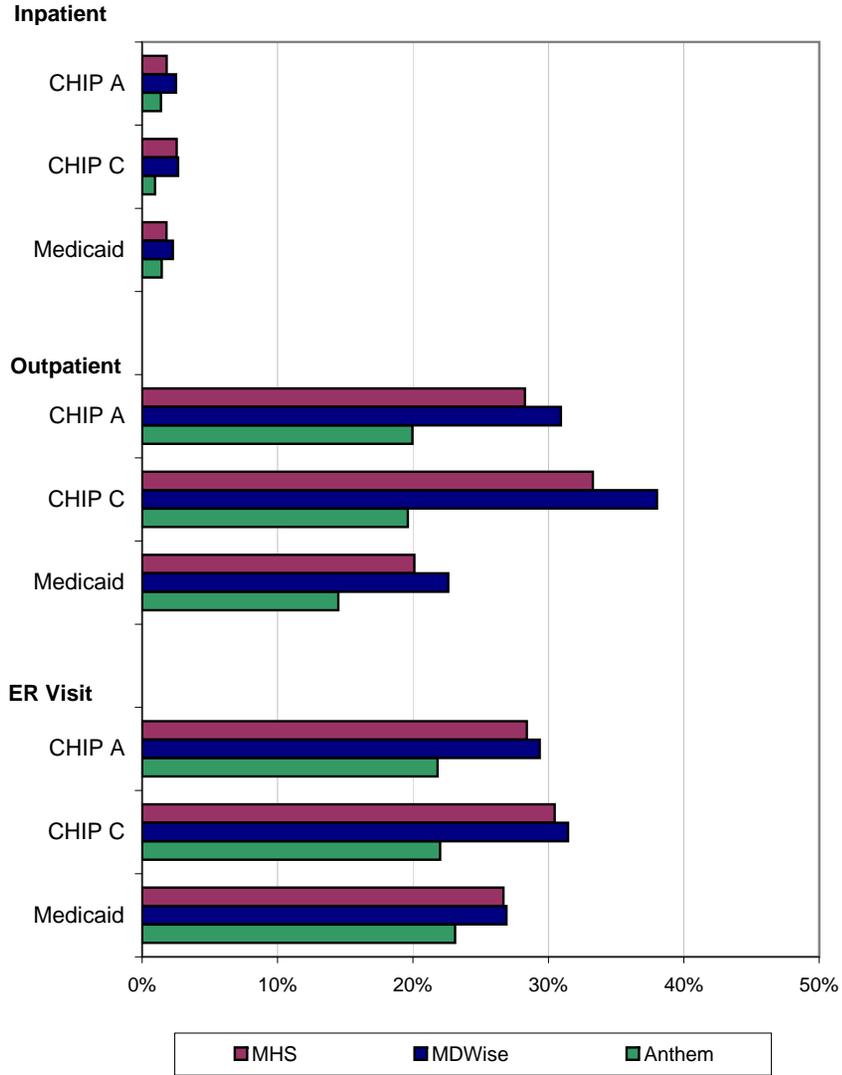
Subgroups with fewer than 30 members have been excluded from the analysis as results may be unreliable.

**Report IV.C.1:
Percent Usage of Services by Members Enrolled
at least 9 Months in One MCO**

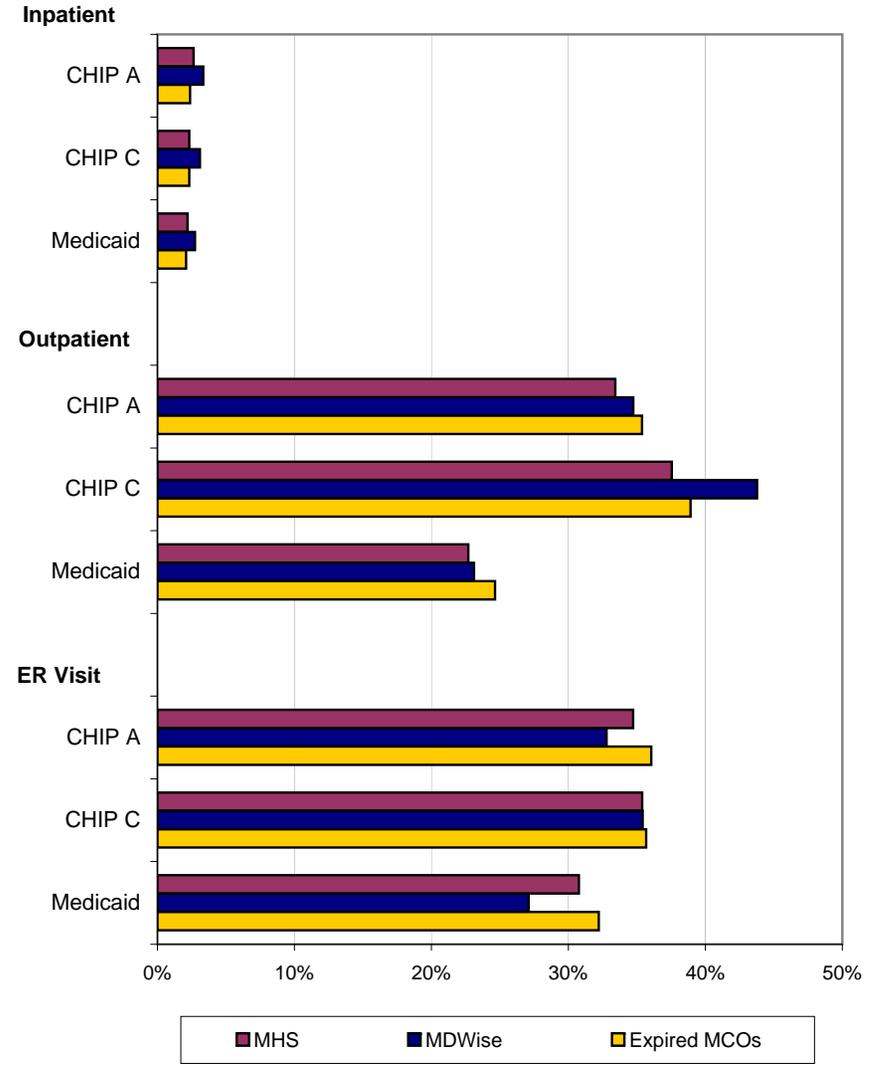


Report IV.C.2: Percent Usage of Hospital Services by MCO
(Members Enrolled at least 9 Months in One MCO)

2007

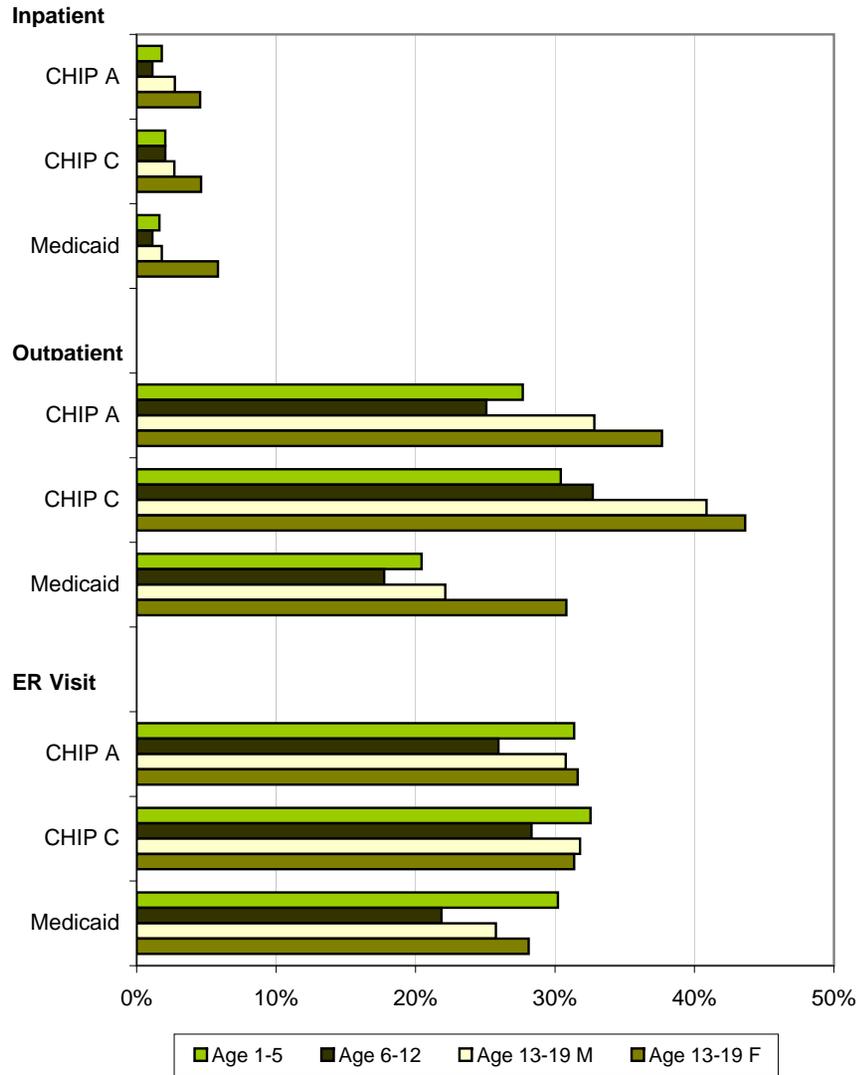


2006

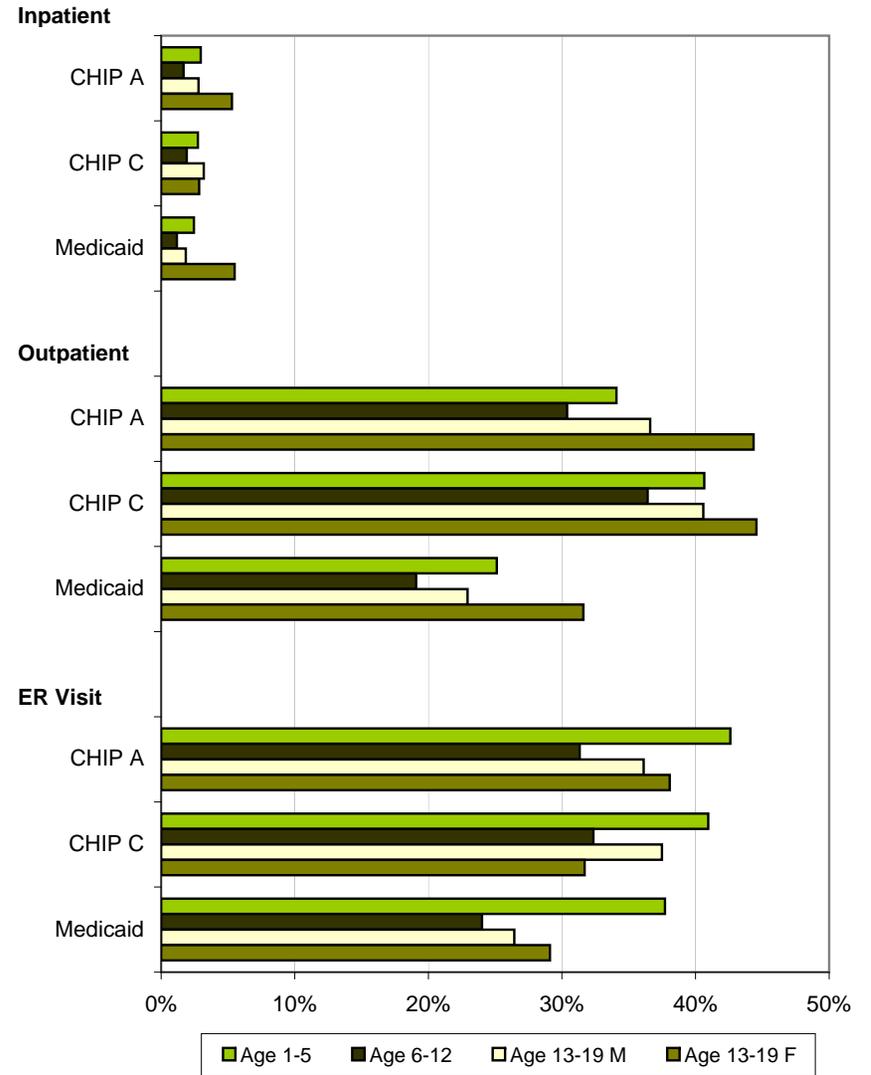


Report IV.C.3: Percent Usage of Hospital Services by Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

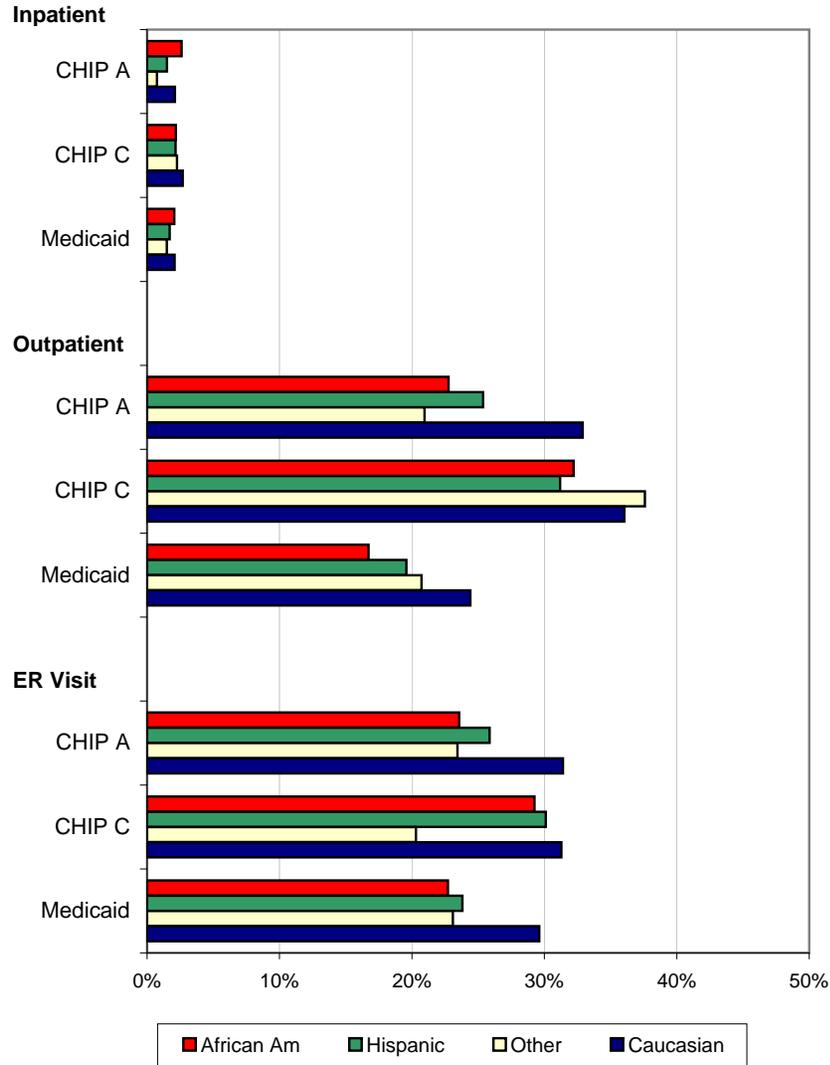


2006

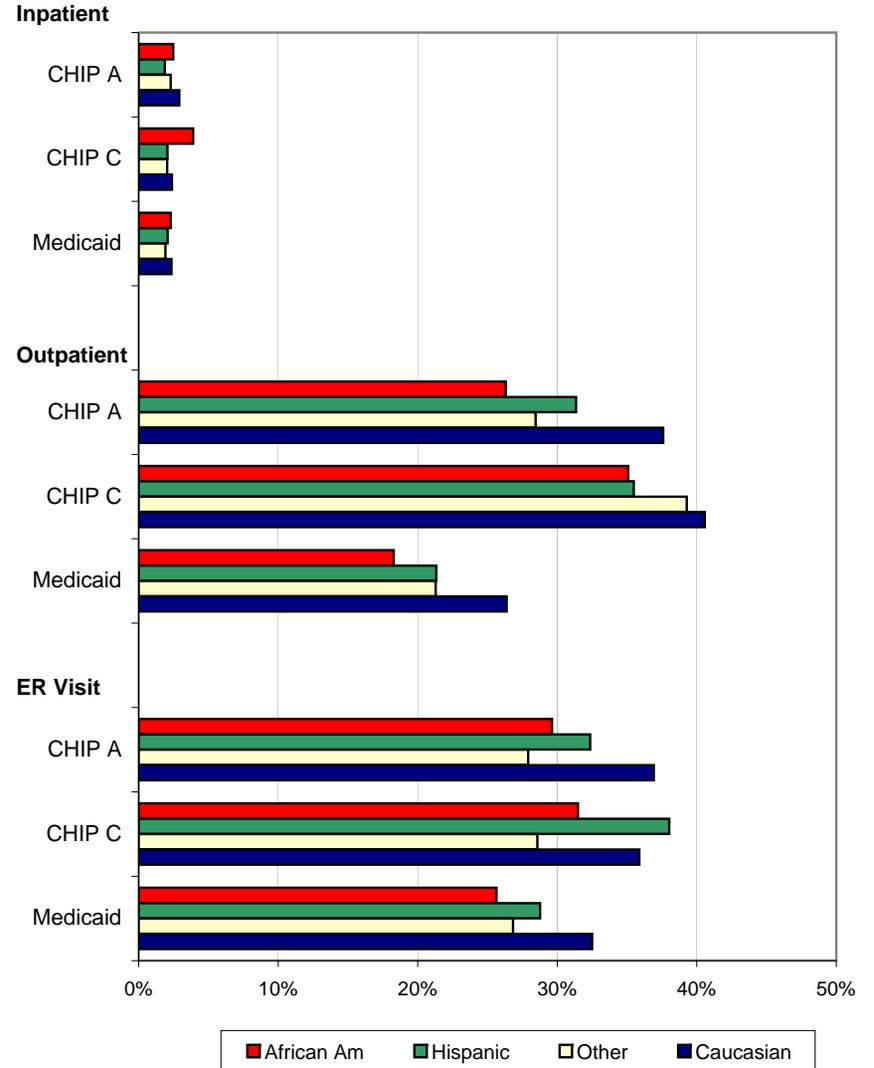


Report IV.C.4: Percent Usage of Hospital Services by Race/Ethnicity
 (Members Enrolled at least 9 Months in One MCO)

2007



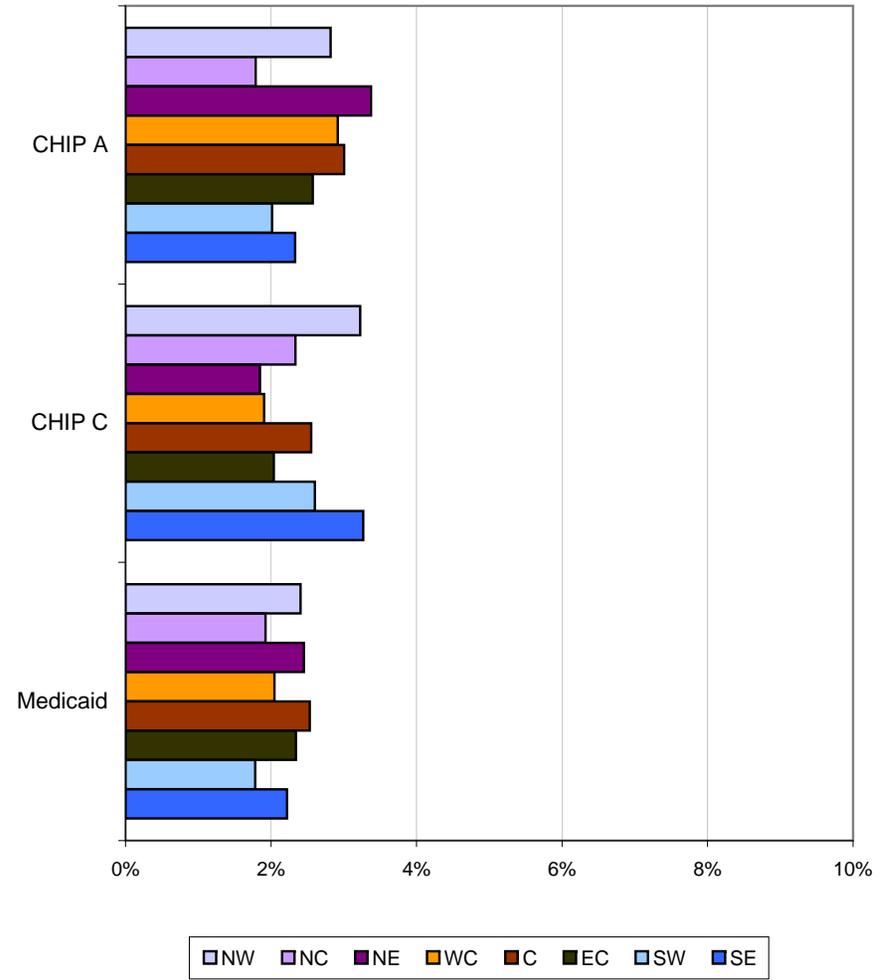
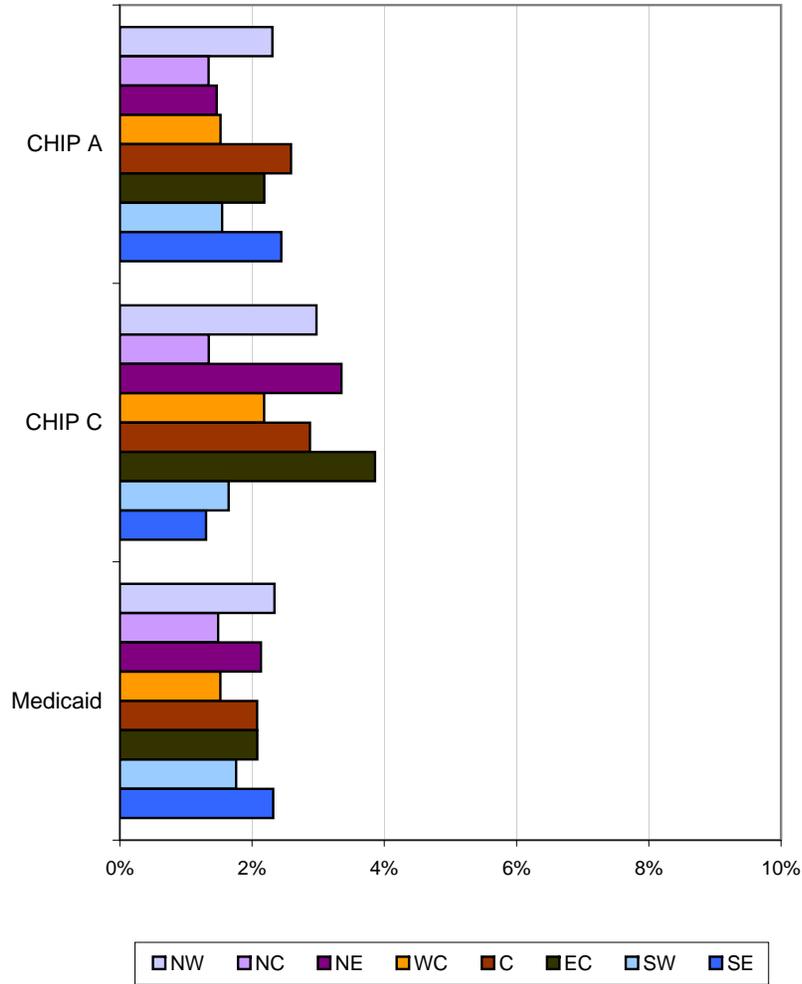
2006



Report IV.C.5(a): Percent Usage of Inpatient Hospital Services by Region
 (Members Enrolled at least 9 Months in One MCO)

2007

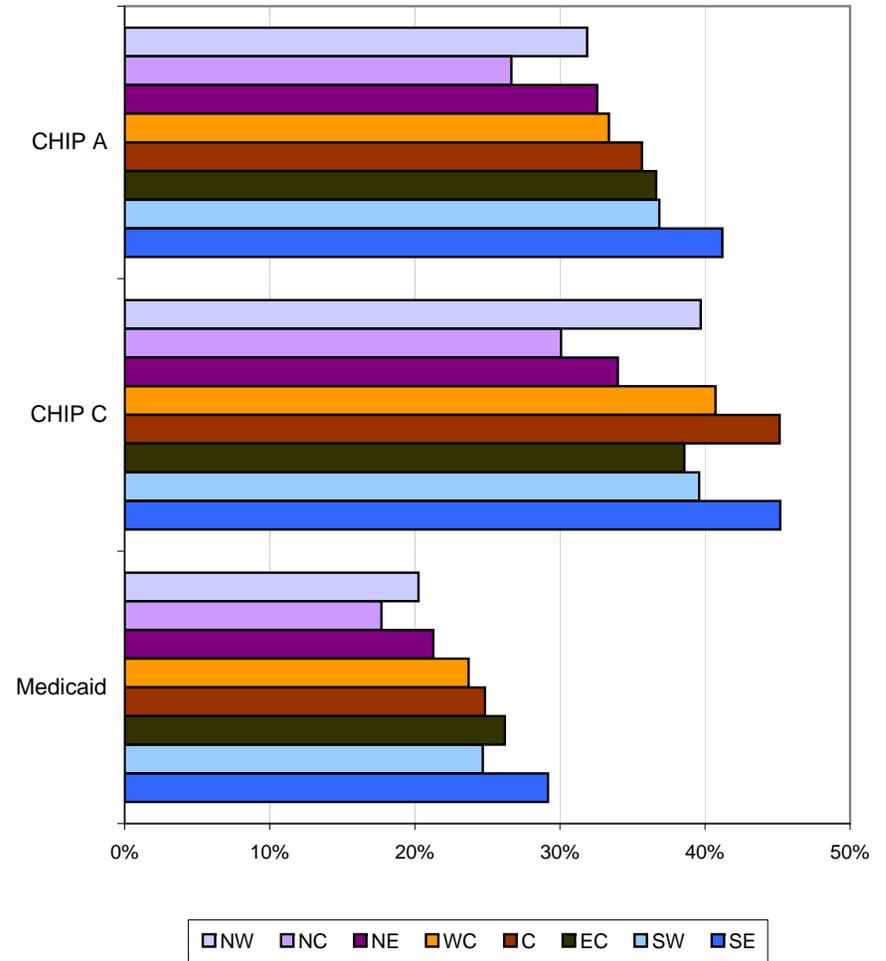
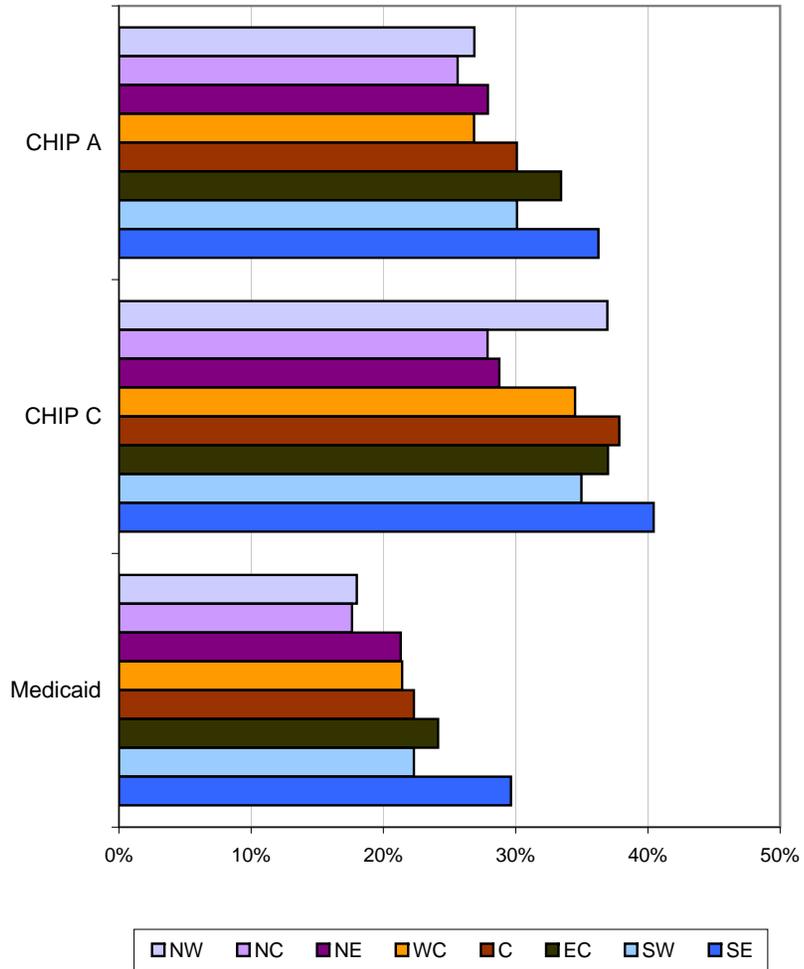
2006



Report IV.C.5(b): Percent Usage of Non-ER Outpatient Hospital Services by Region
 (Members Enrolled at least 9 Months in One MCO)

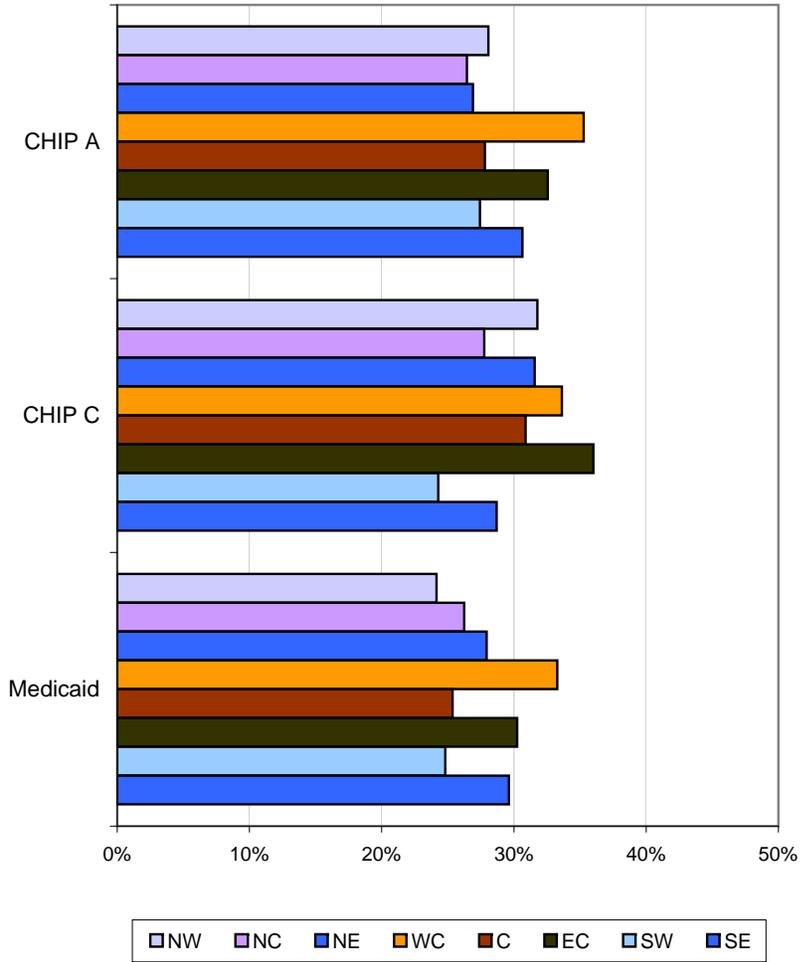
2007

2006

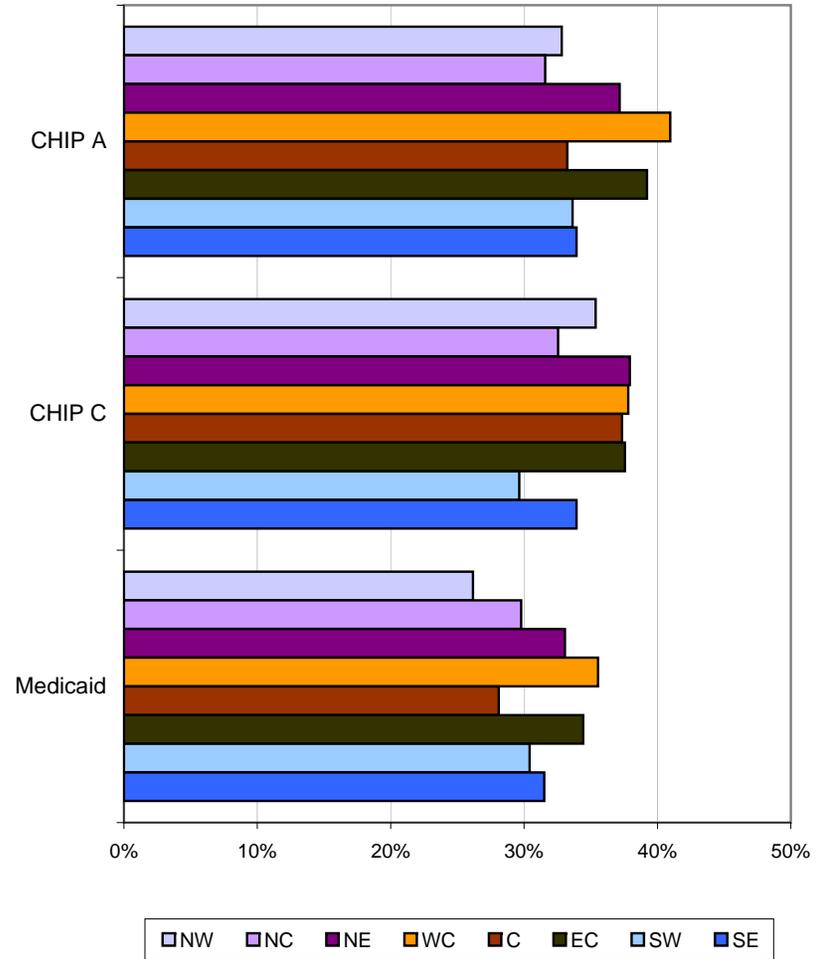


Report IV.C.5(c): Percent Usage of ER Services by Region
 (Members Enrolled at least 9 Months in One MCO)

2007

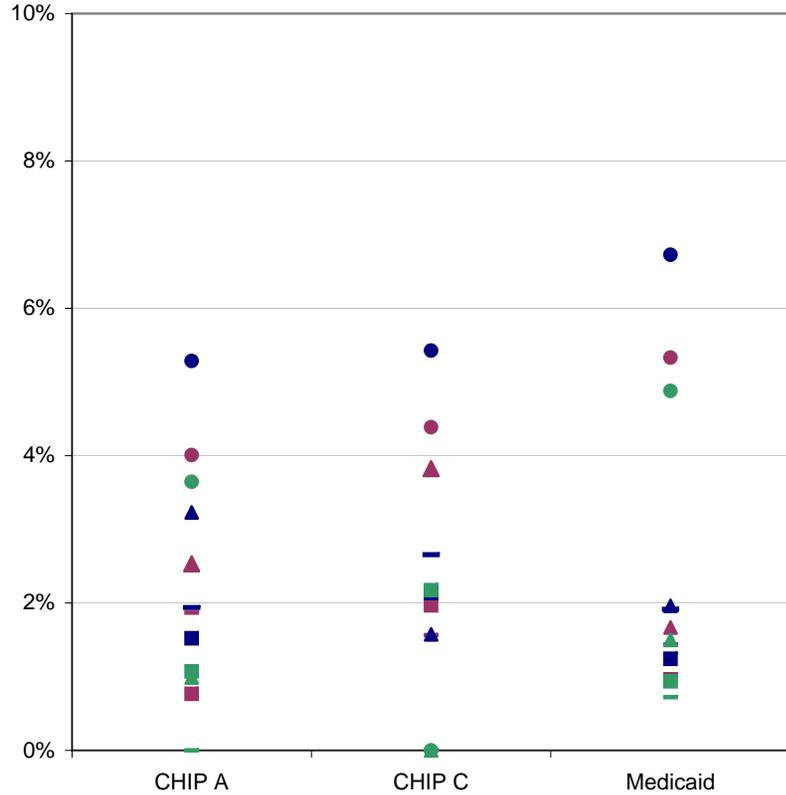


2006

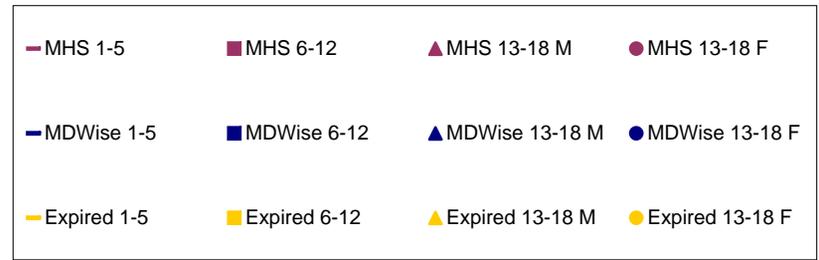
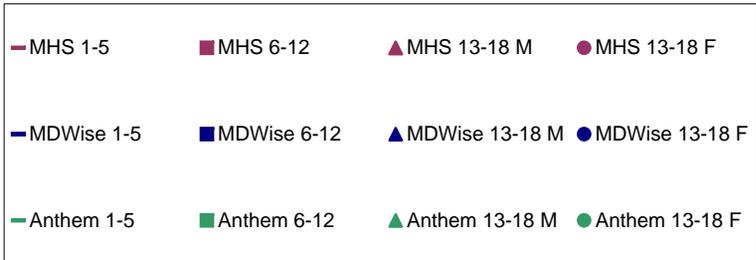
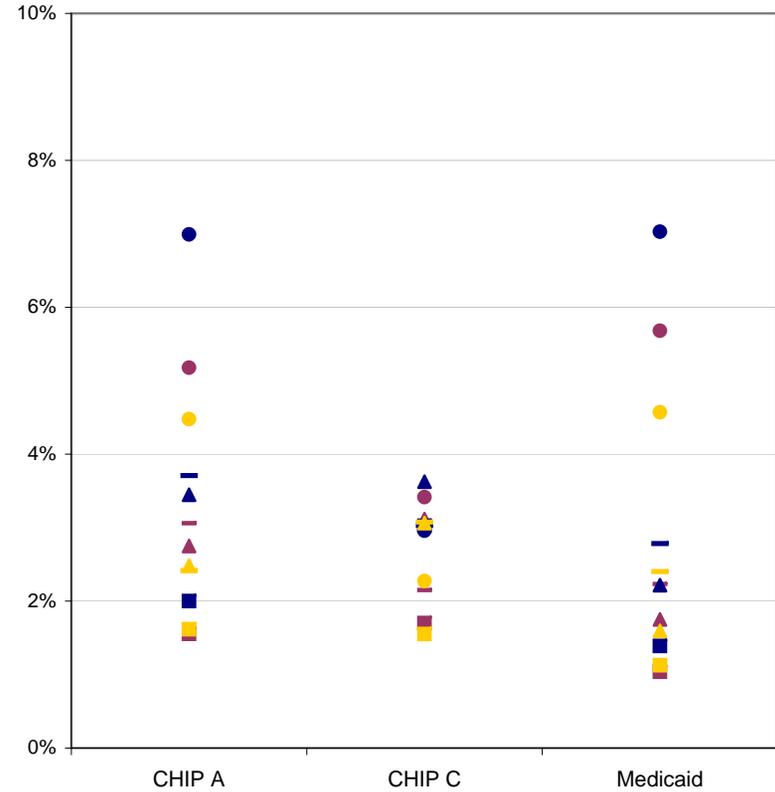


Report IV.C.6(a): Percent Usage of Inpatient Hospital Services by MCO and Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

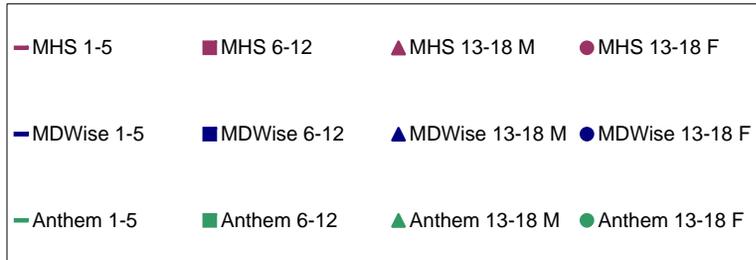
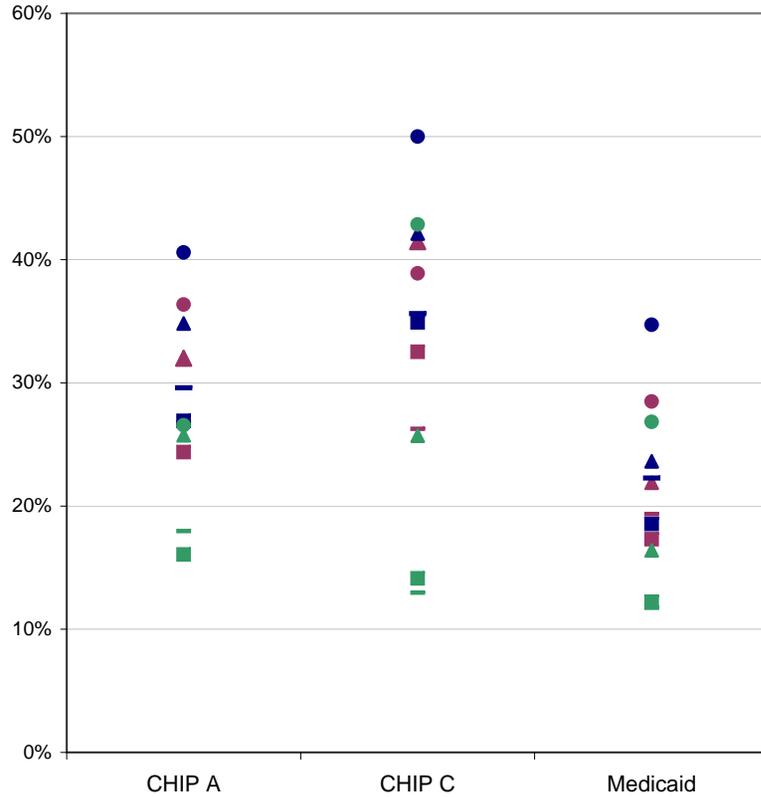


2006

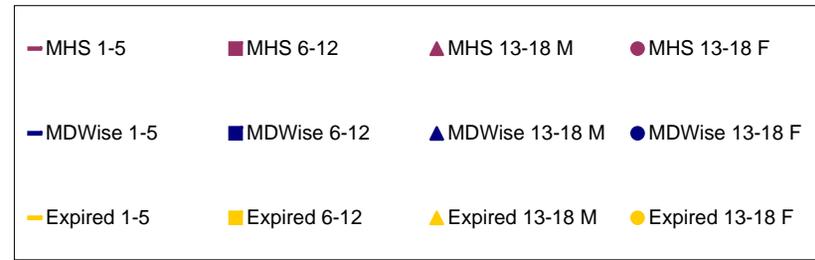
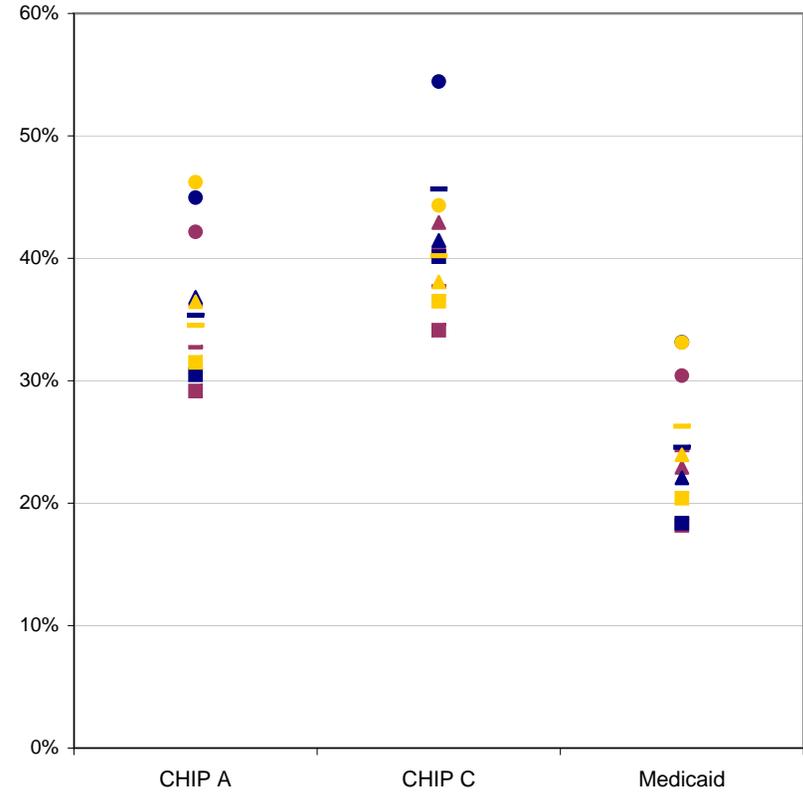


Report IV.C.6(b): Percent Usage of Non-ER Outpatient Hospital Services by MCO and Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

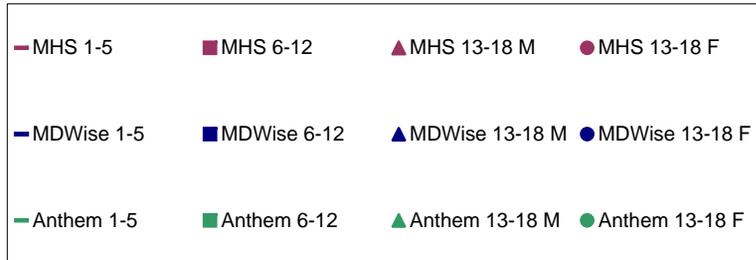
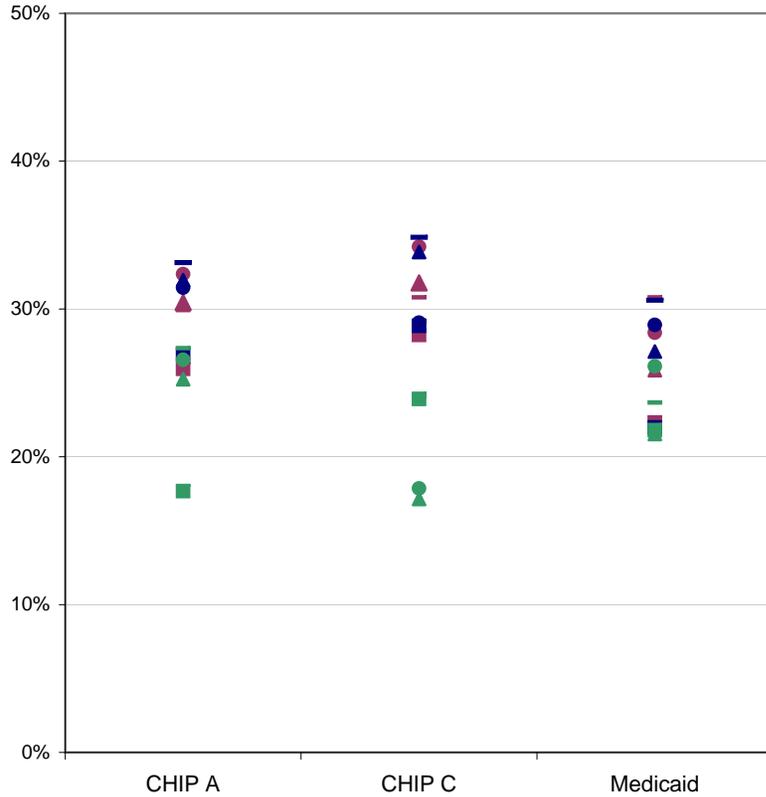


2006

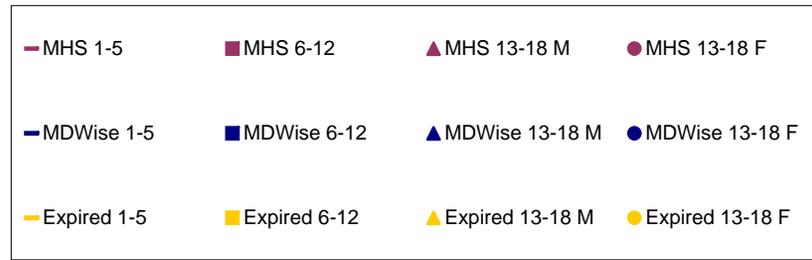
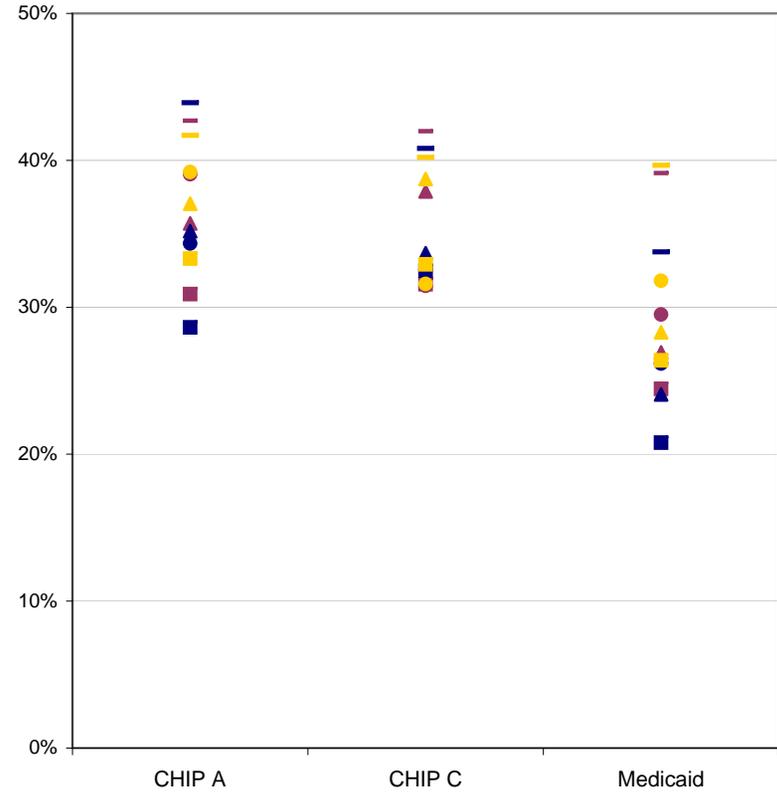


Report IV.C.6(c): Percent Usage of ER Services by MCO and Age Group
 (Members Enrolled at least 9 Months in an One)

2007

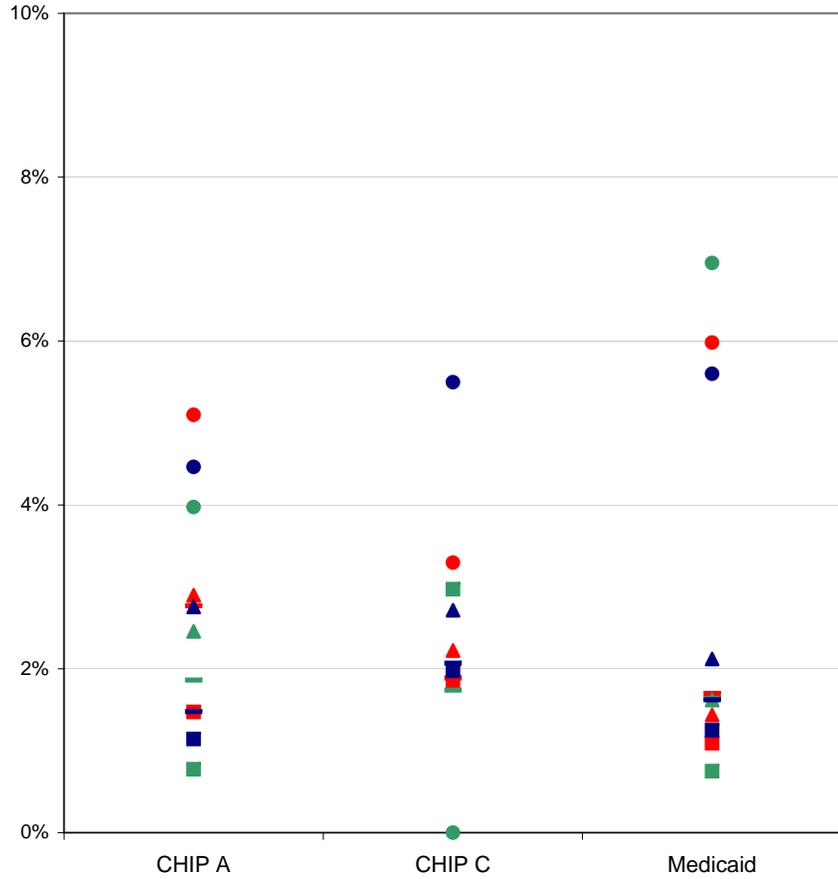


2006

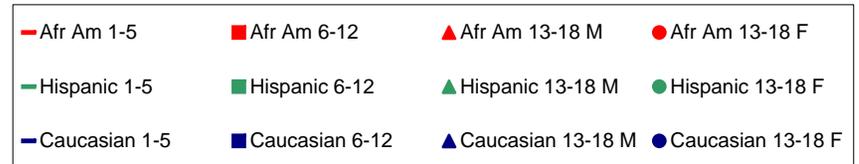
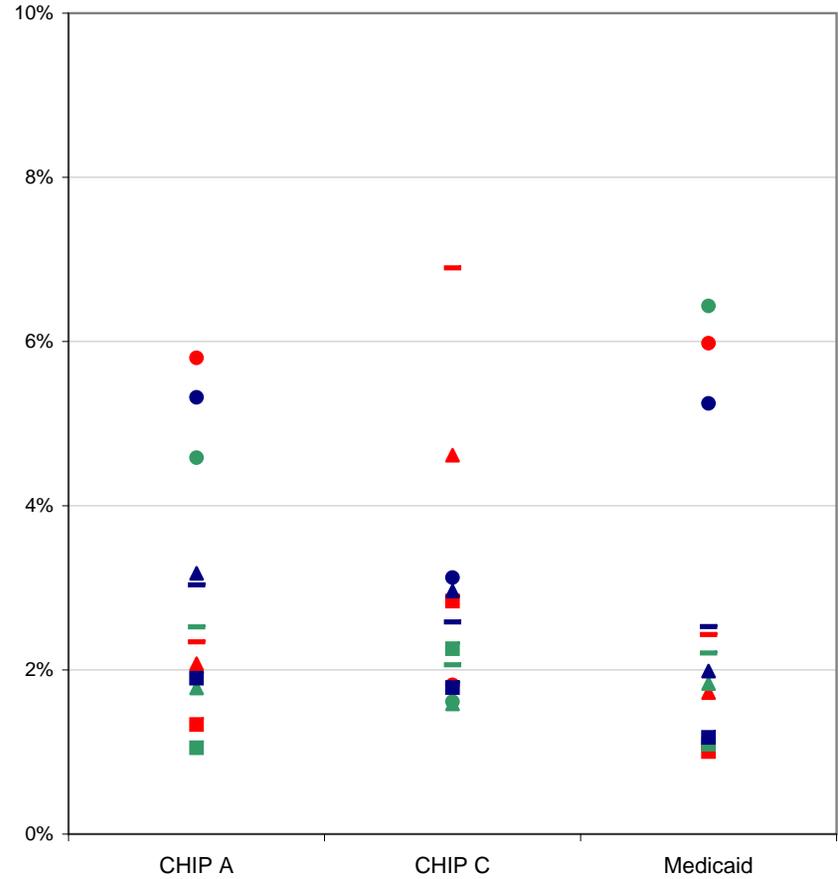


Report IV.C.7(a): Percent Usage of Inpatient Hospital Services by Race and Age Group
 (Members Enrolled at least 9 Months in One MCO)

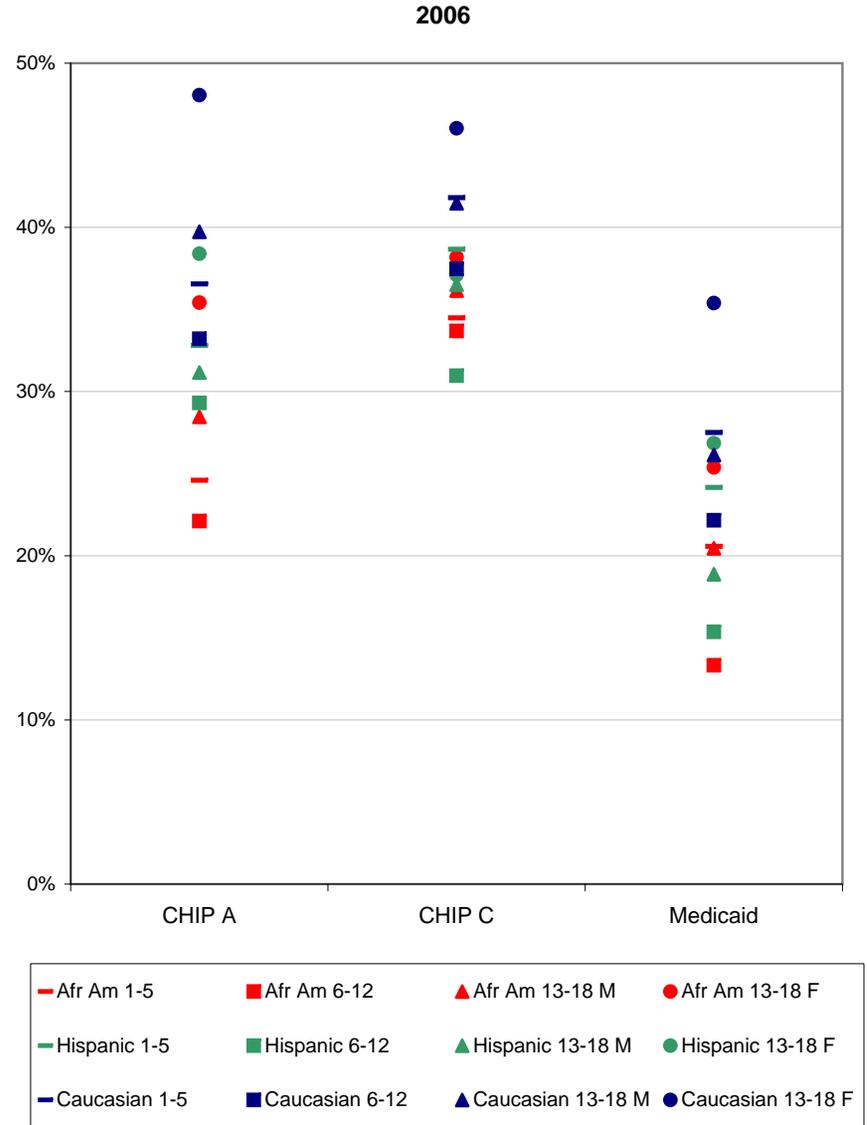
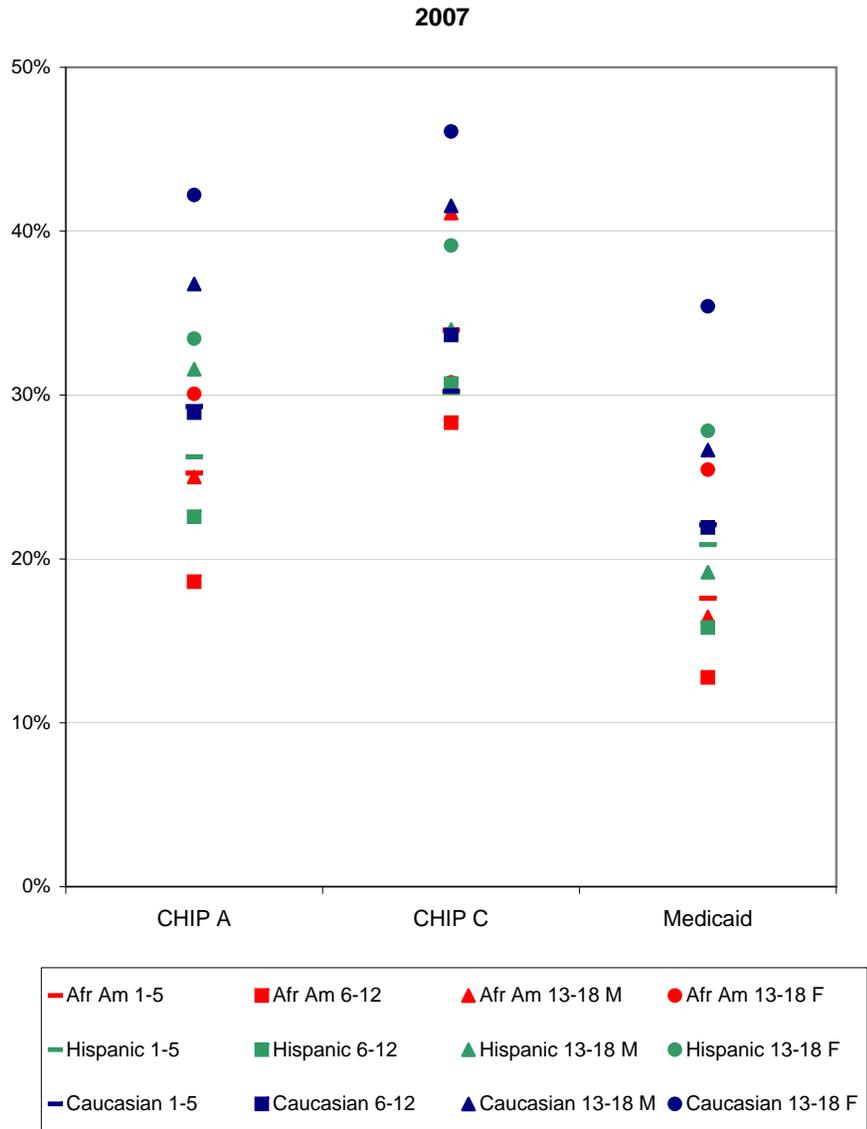
2007



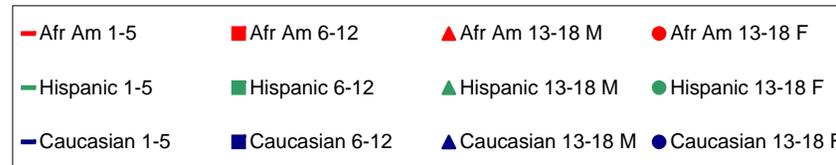
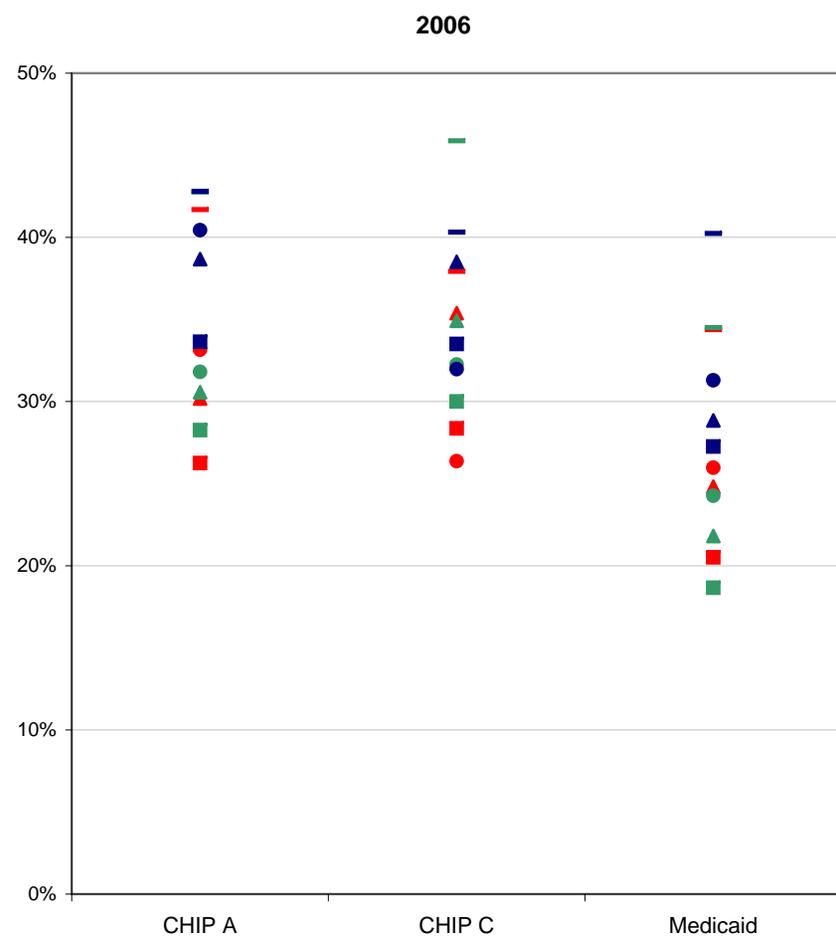
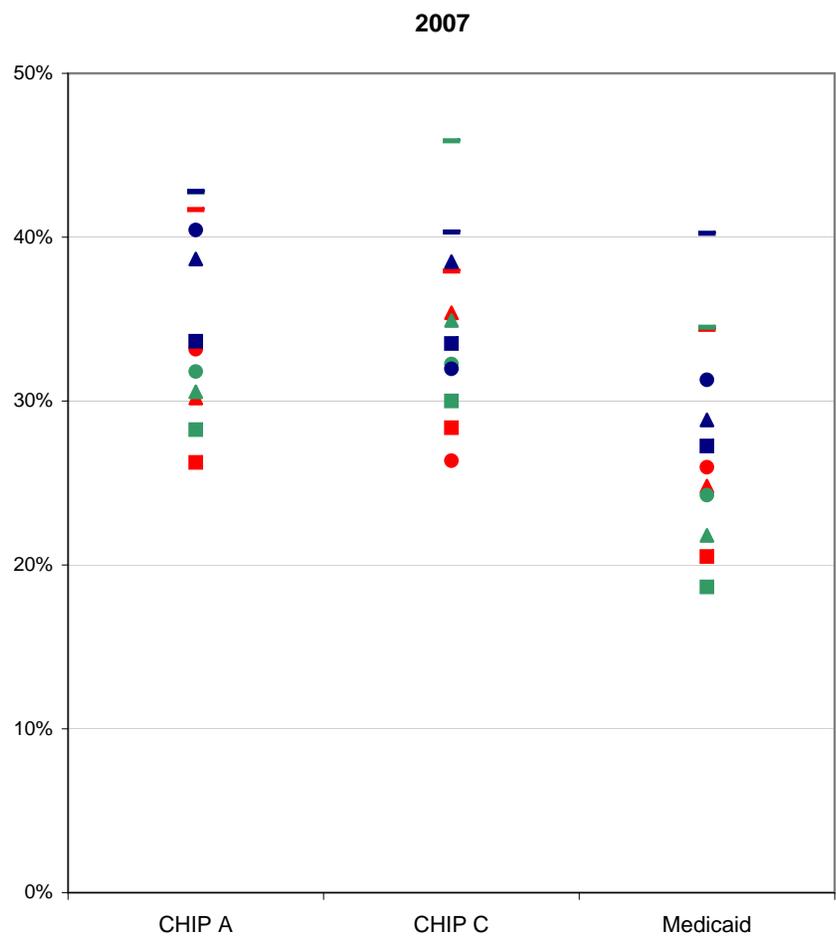
2006



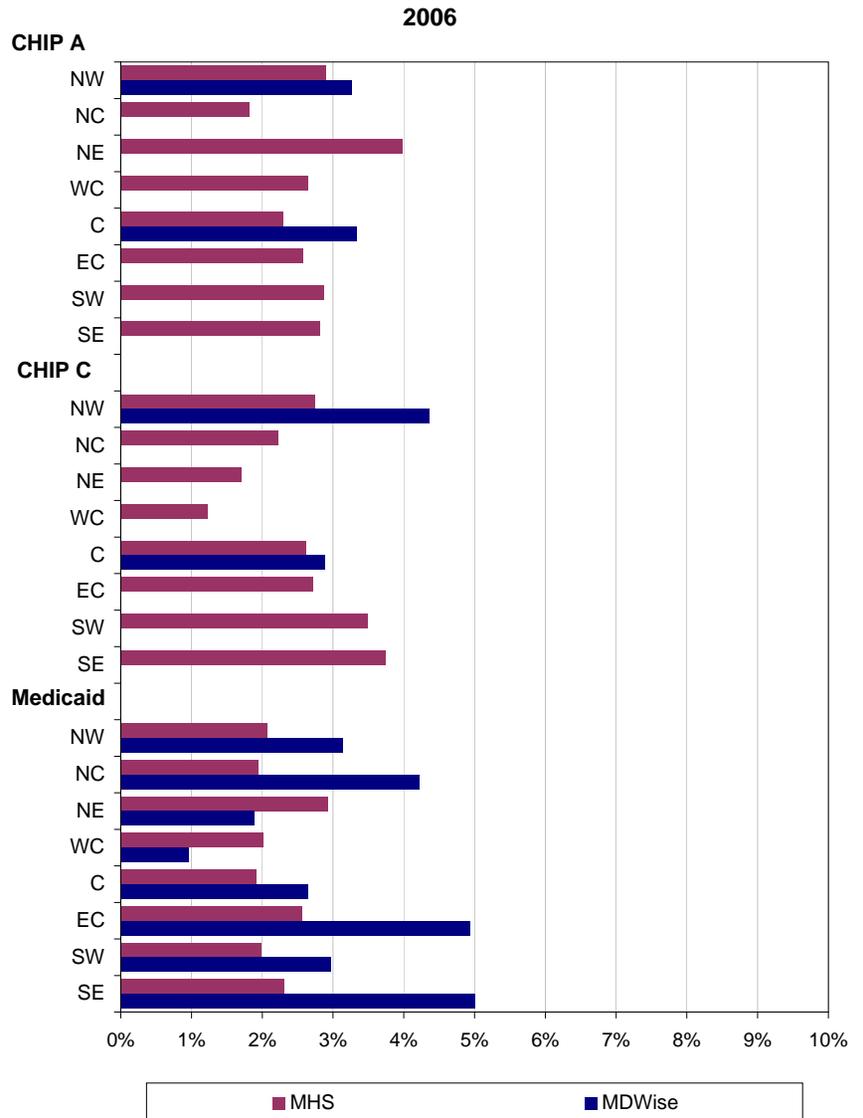
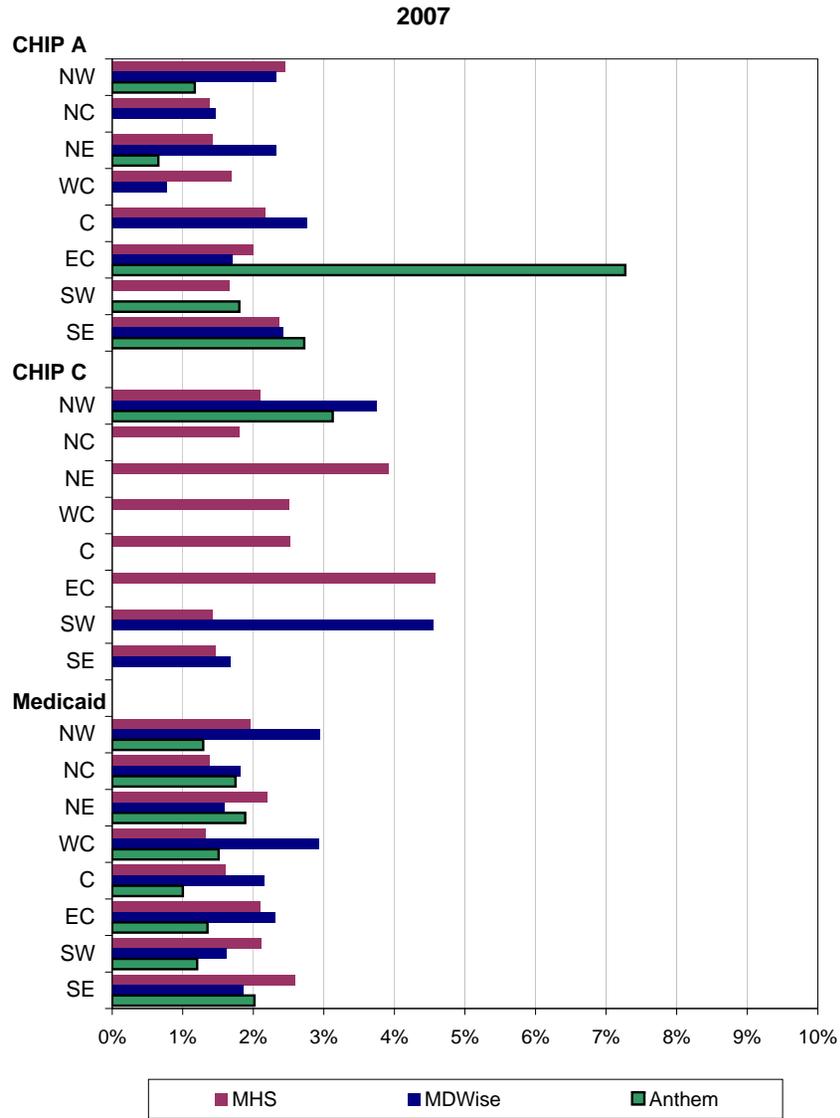
Report IV.C.7(b): Percent Usage of Non-ER Outpatient Hospital Services by Race and Age Group
(Members Enrolled at least 9 Months in One MCO)



Report IV.C.7(c): Percent Usage of ER Services by Race and Age Group
(Members Enrolled at least 9 Months in One MCO)

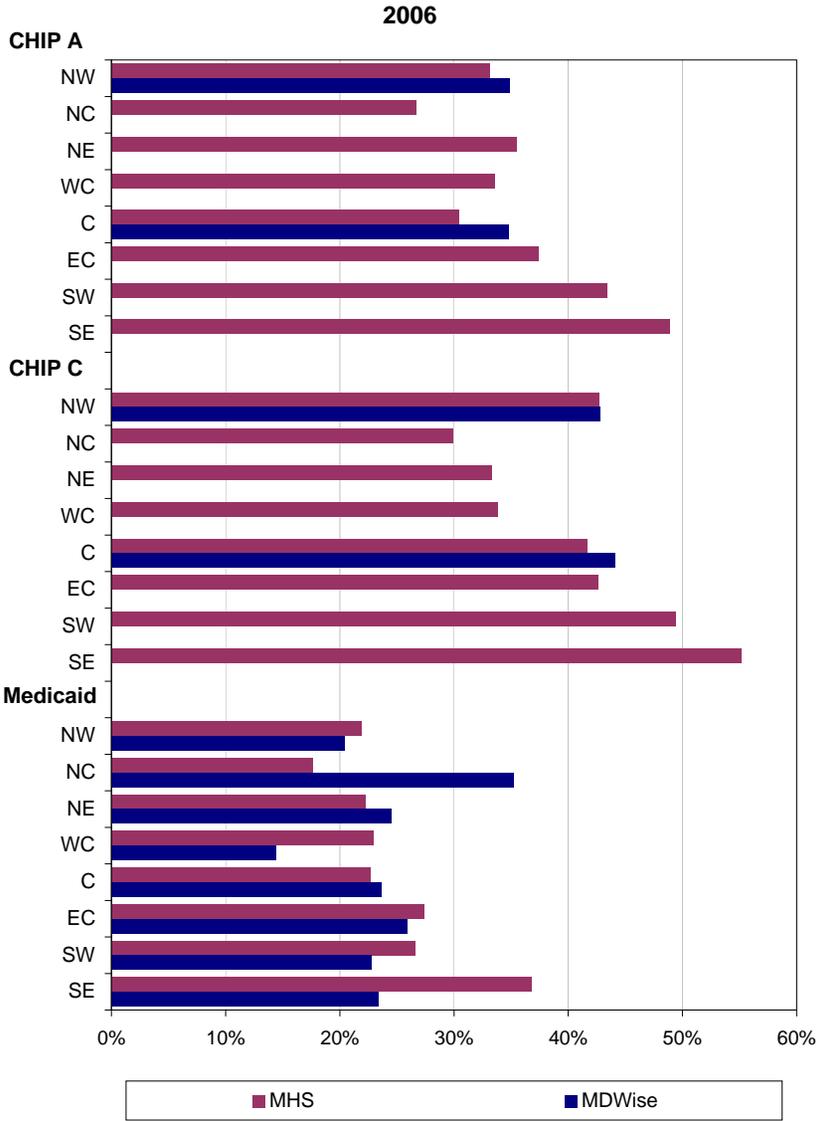
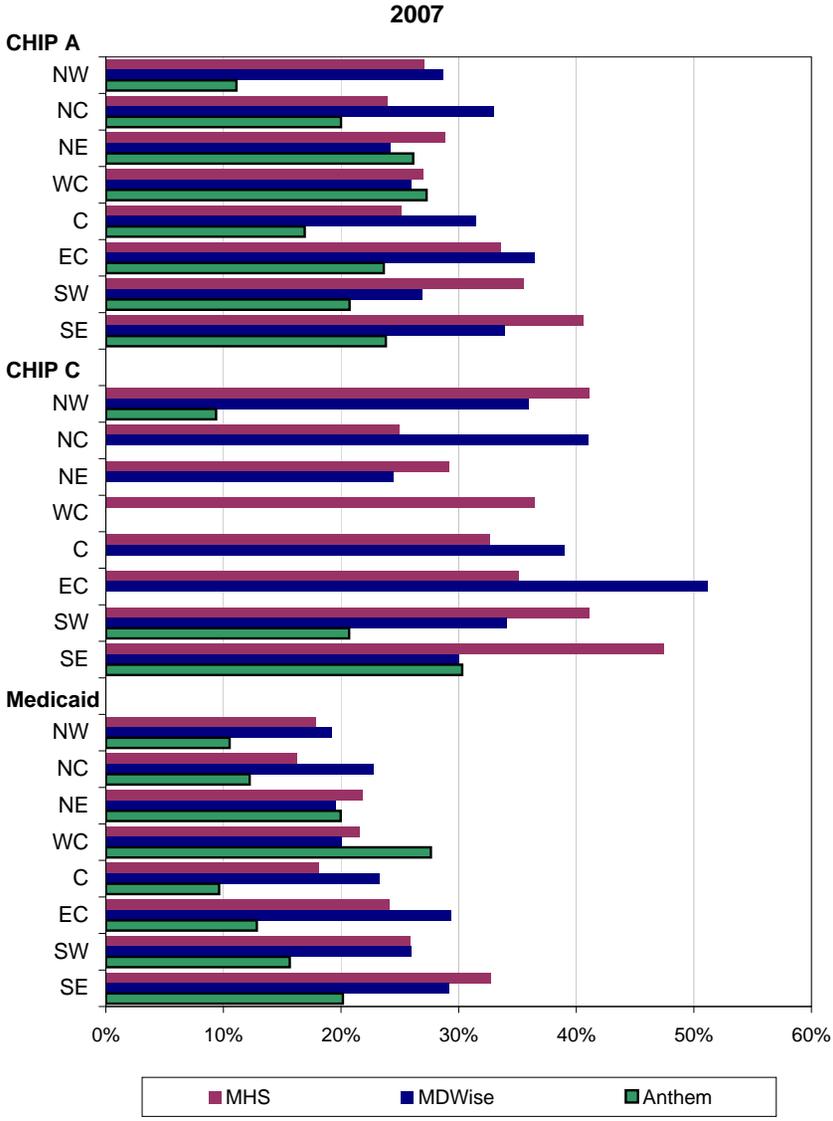


Report IV.C.8(a): Percent Usage of Inpatient Hospital Services by Region and MCO
 (Members Enrolled at least 9 Months in One MCO)



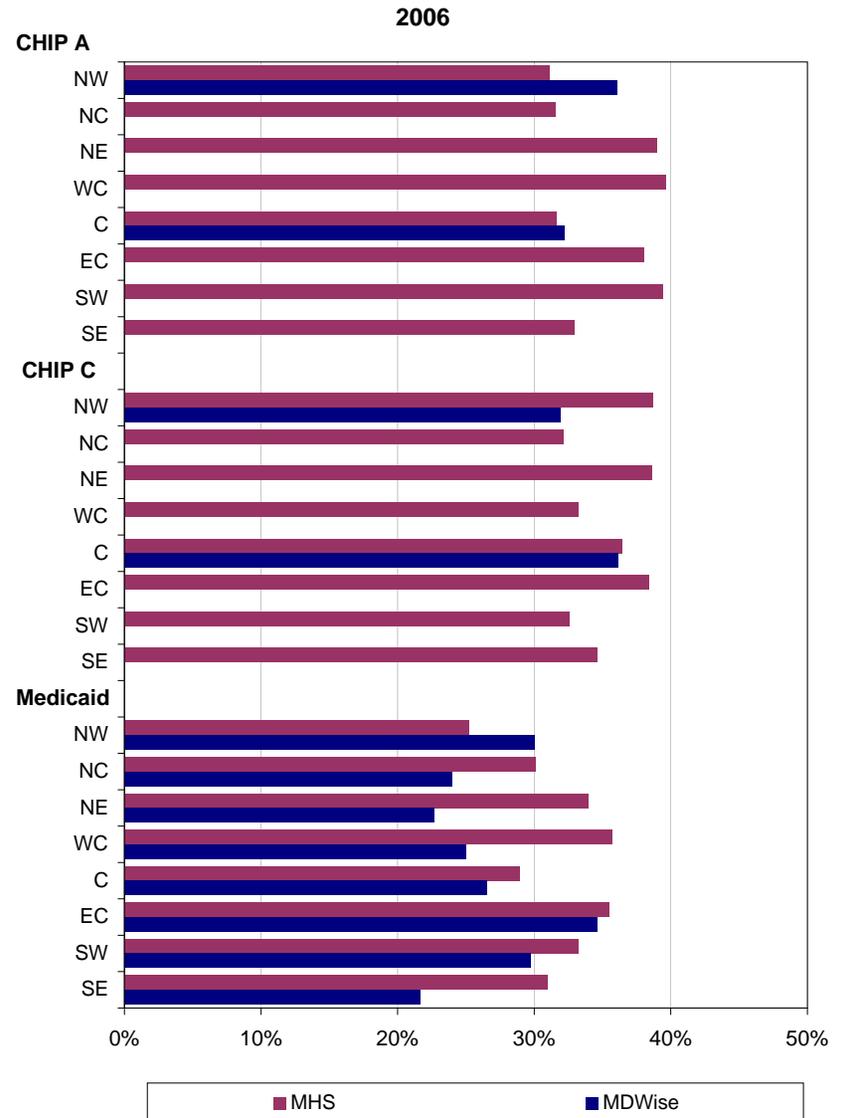
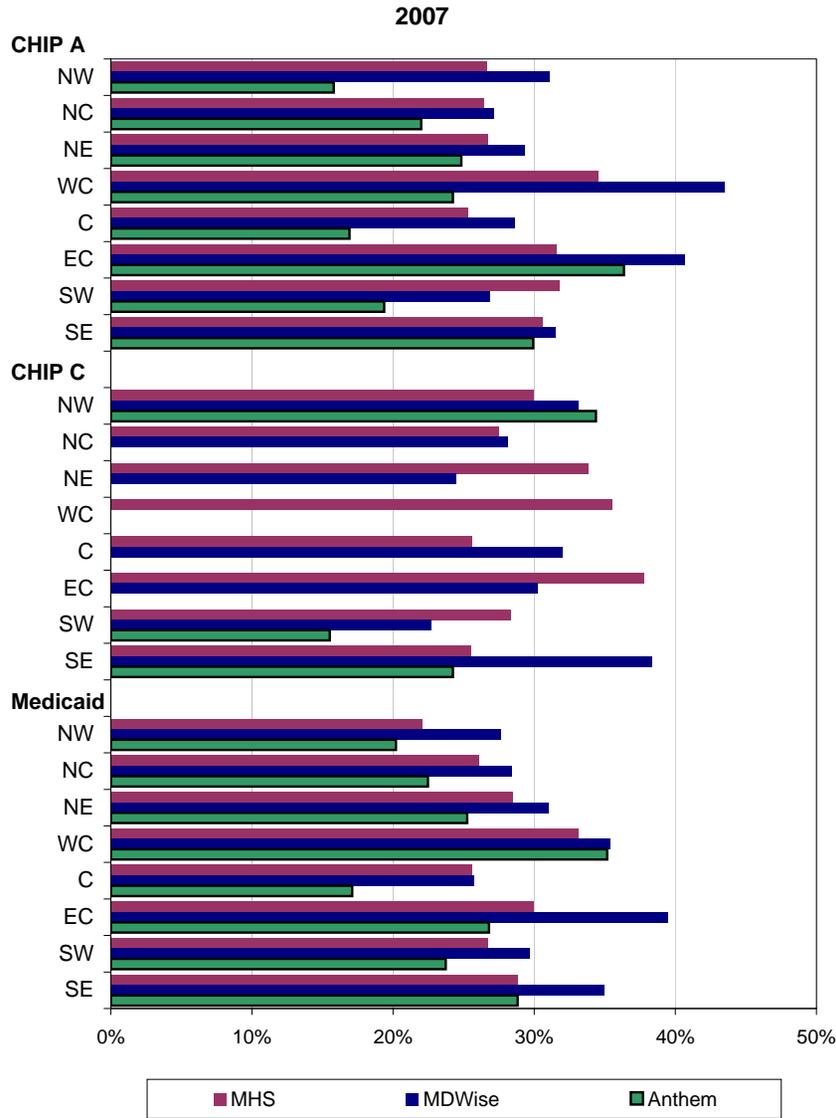
Subgroups with fewer than 30 members have been excluded from the analysis as results may be unreliable.

Report IV.C.8(b): Percent Usage of Non-ER Outpatient Hospital Services by Region and MCO
(Members Enrolled at least 9 Months in One MCO)



Subgroups with fewer than 30 members have been excluded from the analysis as results may be unreliable.

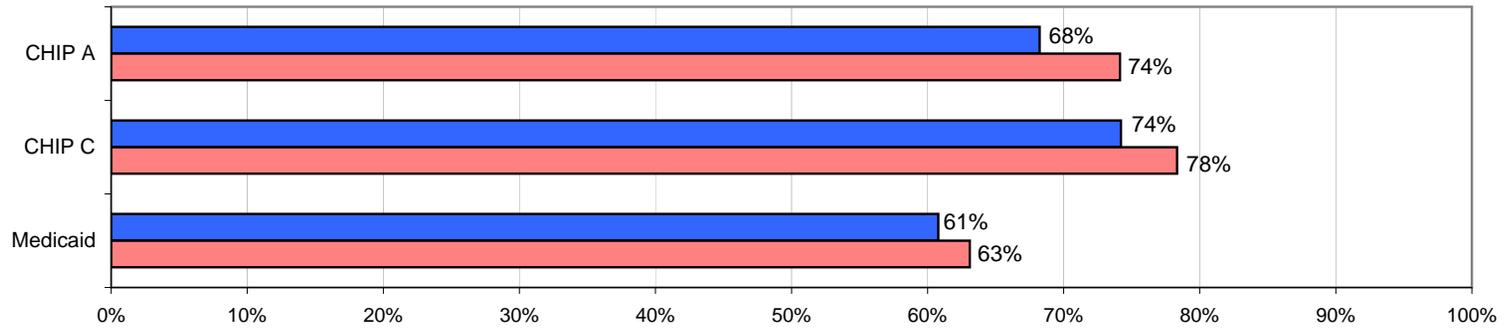
Report IV.C.8(c): Percent Usage of ER Services by Region and MCO
 (Members Enrolled at least 9 Months in One MCO)



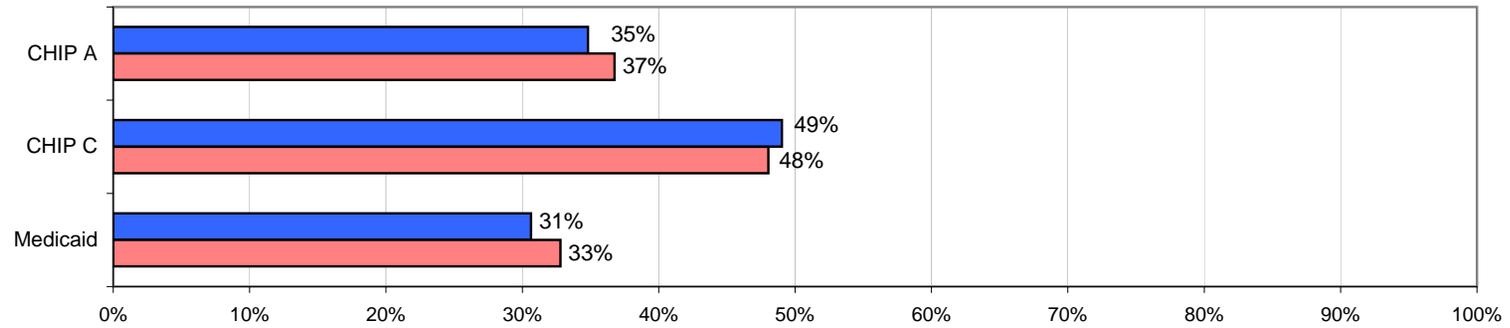
Subgroups with fewer than 30 members have been excluded from the analysis as results may be unreliable.

**Report IV.D.1:
Percent Usage of Services by Members Enrolled
at least 9 Months in One MCO**

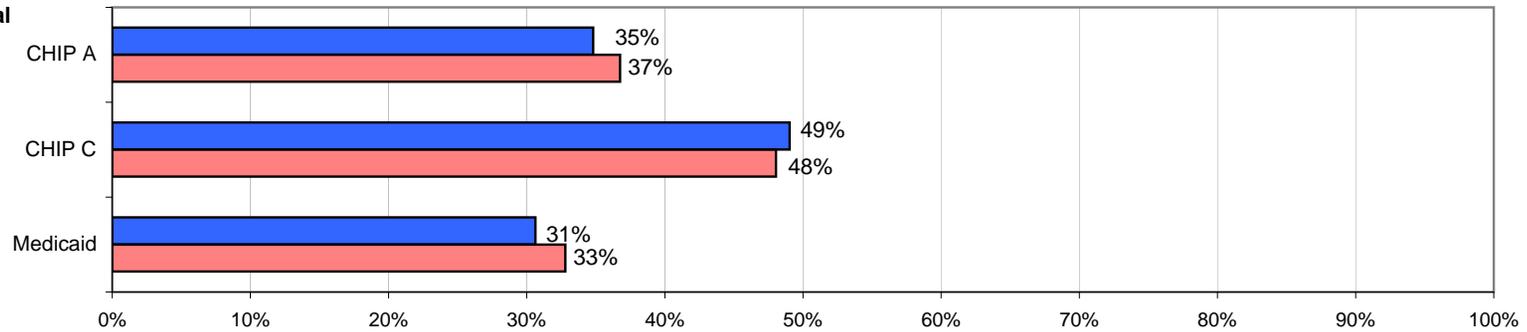
Prescriptions



EPSDT



Dental

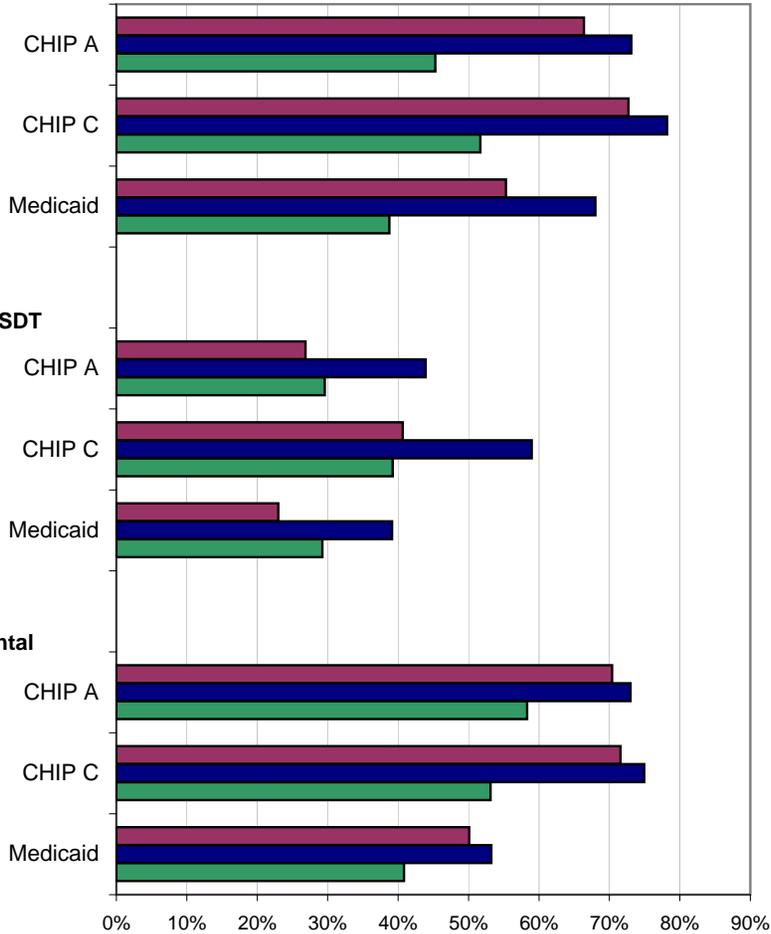


■ CY 2007 ■ CY 2006

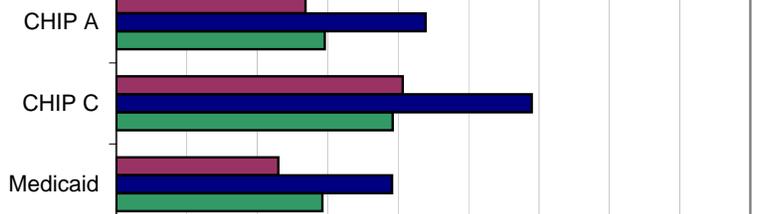
Report IV.D.2: Percent Usage of Prescription, EPSDT, and Dental Services by MCO
(Members Enrolled at least 9 Months in One MCO)

2007

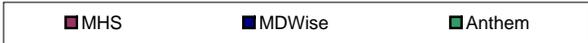
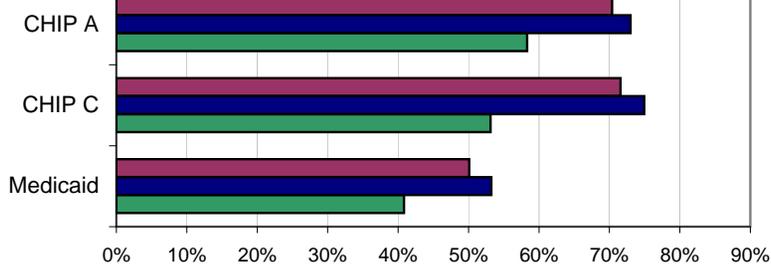
Prescriptions



EPSDT

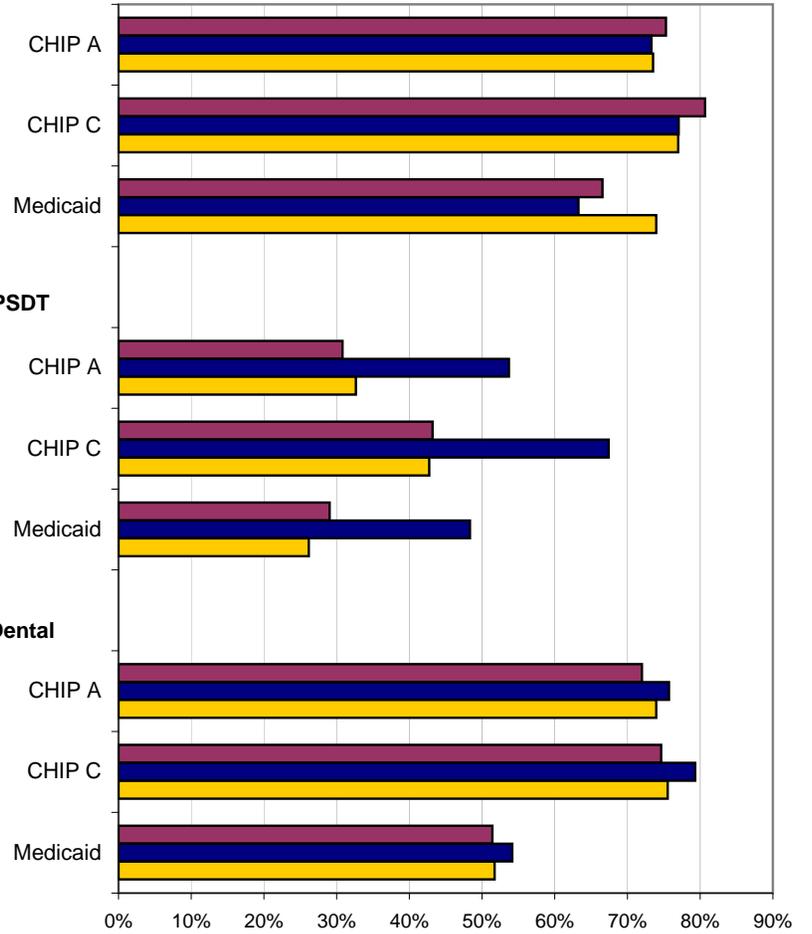


Dental

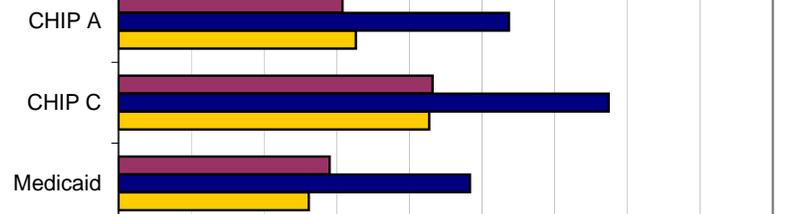


2006

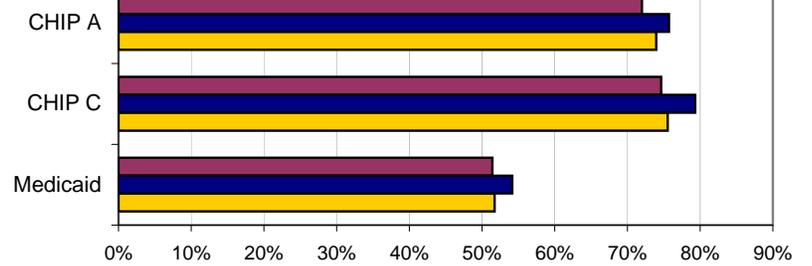
Prescriptions



EPSDT



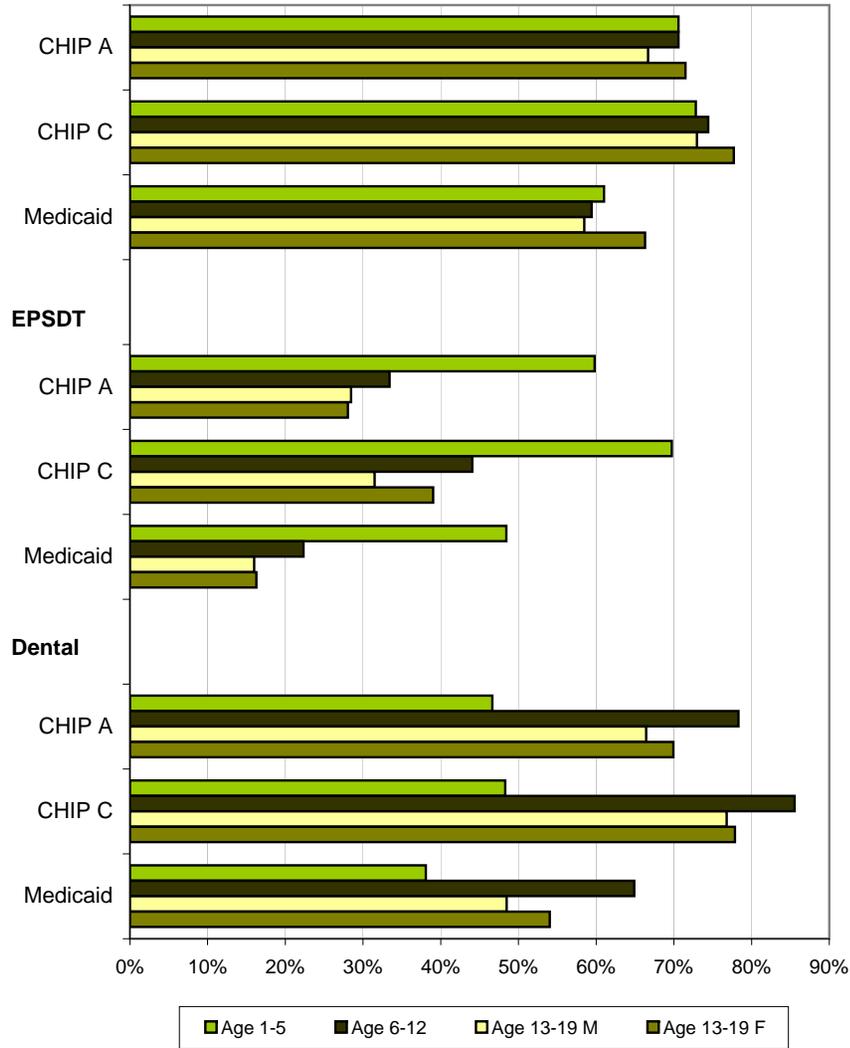
Dental



Report IV.D.3: Percent Usage of Prescription, EPSDT, and Dental Services by Age Group
 (Members Enrolled at least 9 Months in One MCO)

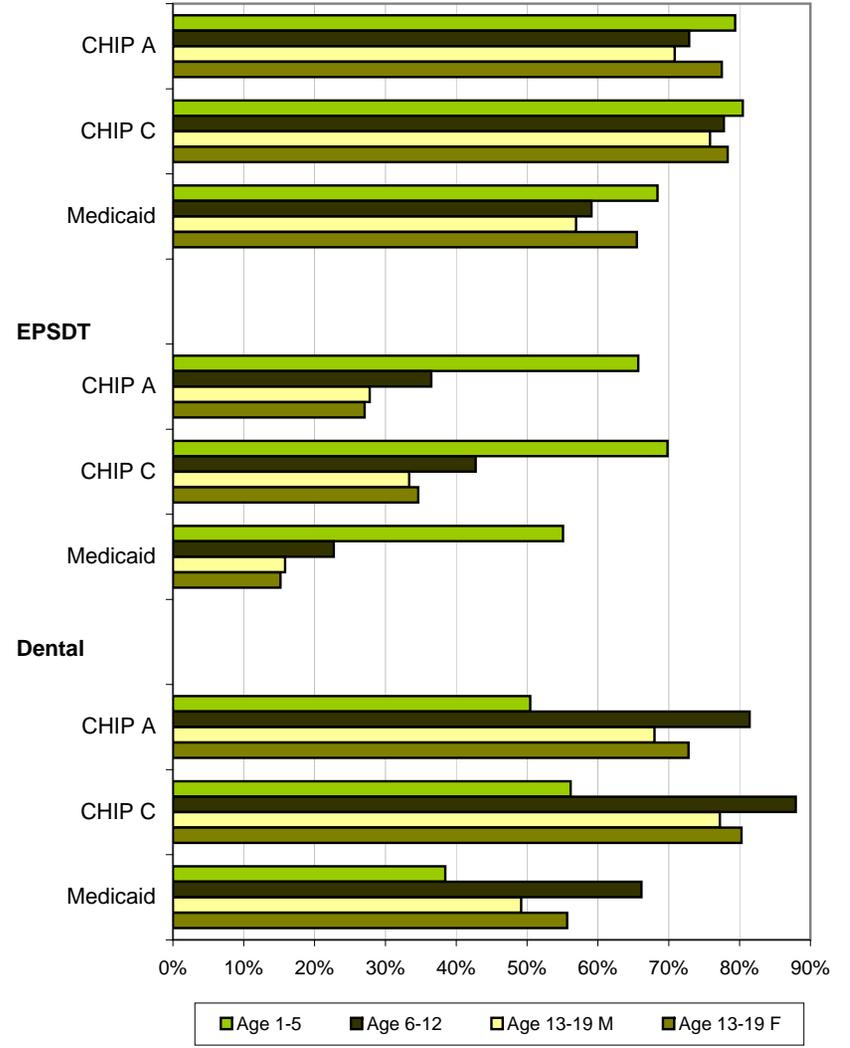
2007

Prescriptions



2006

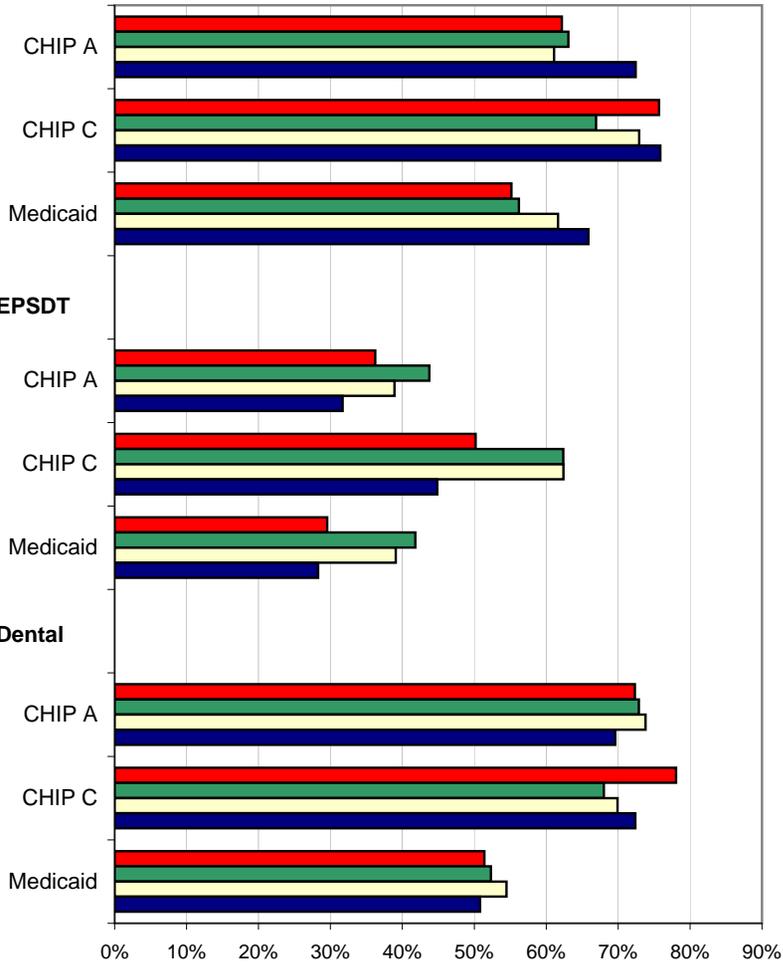
Prescriptions



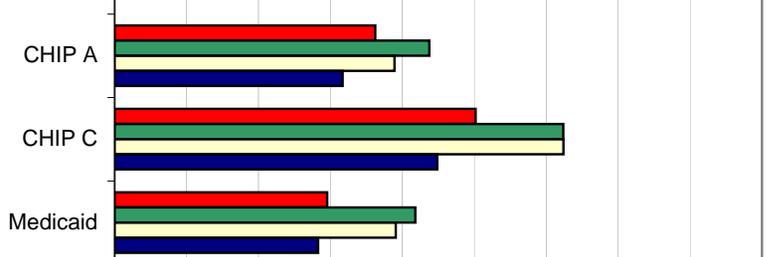
Report IV.D.4: Percent Usage of Prescription, EPSDT, and Dental Services by Race/Ethnicity
(Members Enrolled at least 9 Months in One MCO)

2007

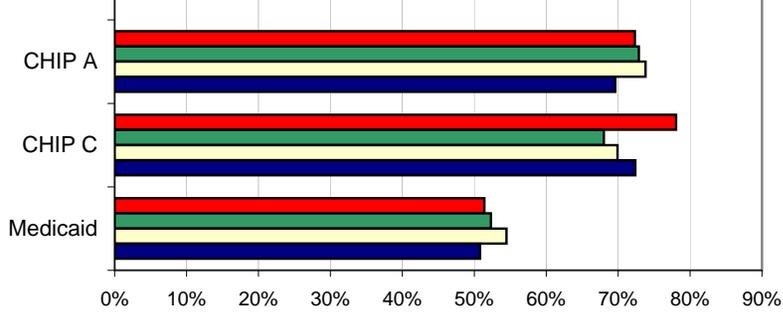
Prescriptions



EPSDT



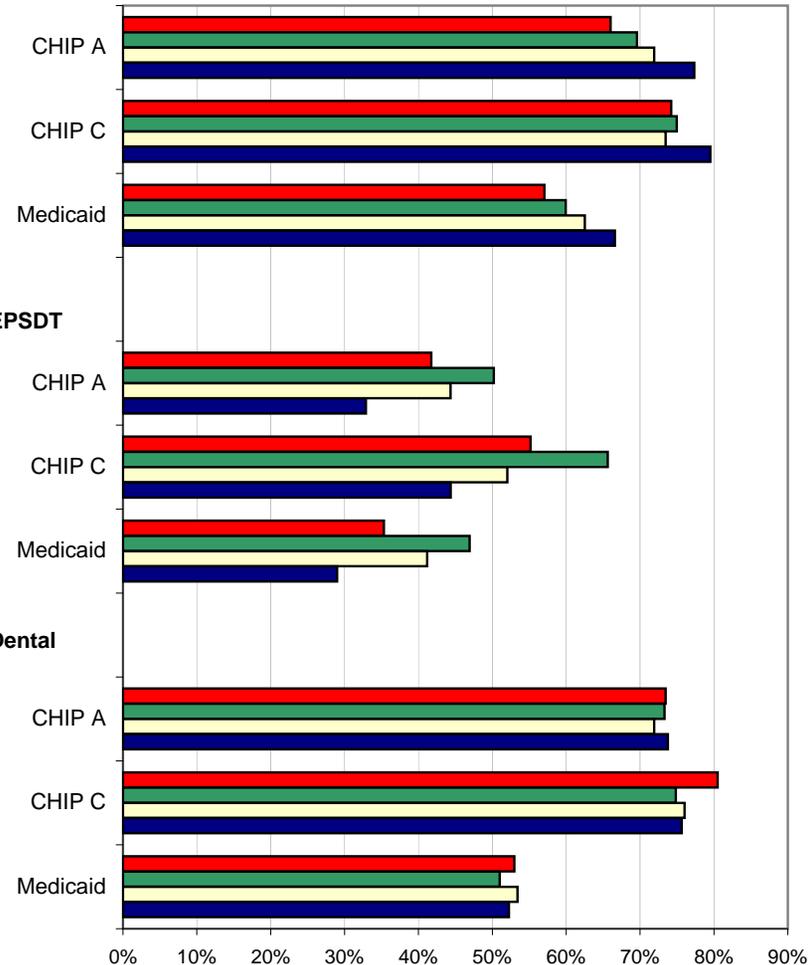
Dental



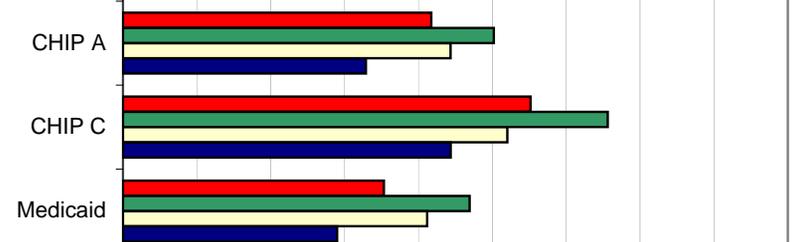
■ African Am
 ■ Hispanic
 ■ Other
 ■ Caucasian

2006

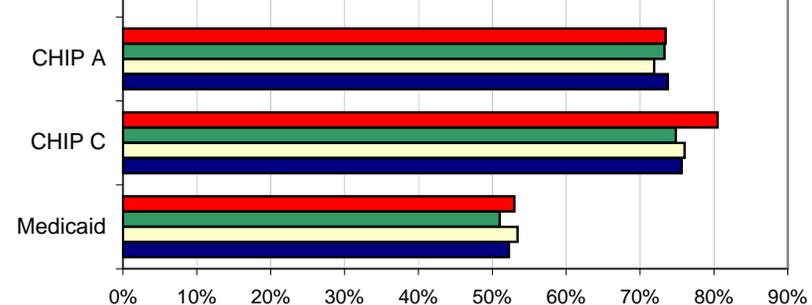
Prescriptions



EPSDT



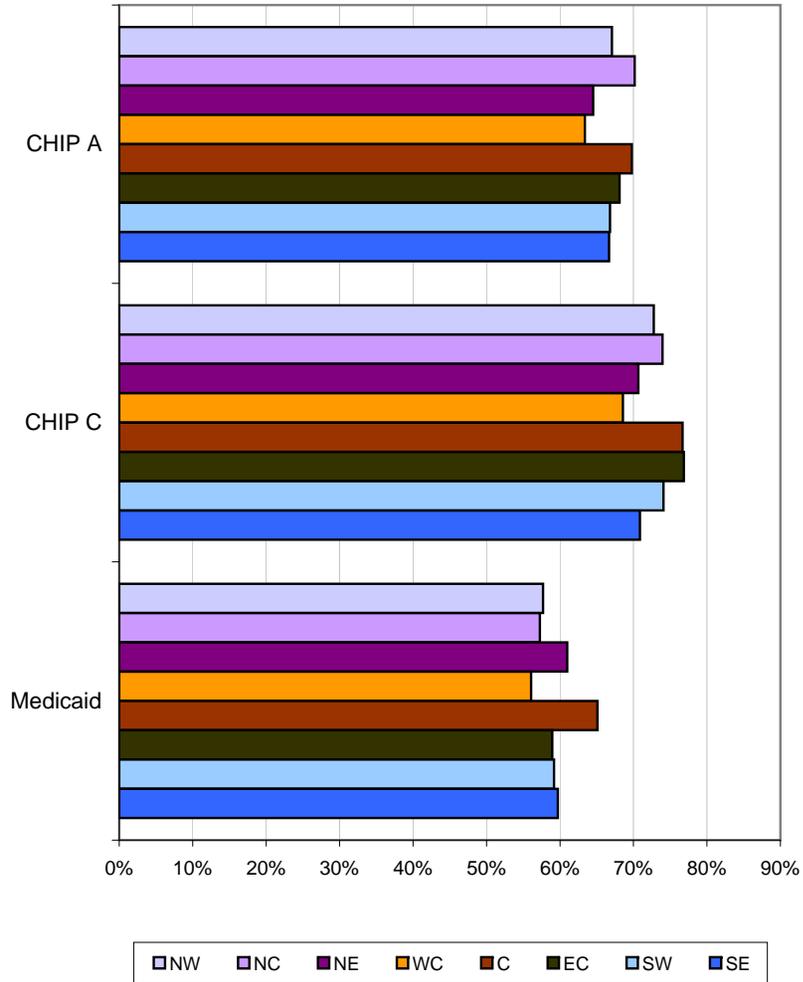
Dental



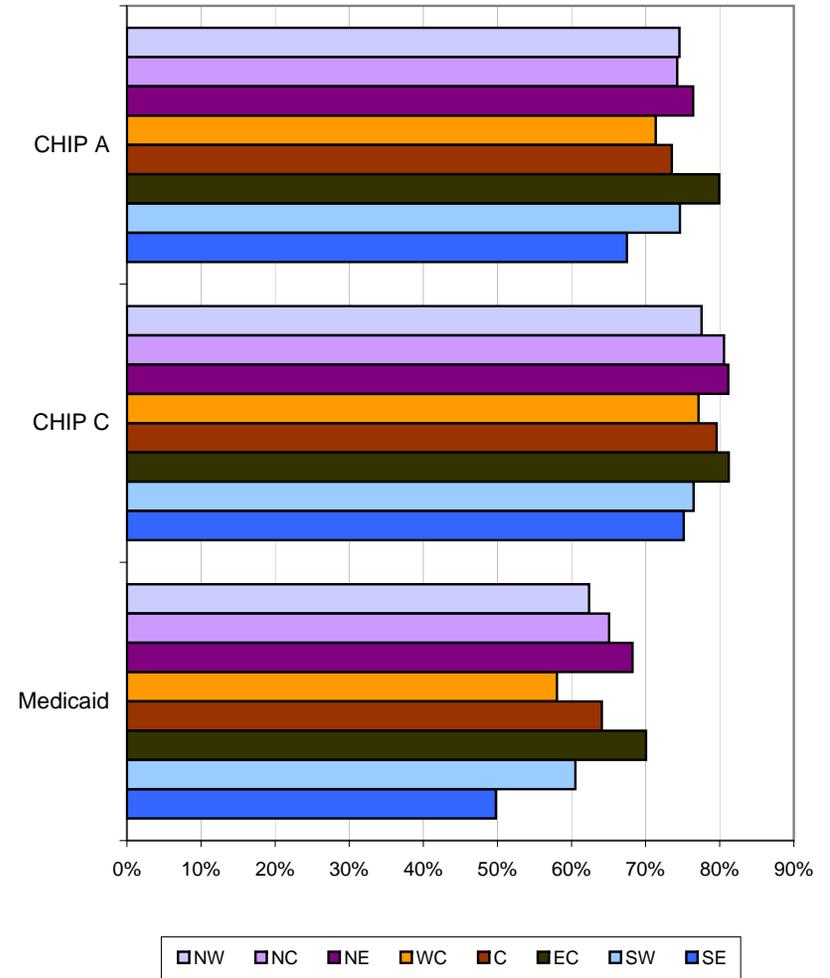
■ African Am
 ■ Hispanic
 ■ Other
 ■ Caucasian

Report IV.D.5(a): Percent Usage of Prescription Services by Region
 (Members Enrolled at least 9 Months in One MCO)

2007

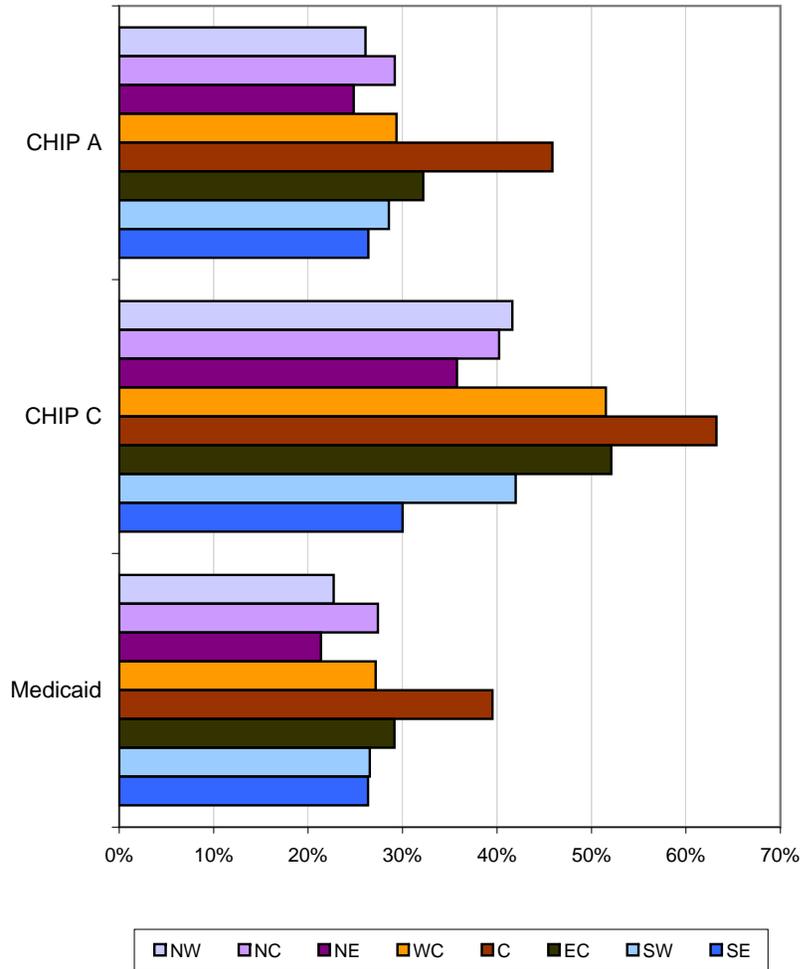


2006

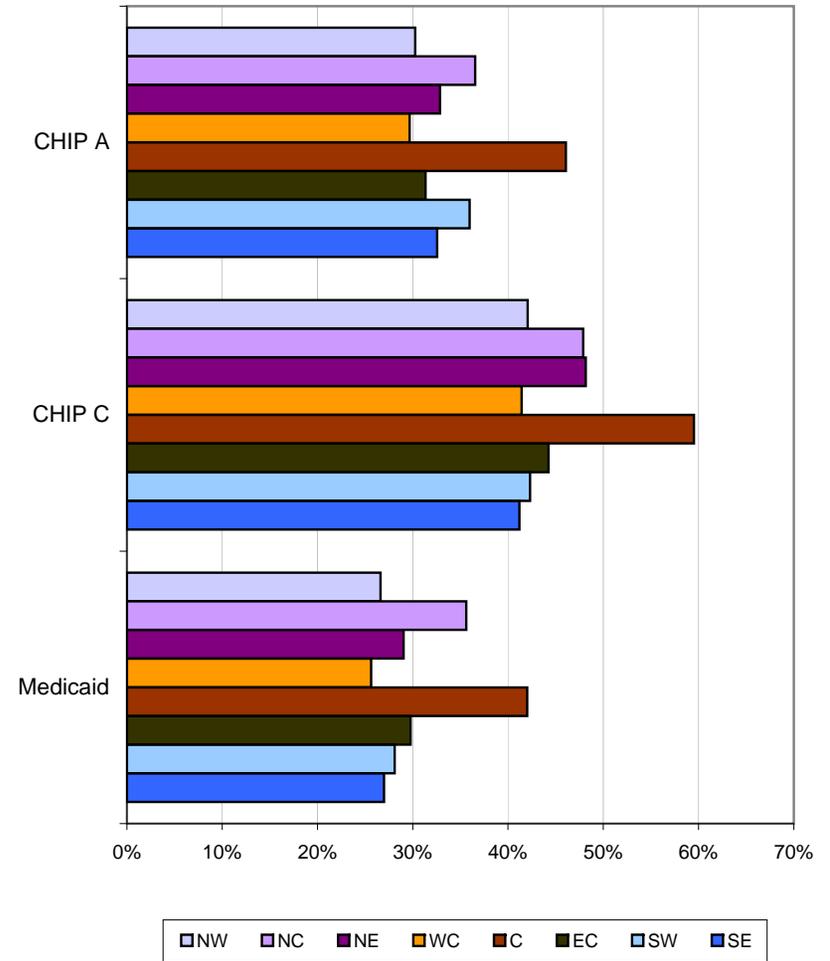


Report IV.D.5(b): Percent Usage of EPSDT Services by Region
(Members Enrolled at least 9 Months in One MCO)

2007



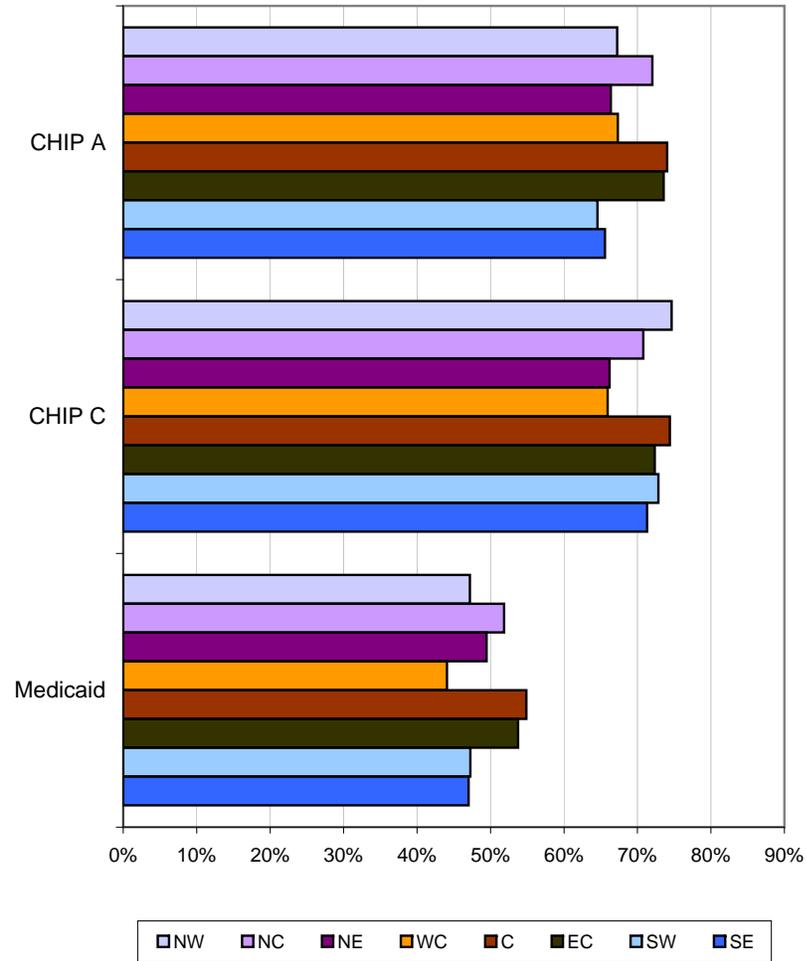
2006



Report IV.D.5(c): Percent Usage of Preventive Dental Services by Region
 (Members Enrolled at least 9 Months in One MCO)

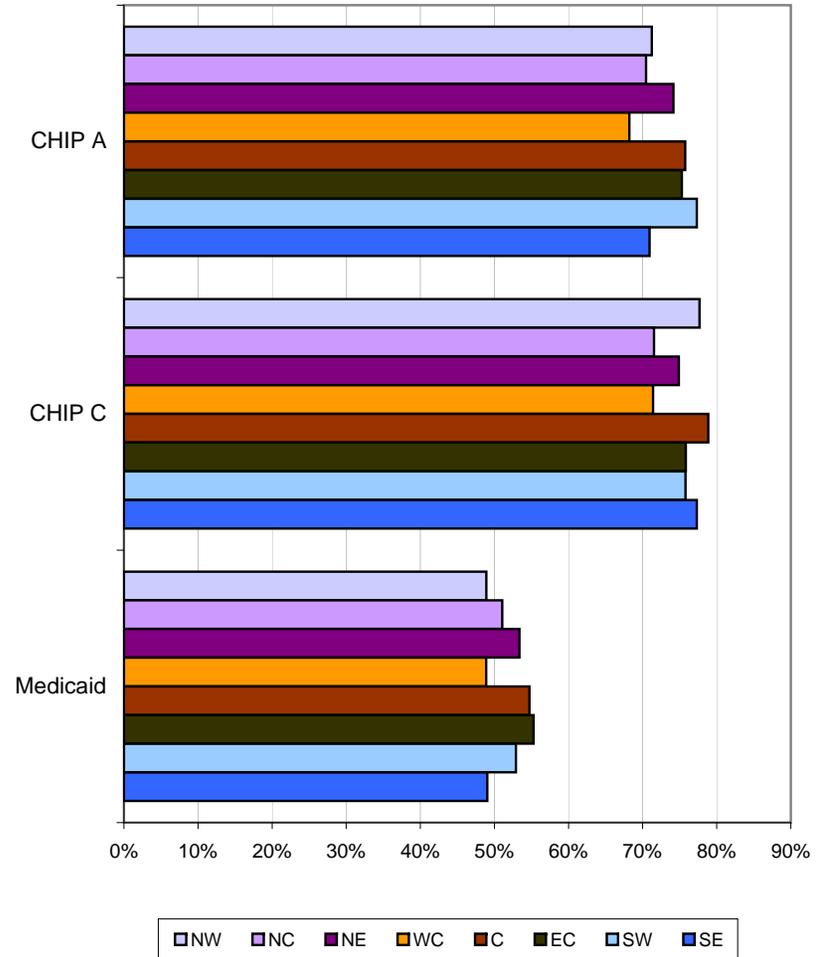
2007

Dental



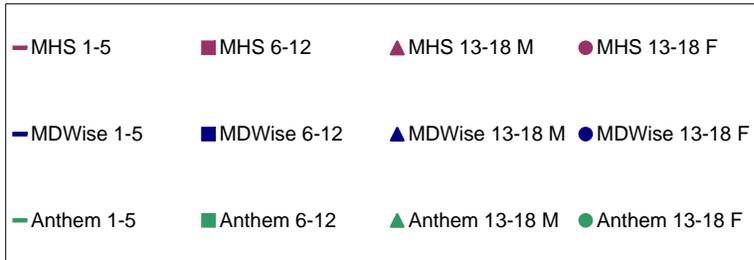
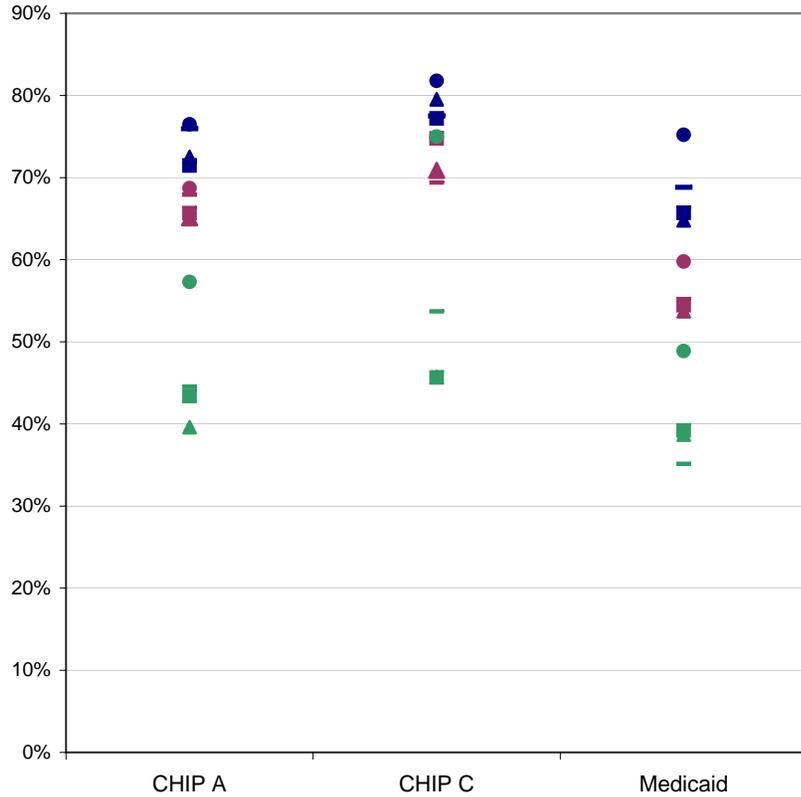
2006

Dental

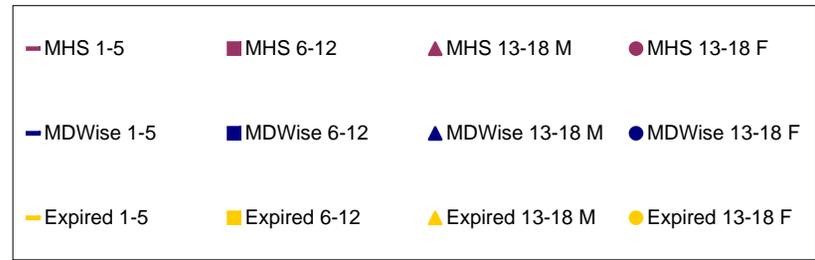
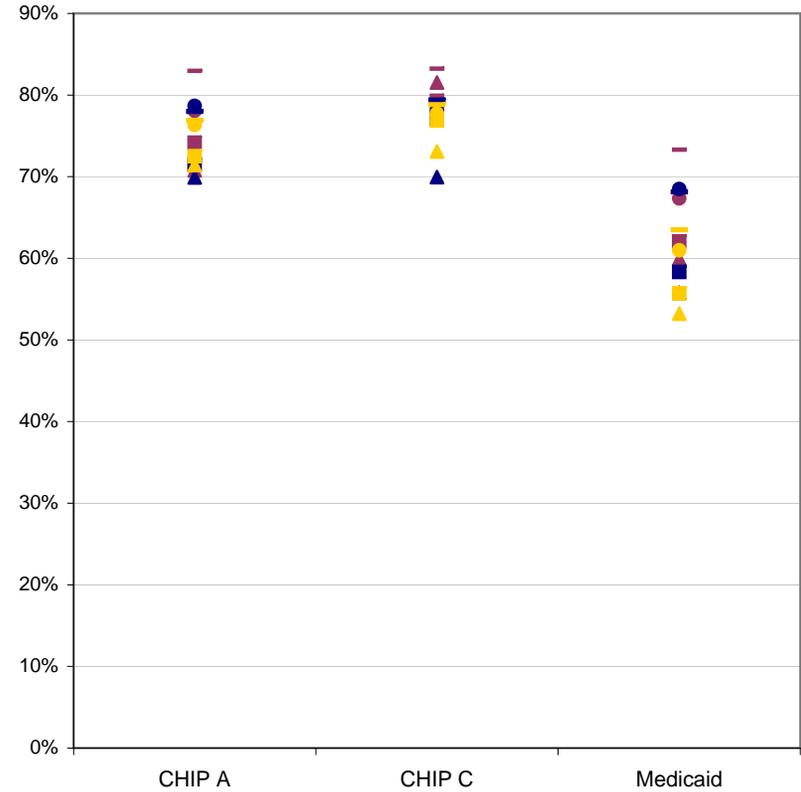


Report IV.D.6(a): Percent Usage of Prescription Services by MCO and Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

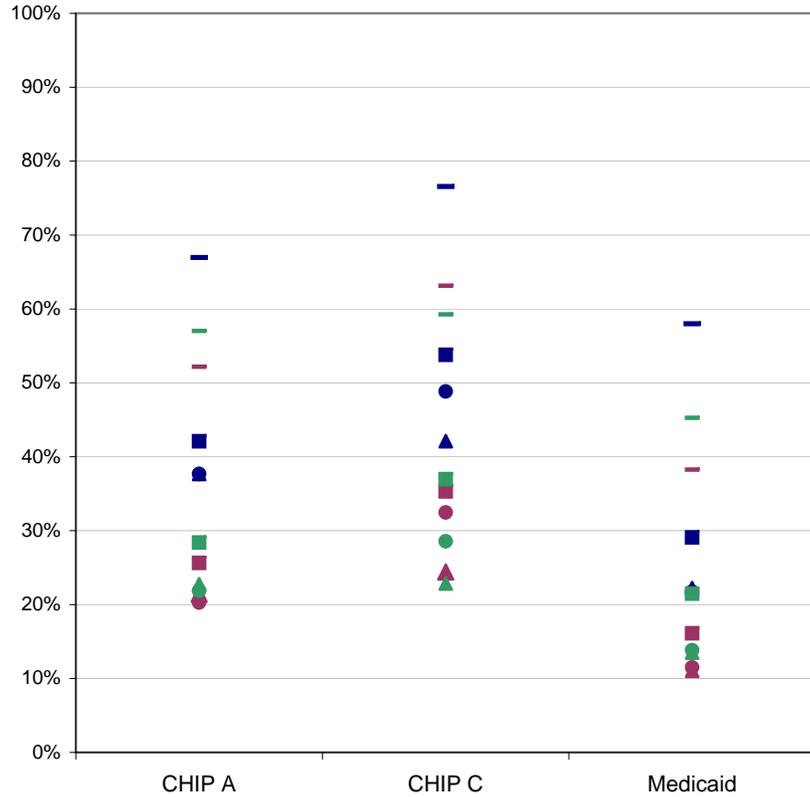


2006

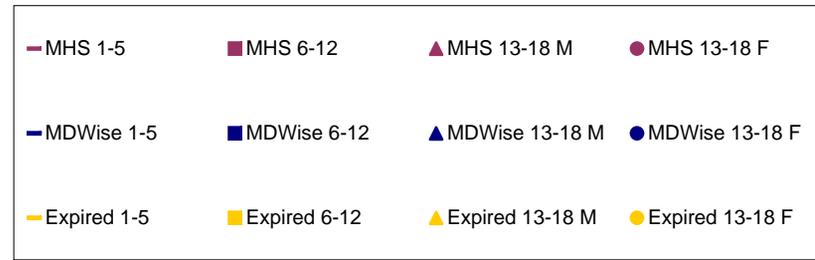
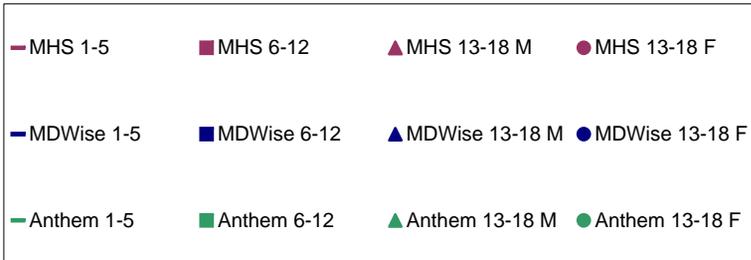
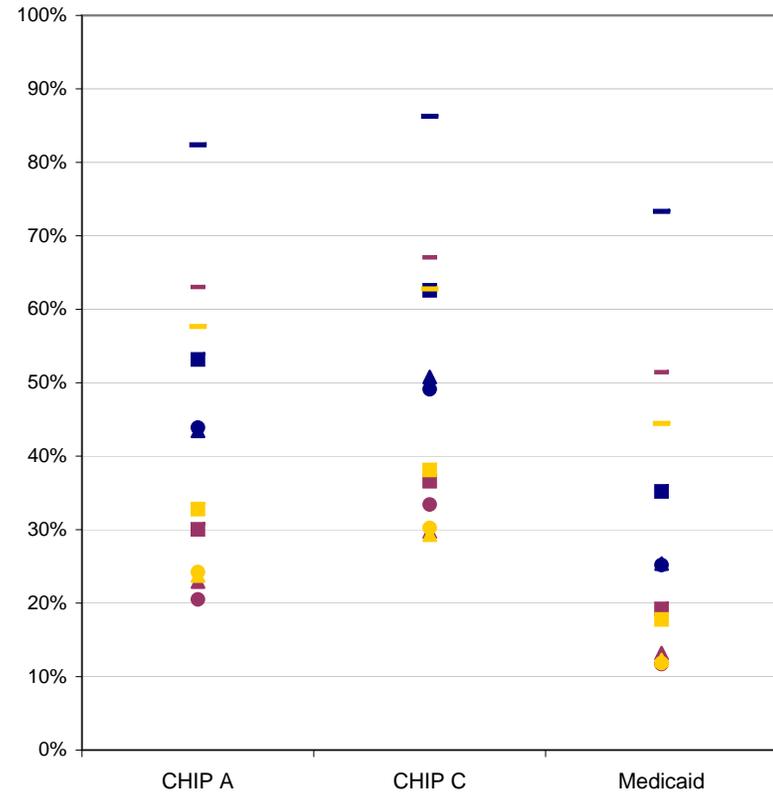


Report IV.D.6(b): Percent Usage of EPSDT Services by MCO and Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

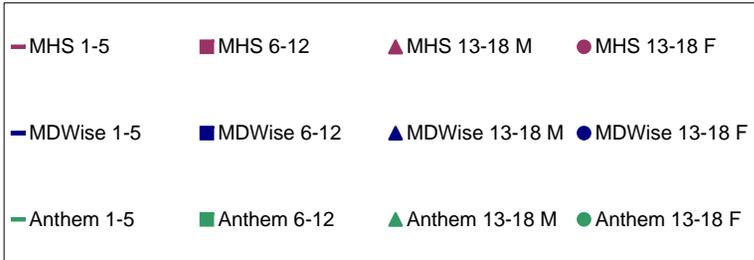
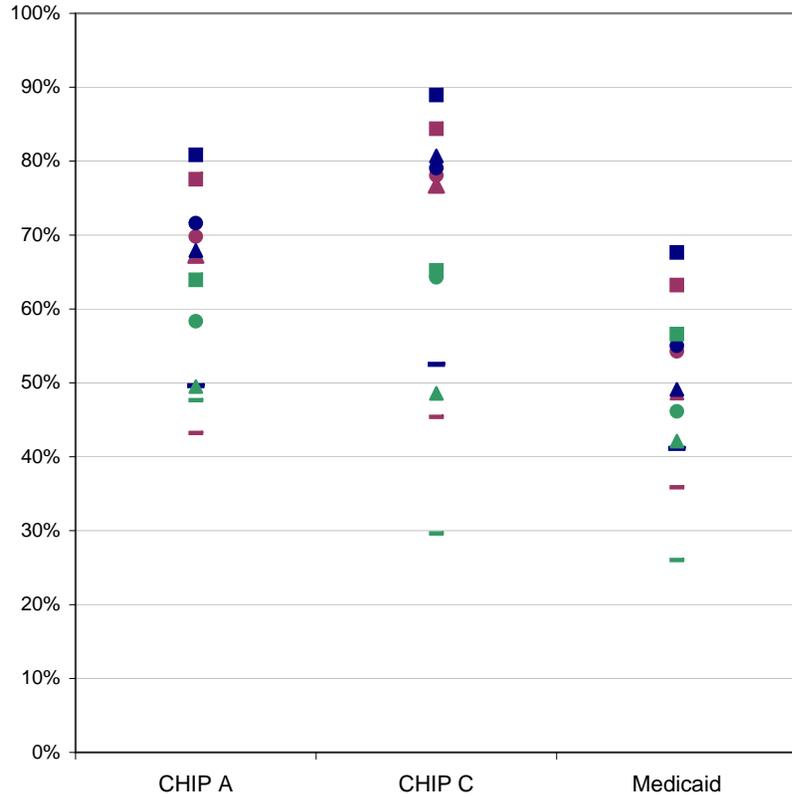


2006

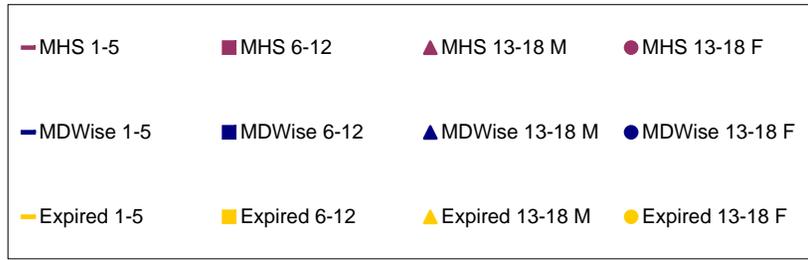
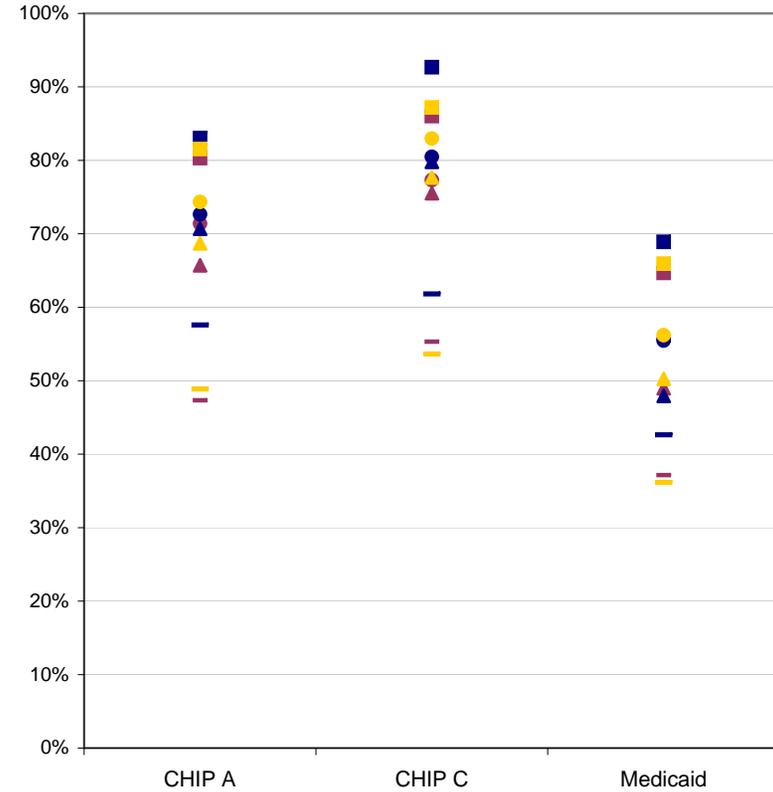


Report IV.D.6(c): Percent Usage of Preventive Dental Services by MCO and Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

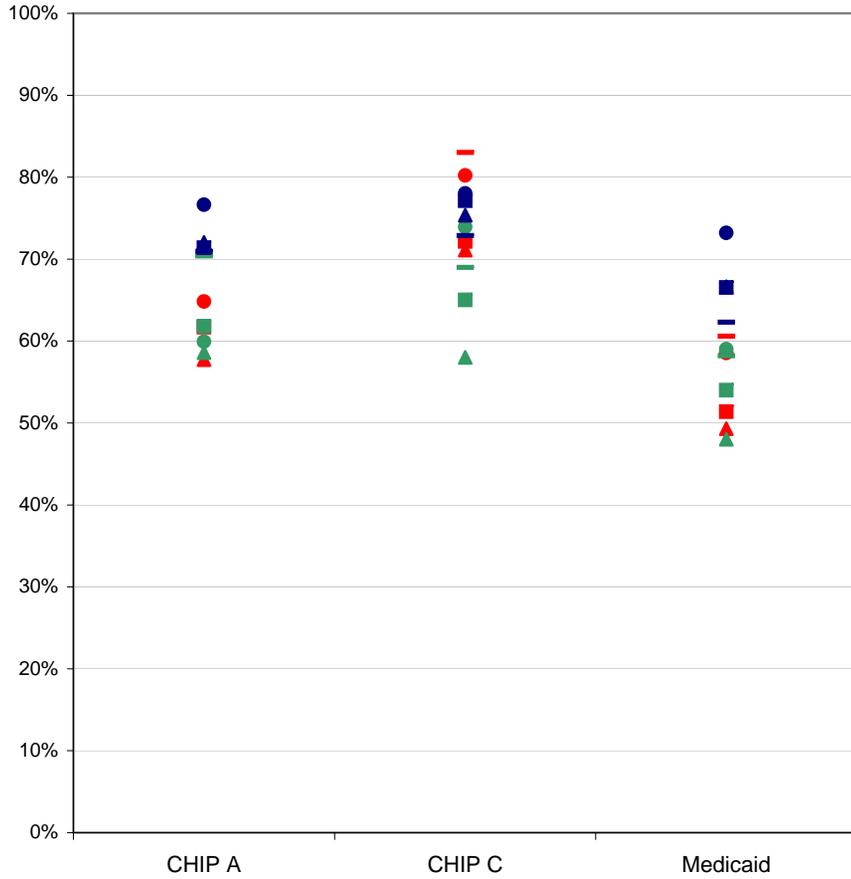


2006

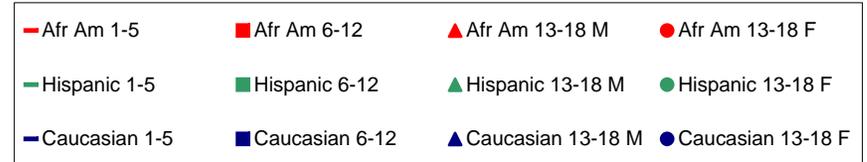
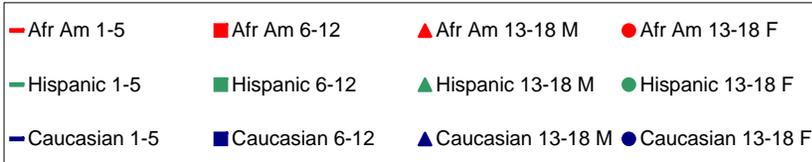
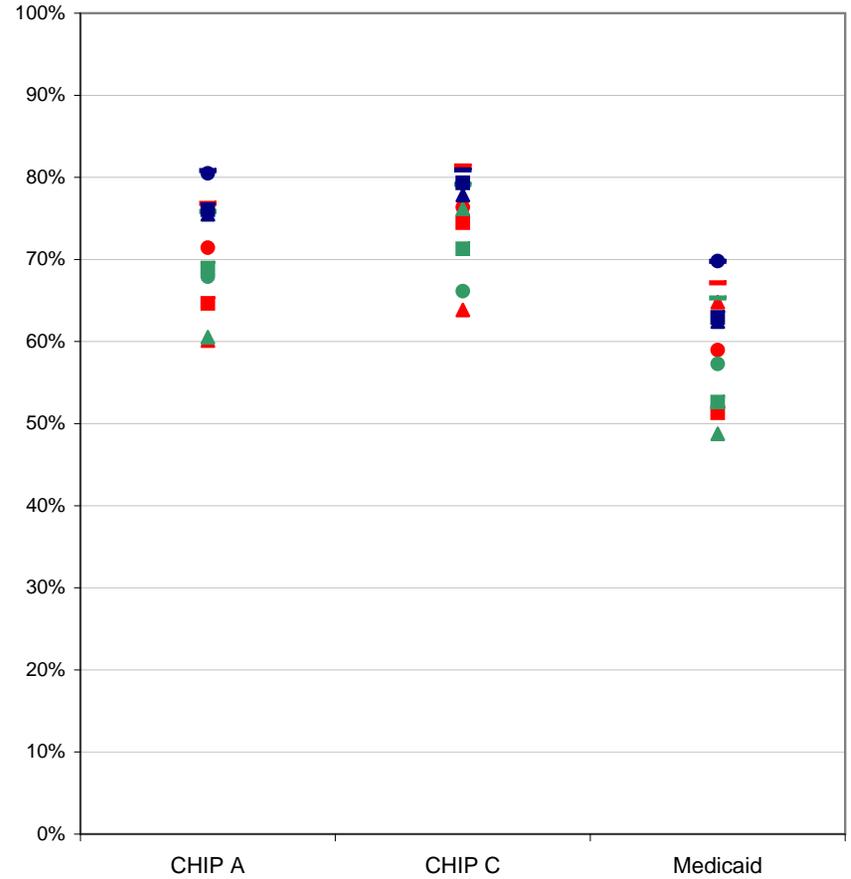


Report IV.D.7(a): Percent Usage of Prescription Services by Race and Age Group
 (Members Enrolled at least 9 Months in One MCO)

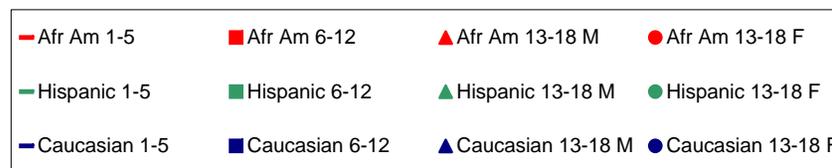
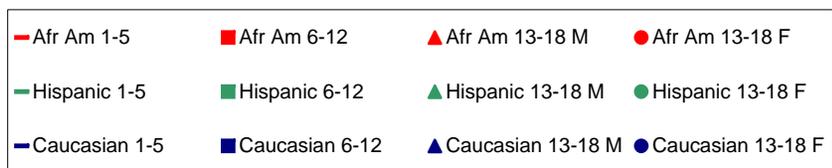
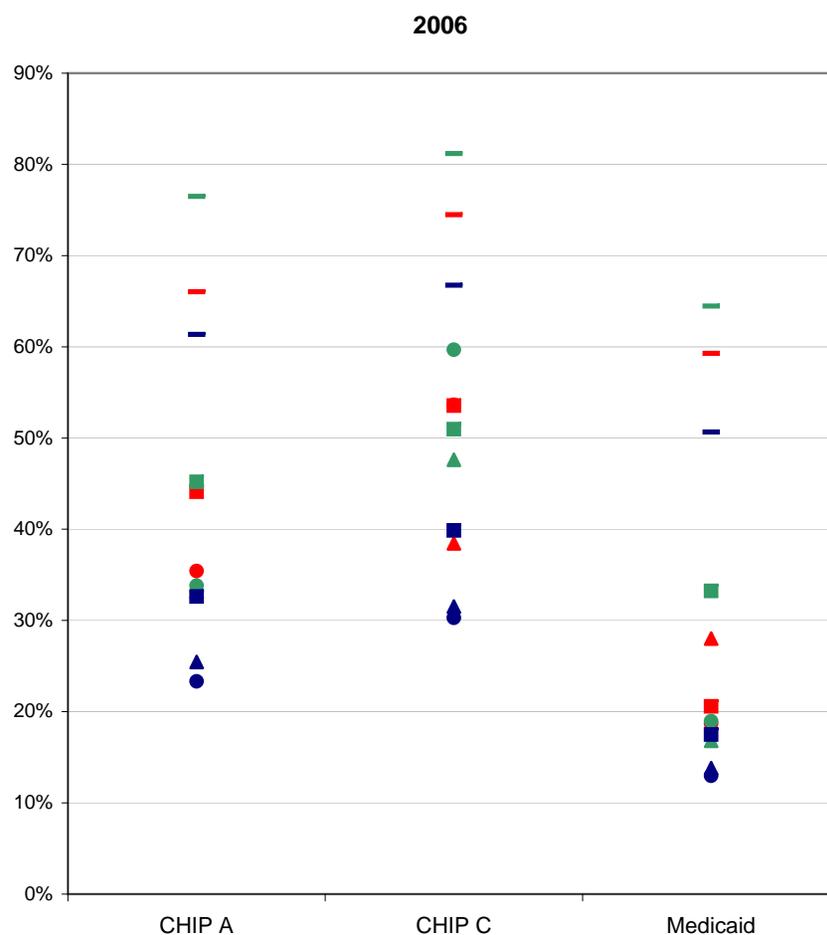
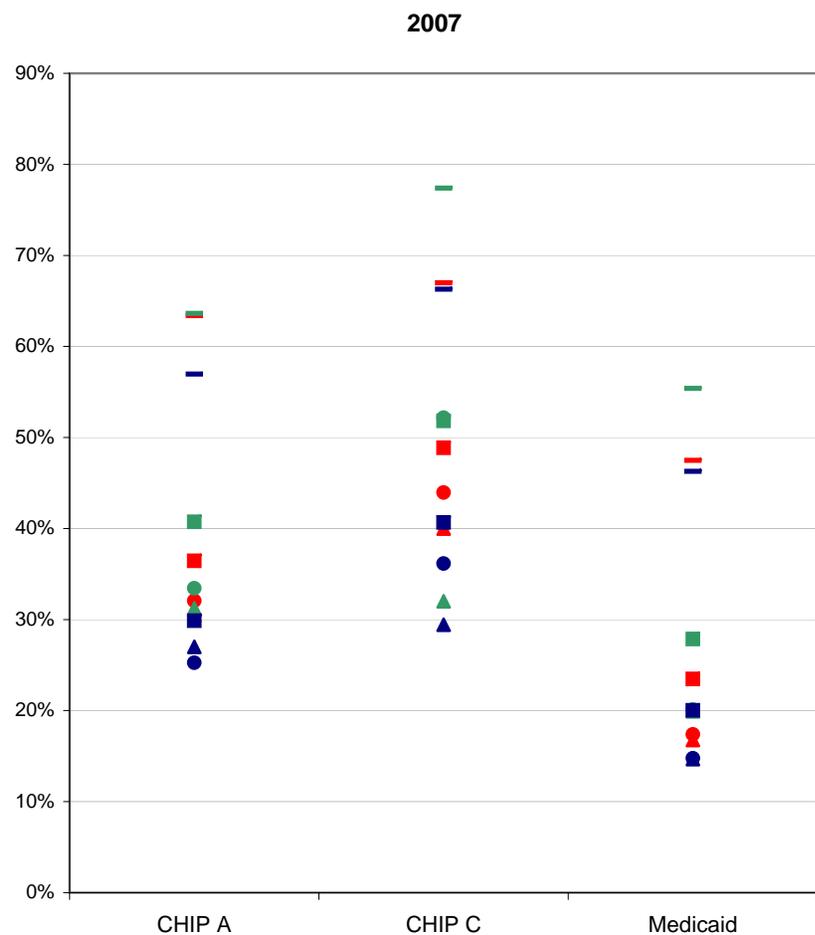
2007



2006



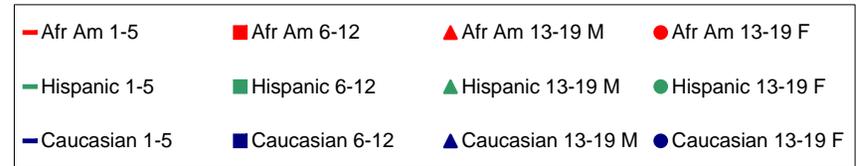
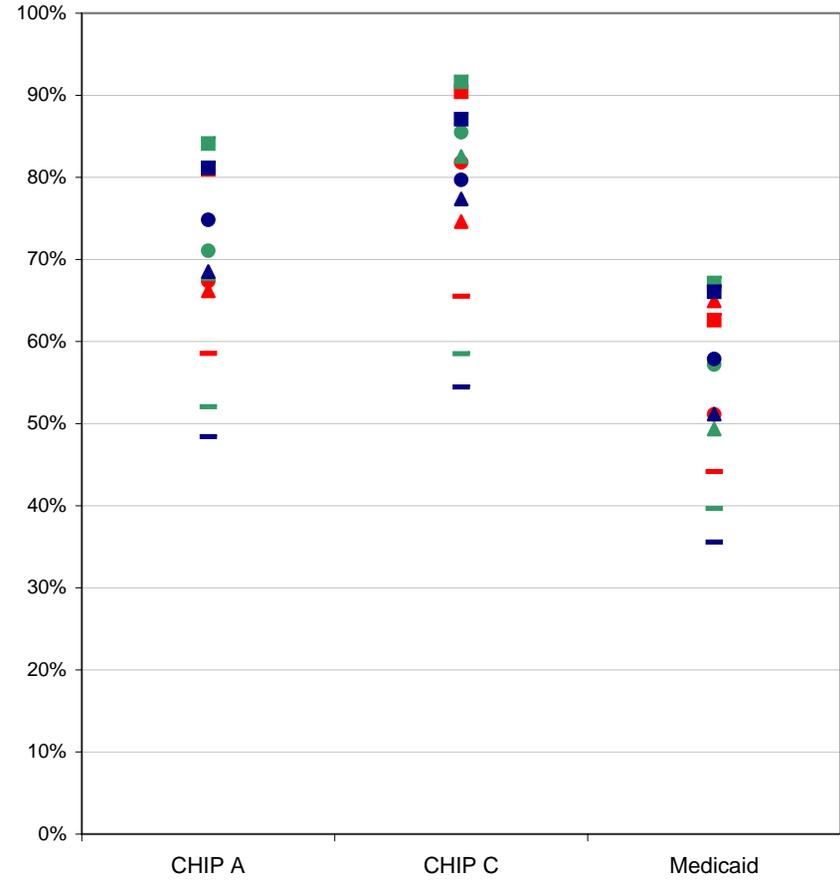
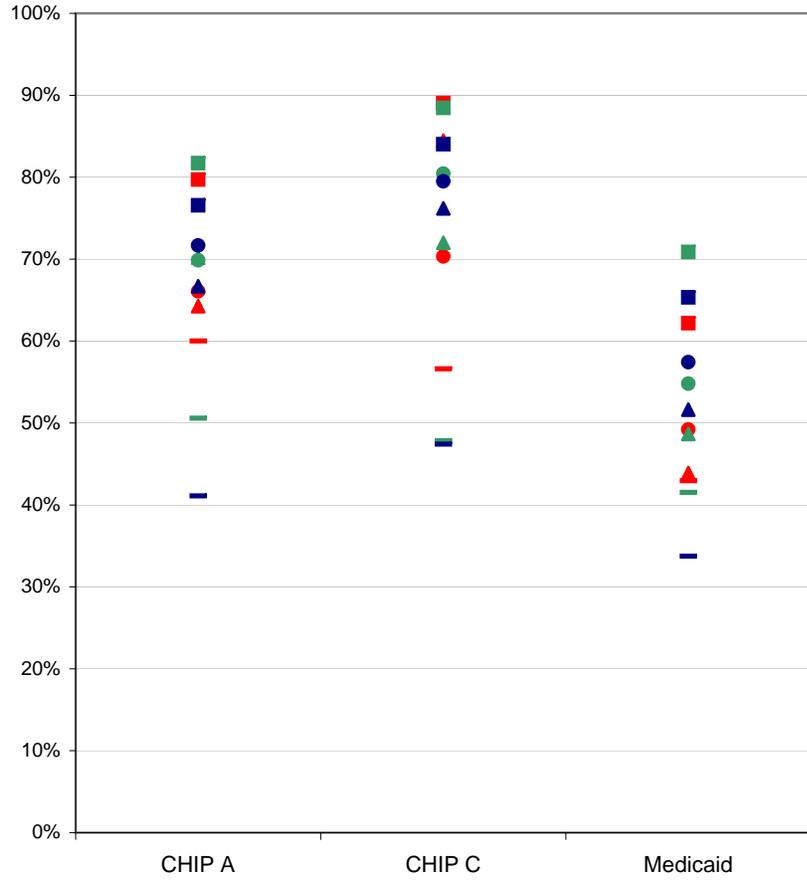
Report IV.D.7(b): Percent Usage of EPSDT Services by Race and Age Group
 (Members Enrolled at least 9 Months in One MCO)



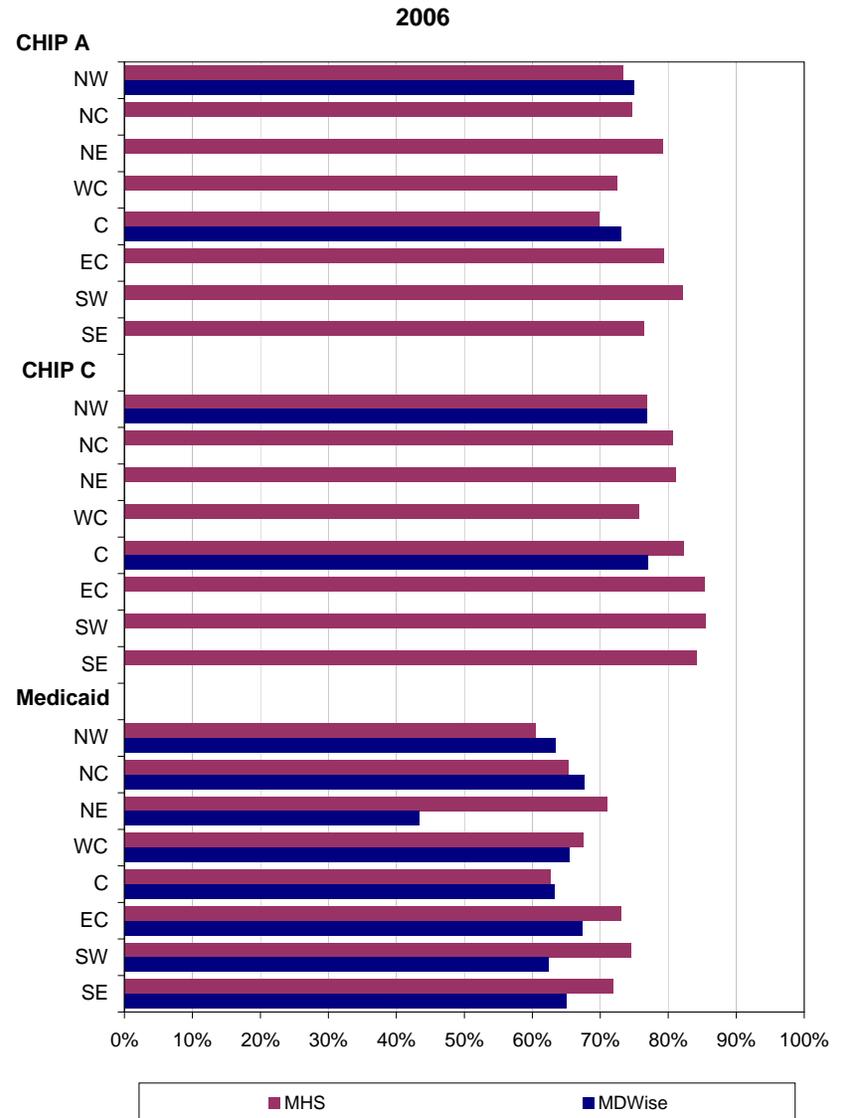
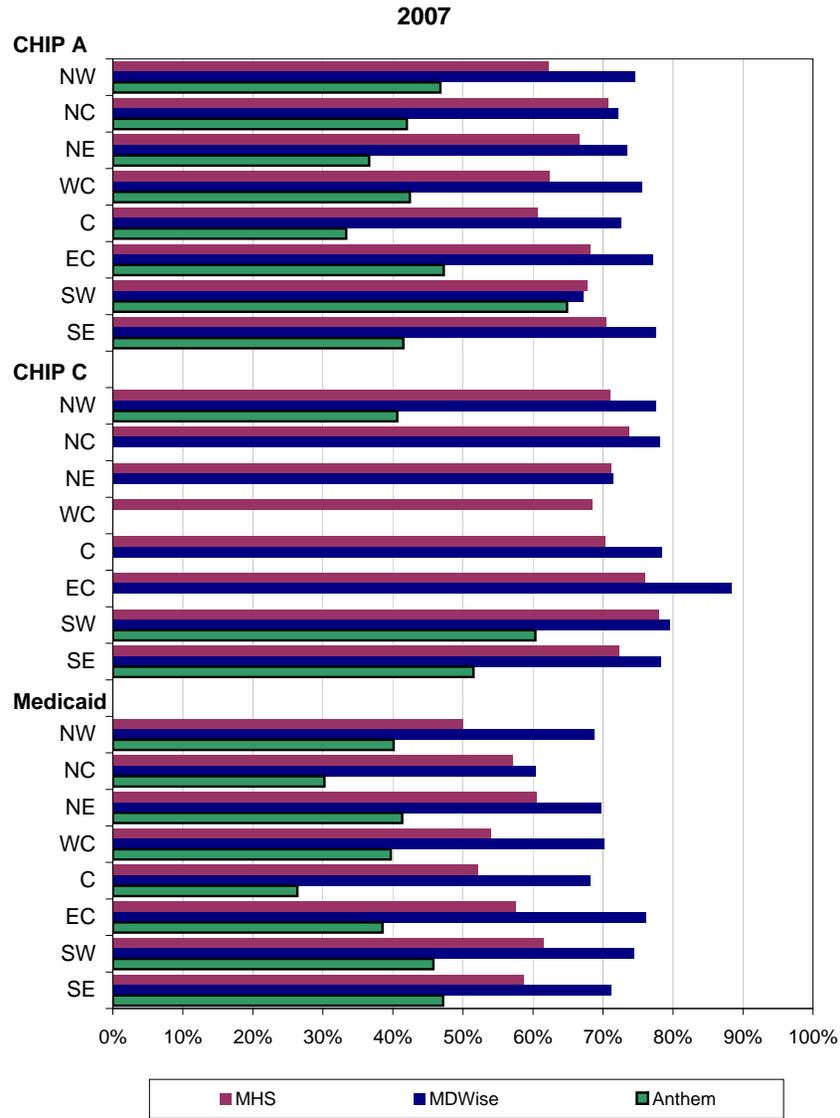
Report IV.D.7(c): Percent Usage of Preventive Dental Services by Race and Age Group
 (Members Enrolled at least 9 Months in One MCO)

2007

2006

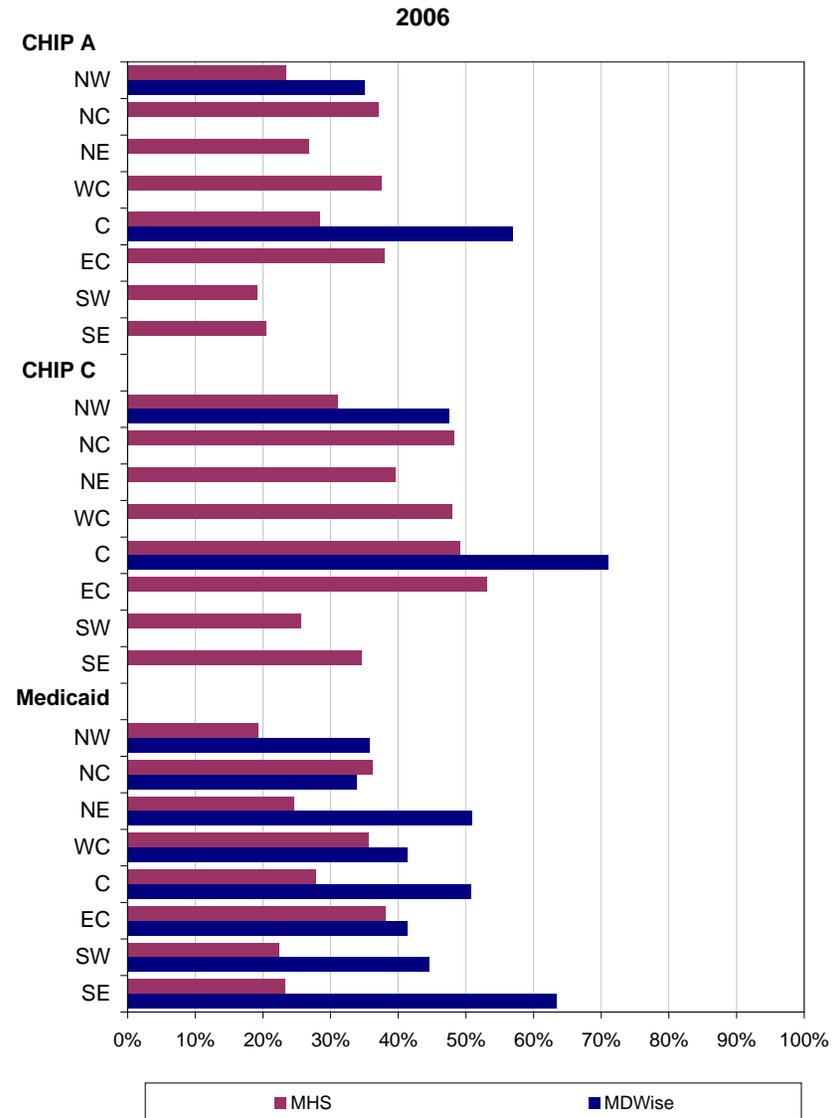
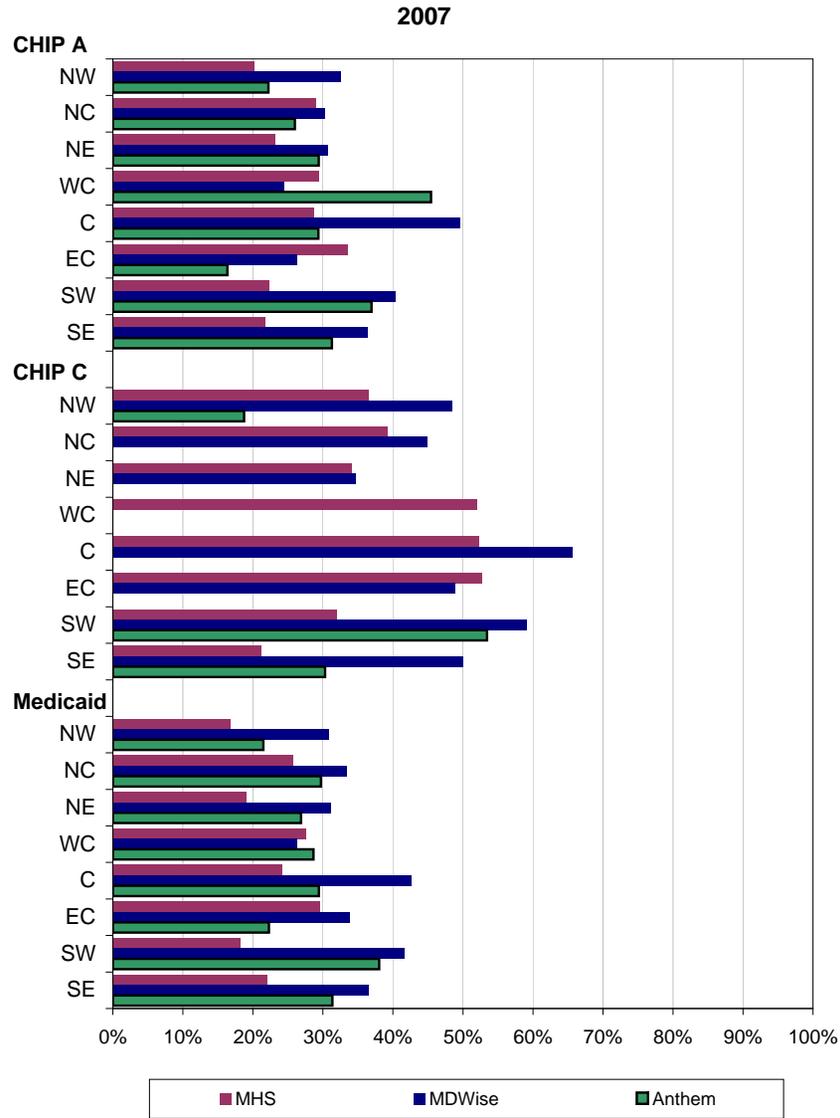


Report IV.D.8(a): Percent Usage of Prescription Services by Region and MCO
 (Members Enrolled at least 9 Months in One MCO)



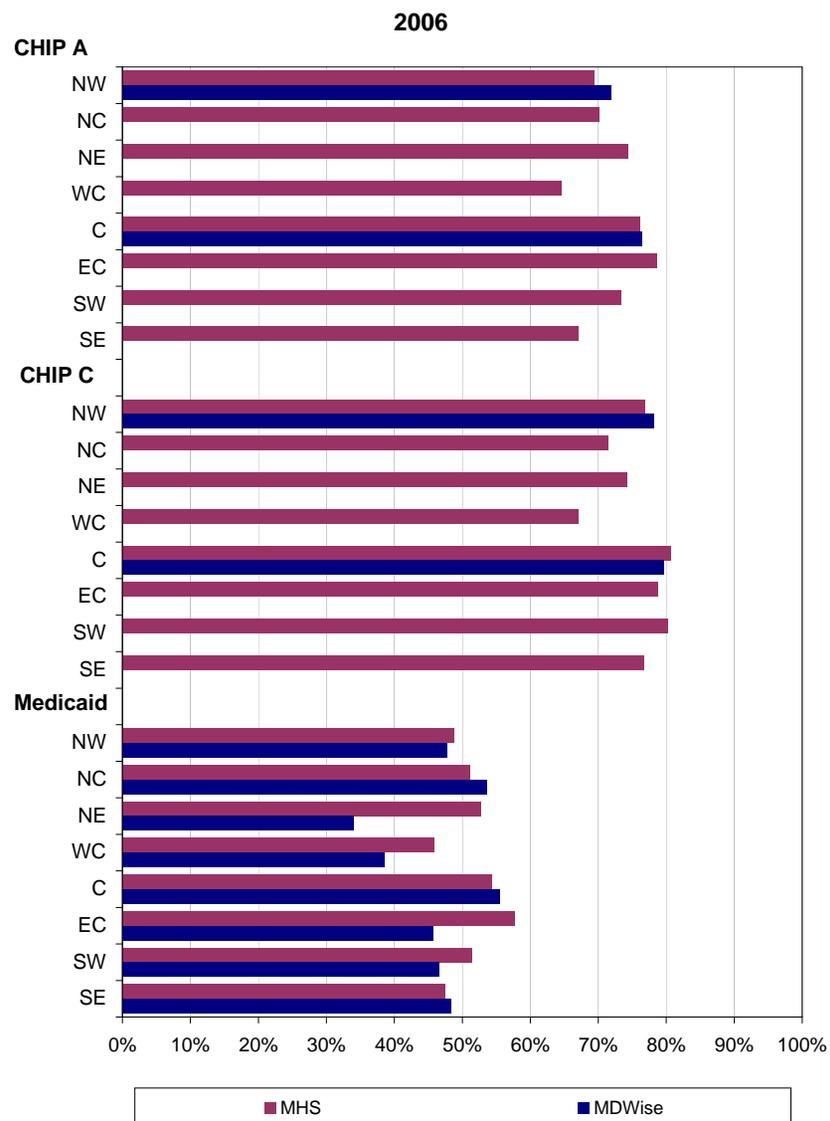
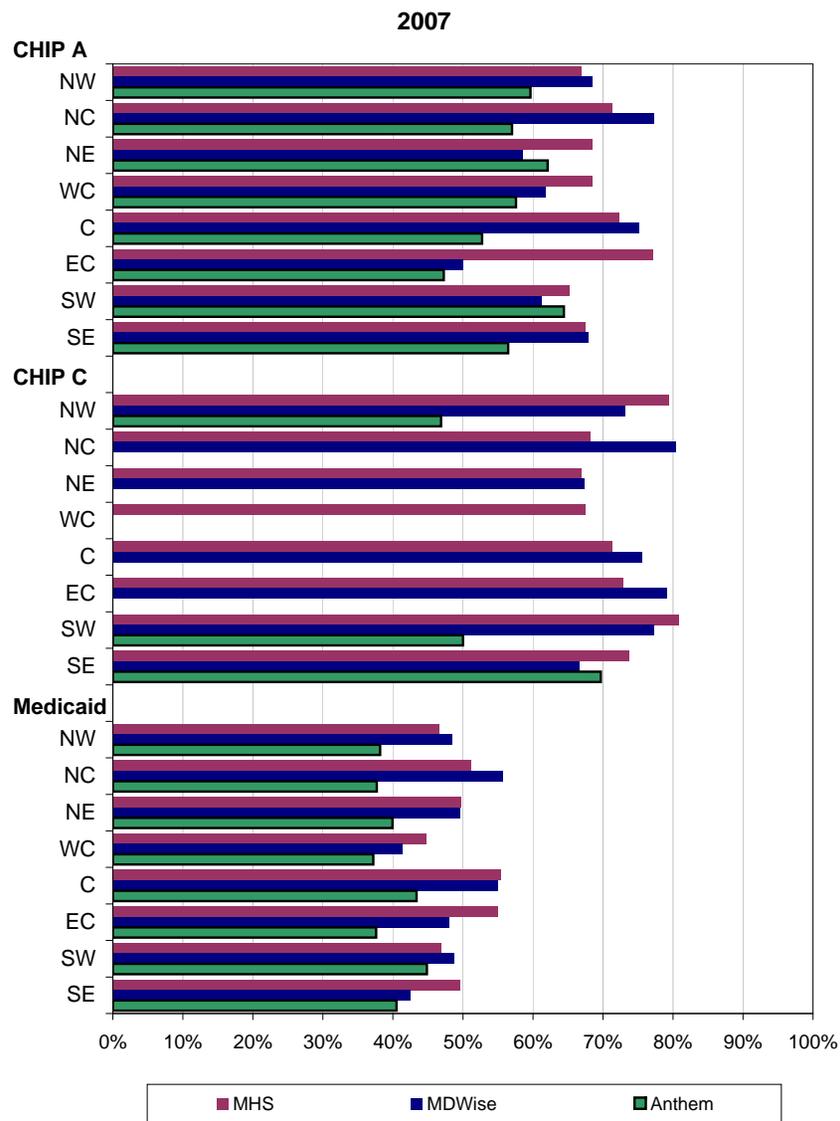
Subgroups with fewer than 30 members have been excluded from the analysis as results may be unreliable.

Report IV.D.8(b): Percent Usage of EPSDT Services by Region and MCO
 (Members Enrolled at least 9 Months in One MCO)



Subgroups with fewer than 30 members have been excluded from the analysis as results may be unreliable.

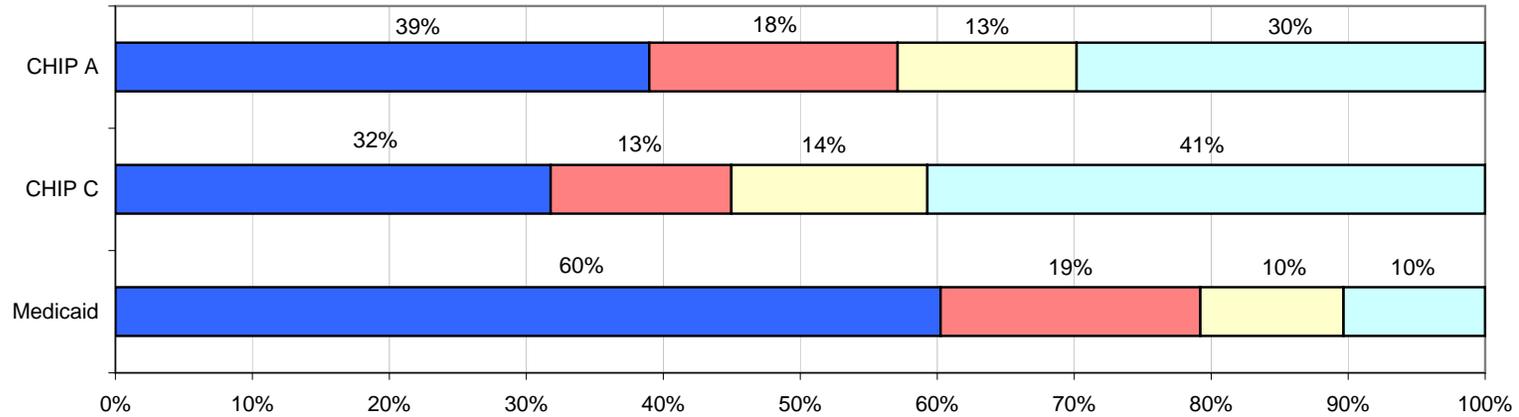
Report IV.D.8(c): Percent Usage of Preventive Dental Services by Region and MCO
 (Members Enrolled at least 9 Months in One MCO)



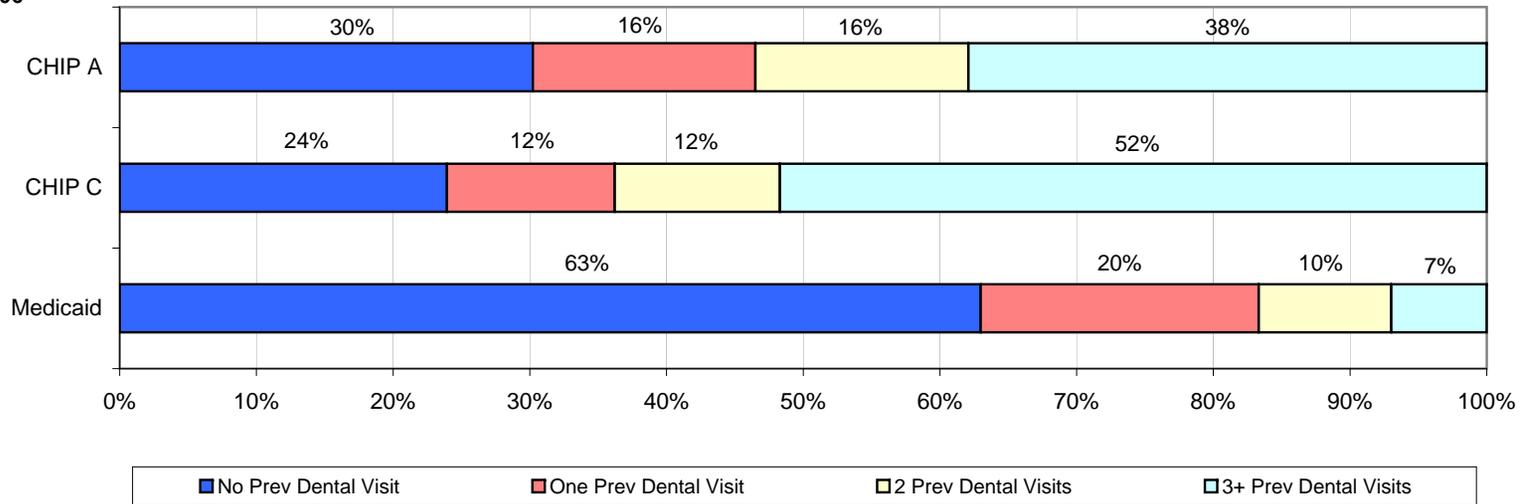
Subgroups with fewer than 30 members have been excluded from the analysis as results may be unreliable.

**Report IV.D.9(a):
Percent Usage of Preventive Dental Services by Members Enrolled
at least 9 Months in One MCO and Enrolled for 12 Months of CY 2006 & CY 2007**

2007



2006



**Report IV.D.9(b):
Percent Usage of Preventive Dental Services by Members Enrolled
at least 9 Months in One MCO and Enrolled for 12 Months in CY 2006 & CY 2007**

CHIP A			
0	1	2	3+

CHIP C			
0	1	2	3+

Medicaid			
0	1	2	3+

All Members **39%** **18%** **13%** **30%** **32%** **13%** **14%** **41%** **60%** **19%** **10%** **10%**

Age Group												
Age 1-5	63%	20%	9%	8%	58%	17%	12%	13%	76%	15%	6%	3%
Age 6-12	33%	19%	14%	33%	18%	13%	16%	52%	54%	22%	12%	12%
Age 13-18, Males	41%	16%	13%	31%	26%	9%	14%	51%	60%	17%	11%	12%
Age 13-18, Females	38%	17%	13%	33%	23%	9%	14%	54%	57%	18%	12%	13%

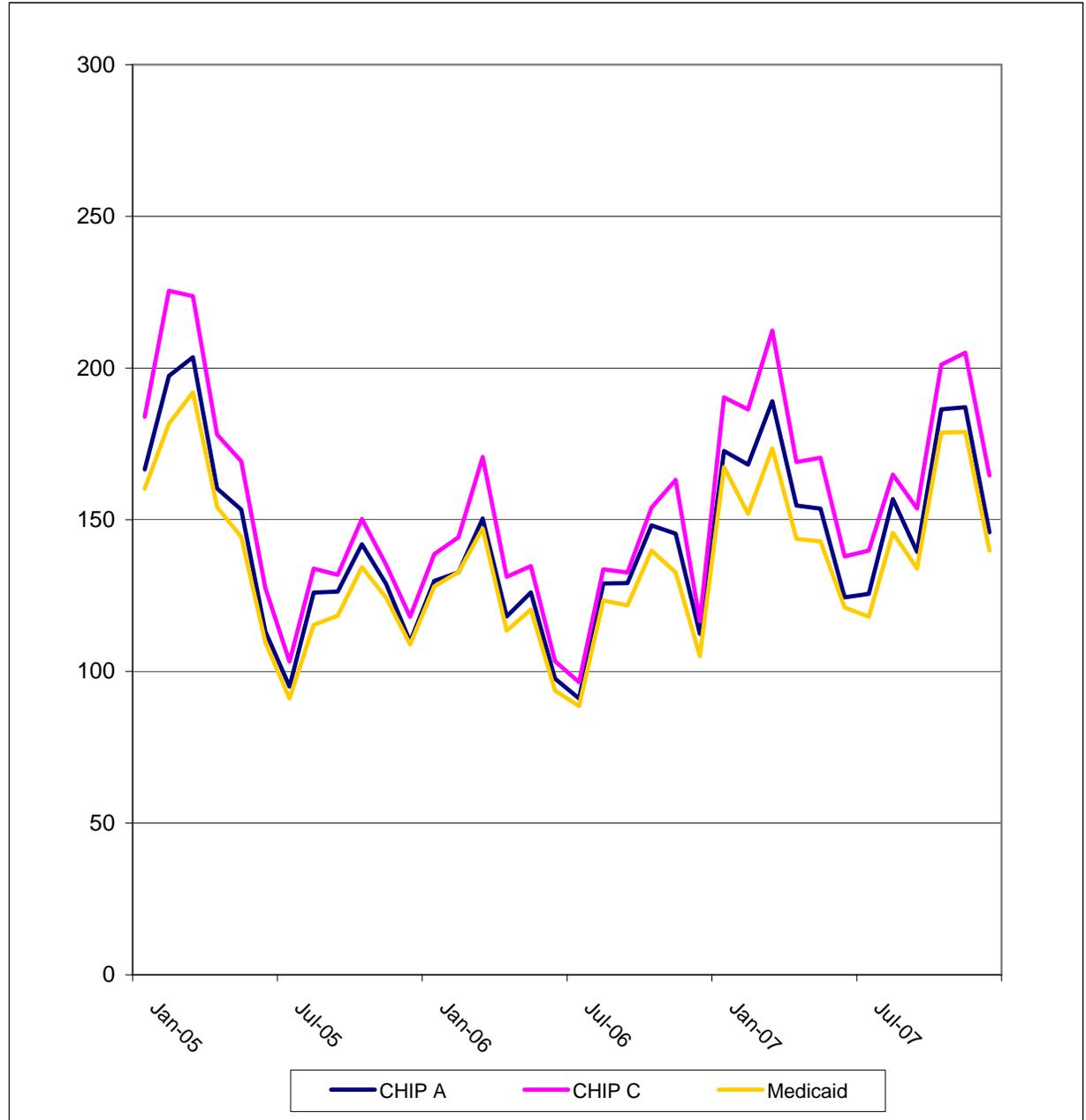
MCO												
MHS	39%	18%	13%	30%	32%	13%	14%	41%	62%	18%	11%	10%
MDWise	37%	18%	13%	31%	30%	14%	14%	43%	57%	20%	11%	12%
Anthem	52%	19%	12%	17%	49%	14%	18%	19%	74%	14%	6%	6%

Race/Ethnicity												
African American	39%	19%	13%	28%	24%	11%	15%	50%	59%	20%	11%	11%
Hispanic	35%	17%	13%	35%	36%	17%	13%	34%	55%	20%	12%	12%
Caucasian	38%	17%	13%	32%	31%	12%	13%	44%	58%	20%	11%	12%

Region												
1 North West	41%	18%	13%	28%	29%	14%	13%	44%	62%	18%	10%	10%
2 North Central	38%	17%	13%	31%	33%	11%	15%	41%	61%	19%	10%	10%
3 North East	43%	18%	12%	28%	37%	11%	12%	40%	65%	15%	10%	9%
4 North Central	43%	20%	13%	24%	38%	11%	14%	37%	71%	13%	8%	7%
5 Central	37%	18%	13%	32%	30%	14%	15%	41%	56%	21%	11%	12%
6 East Central	36%	16%	14%	35%	31%	16%	13%	40%	59%	19%	12%	10%
7 South West	42%	19%	14%	25%	32%	12%	17%	40%	64%	20%	8%	8%
8 South Central	45%	21%	13%	21%	35%	15%	17%	33%	68%	16%	9%	7%

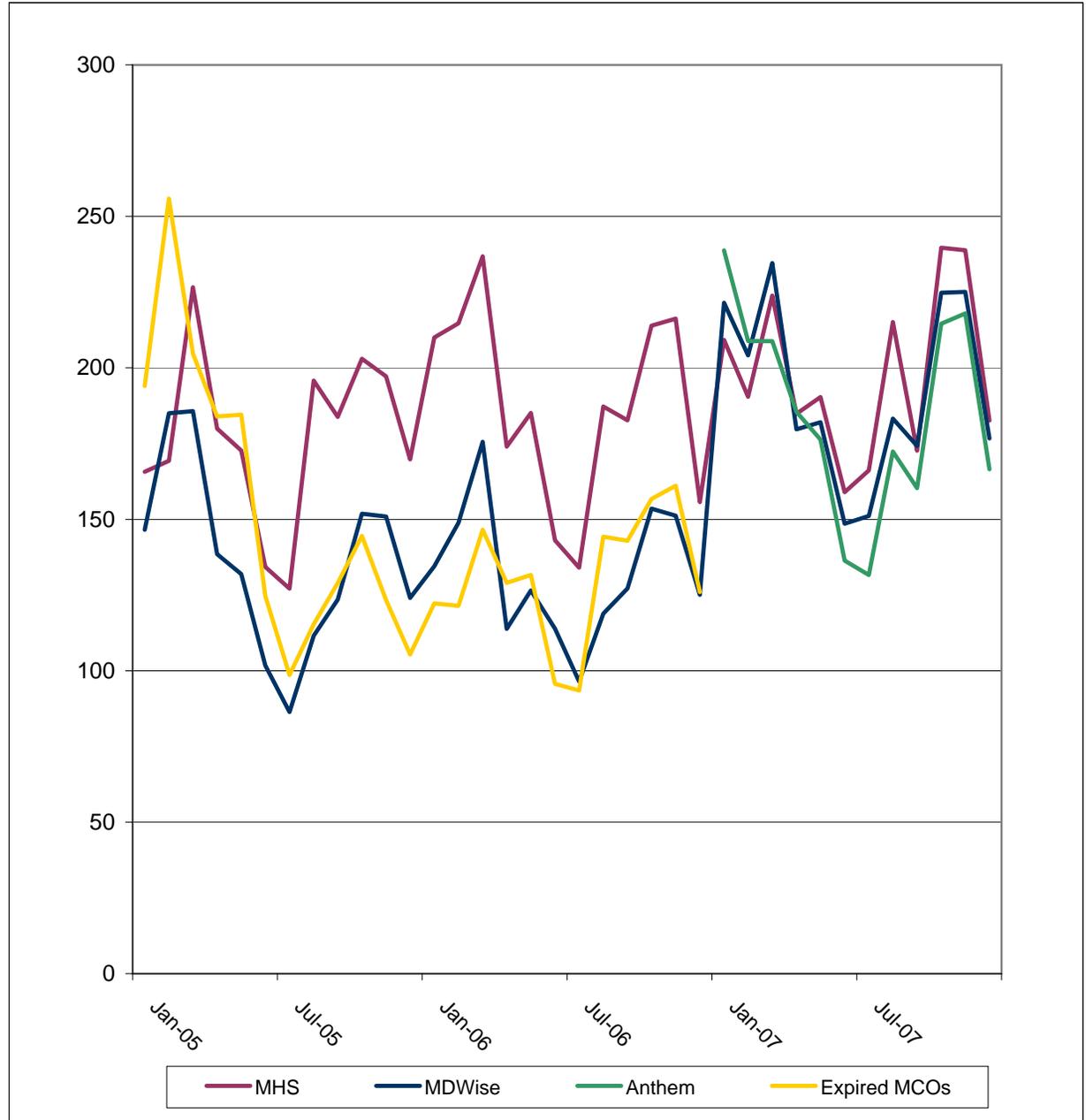
Report #	V.A.1
Report Title	Trend in Utilization of Assigned PMP Visits Per 1,000 Members By Program
Population	CHIP A, CHIP C and Medicaid Children
Time Period	CY 2005 through CY 2007

Findings	Assigned PMP visits per 1,000 members across programs has remained consistent over the past three years.
	CHIP A members have consistently been slightly lower on a claims per 1,000 basis for assigned PMP visits than CHIP C members.



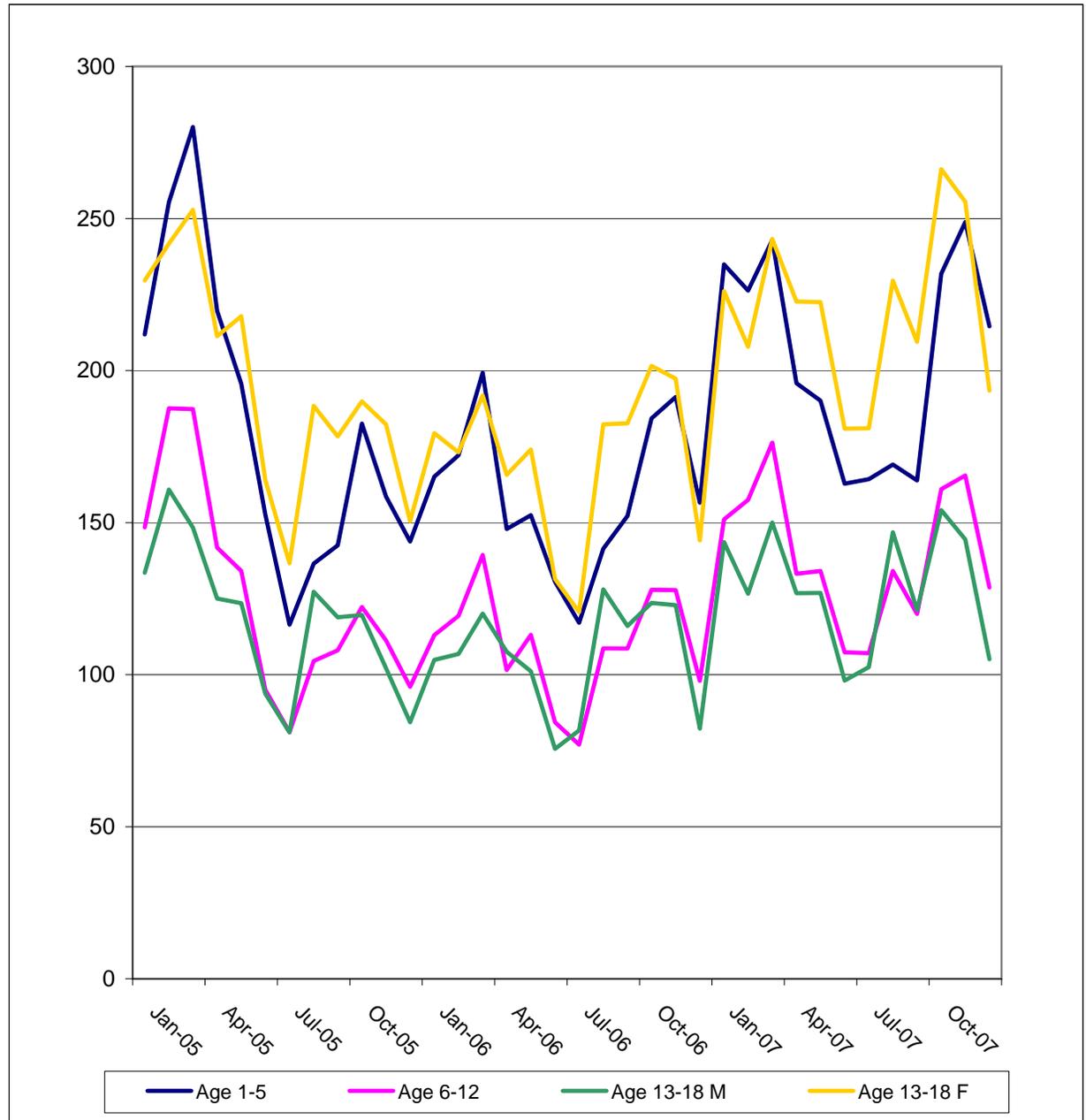
Report #	V.A.2
Report Title	Trend in Utilization of Assigned PMP Visits Per 1,000 Members By MCO
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Prior to 2007, MHS had greater utilization of assigned PMP visits per 1,000 members than MDwise. In 2007, utilization across the three MCOs was comparable.
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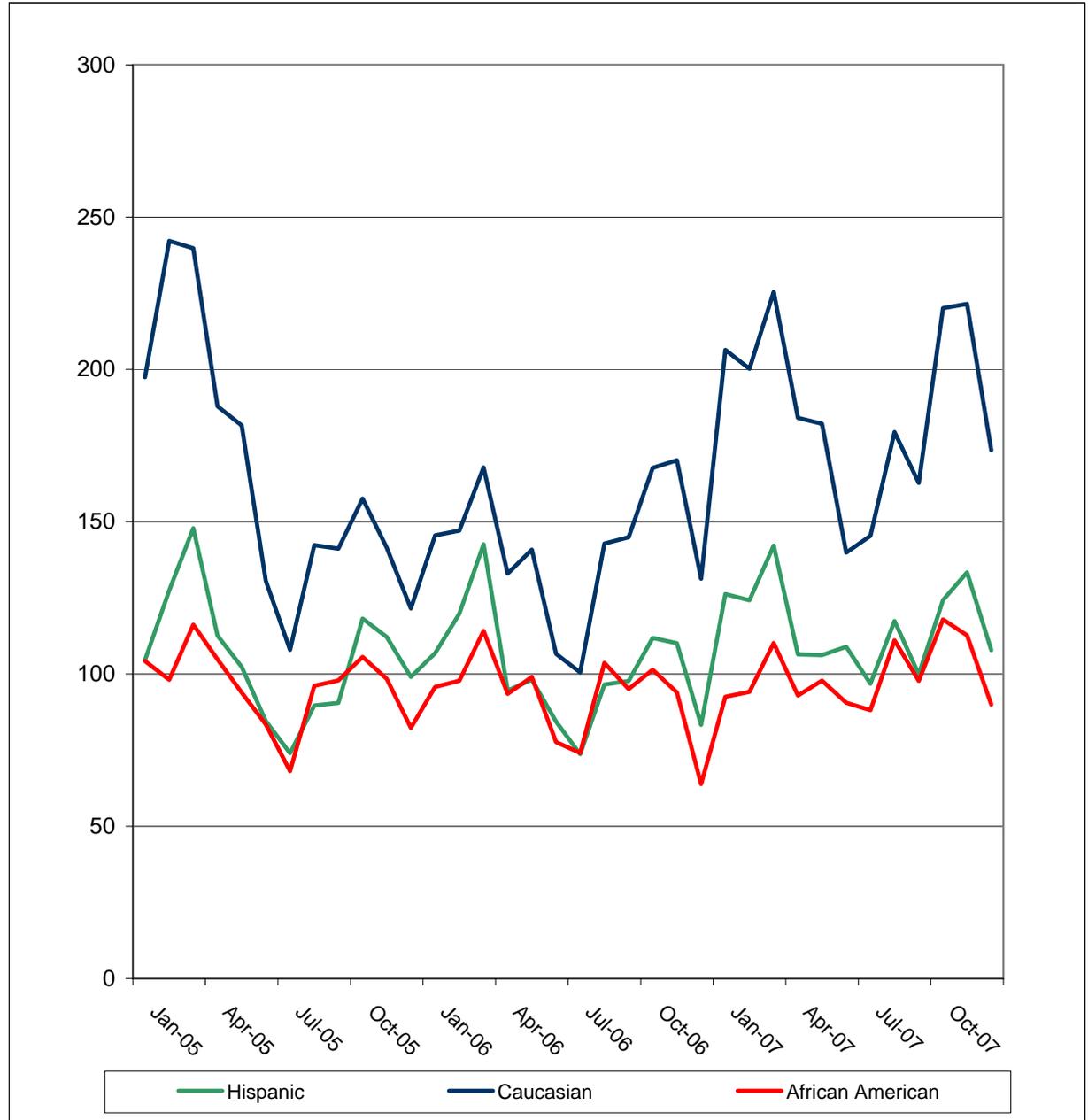
Report #	V.A.3
Report Title	Trend in Utilization of Assigned PMP Visits Per 1,000 Members By Age Group
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	As expected, the youngest children and teenage girls are the highest utilizers of PMP visits. Visits to an OB/GYN may be counted as an assigned PMP visit.
	Utilization of assigned PMP visits has been consistent over time within age groups.



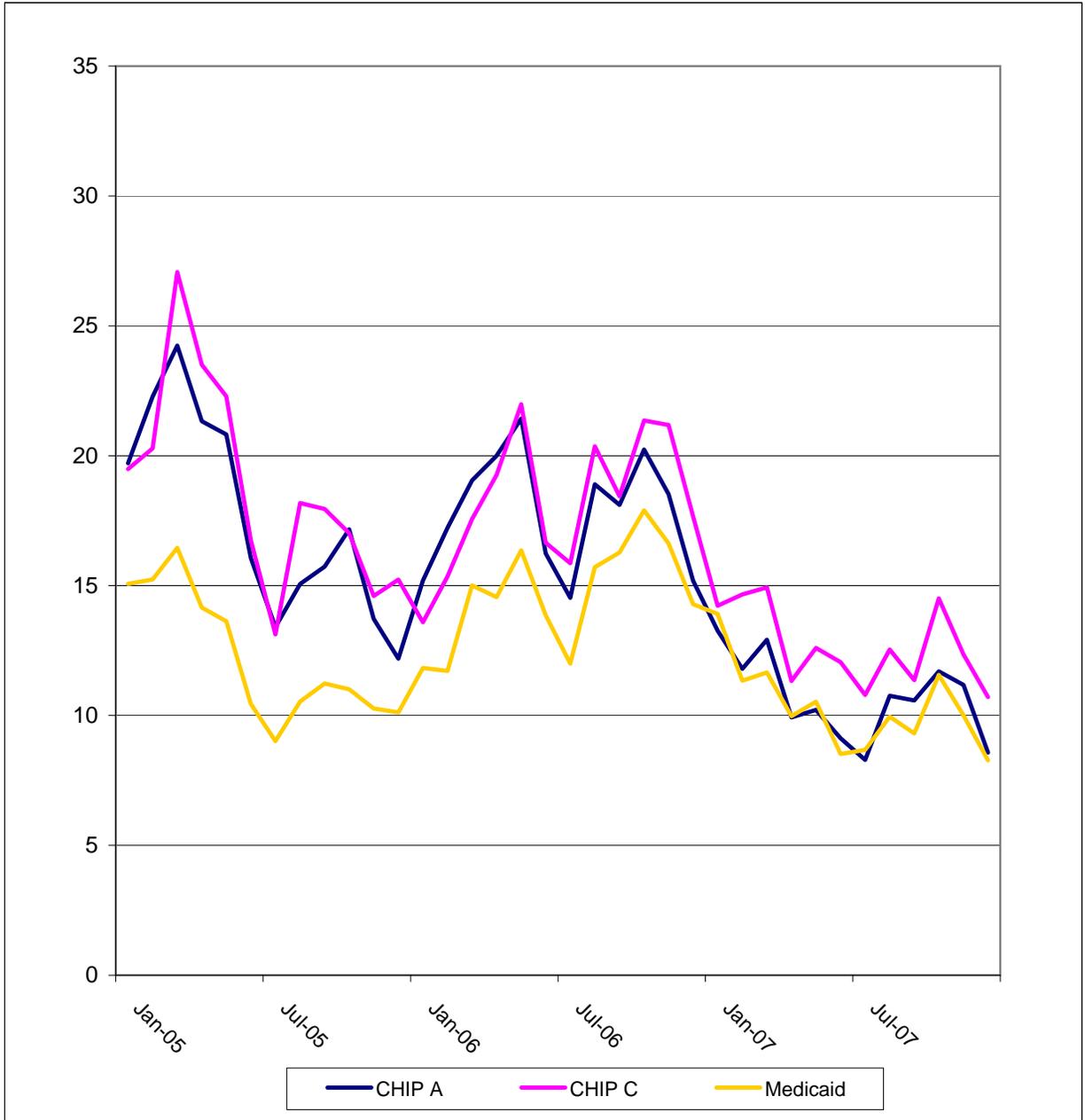
Report #	V.A.4
Report Title	Trend in Utilization of Assigned PMP Visits Per 1,000 Members By Race/Ethnicity
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Caucasians had the greatest utilization of assigned PMP visits per 1,000 members of any race between 2005 and 2007.
	Trends in utilization of assigned PMP were consistent across racial groups.



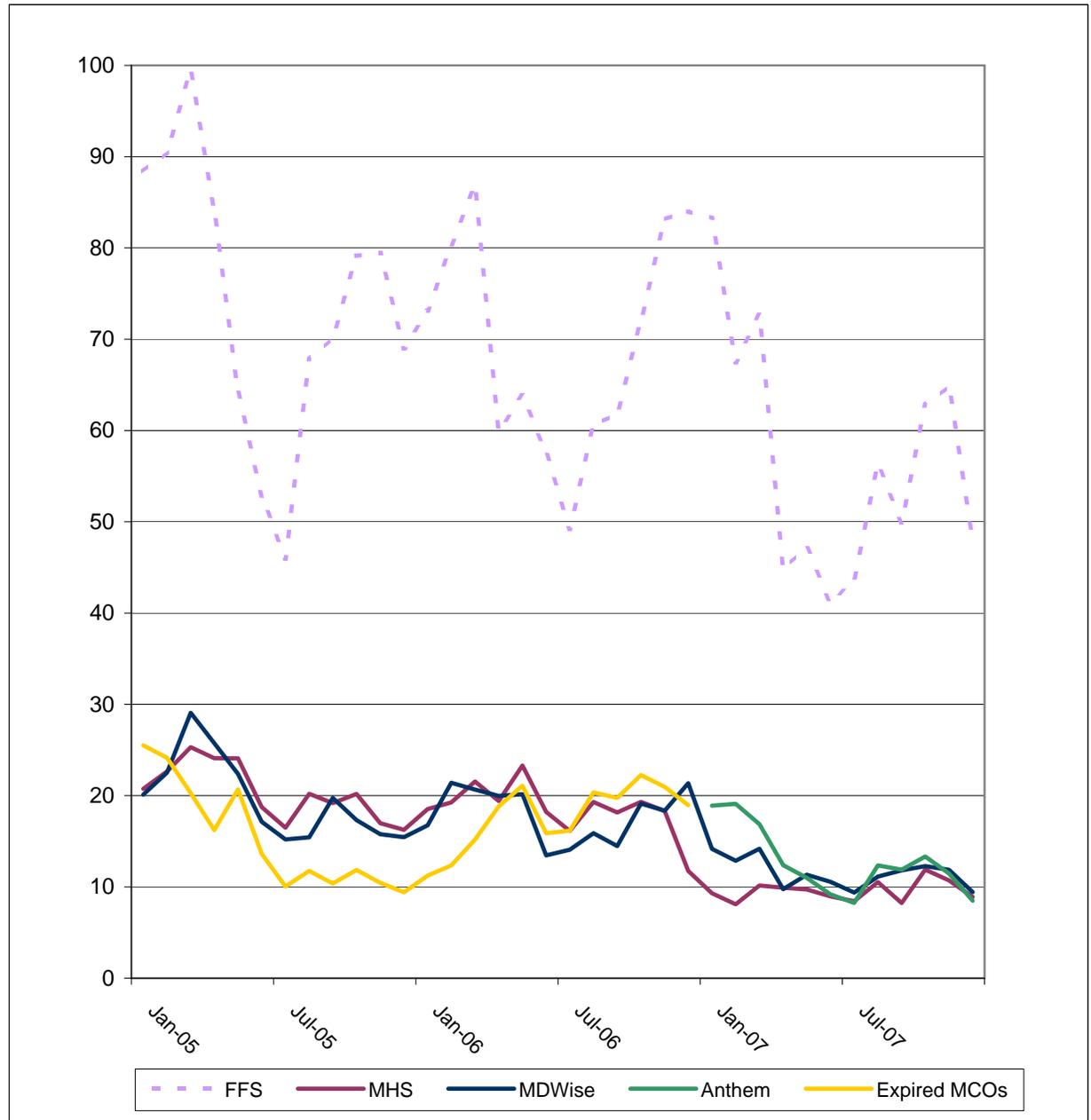
Report #	V.B.1
Report Title	Trend in Utilization of Unassigned PMP Visits Per 1,000 Members (Not in FFS) By Program
Population	CHIP A, CHIP C and Medicaid Children Not in FFS
Time Period	CY 2005 through CY 2007

Findings	CHIP C members have higher utilization of unassigned PMPs throughout 2005, 2006, and 2007. However, once FFS claims are removed from the analysis, CHIP C members have similar utilization of unassigned PMPs as CHIP A and Medicaid children.
	Although much lower in number, the trend in utilization of unassigned PMP visits appears to be consistent with the trend in utilization of assigned PMP visits



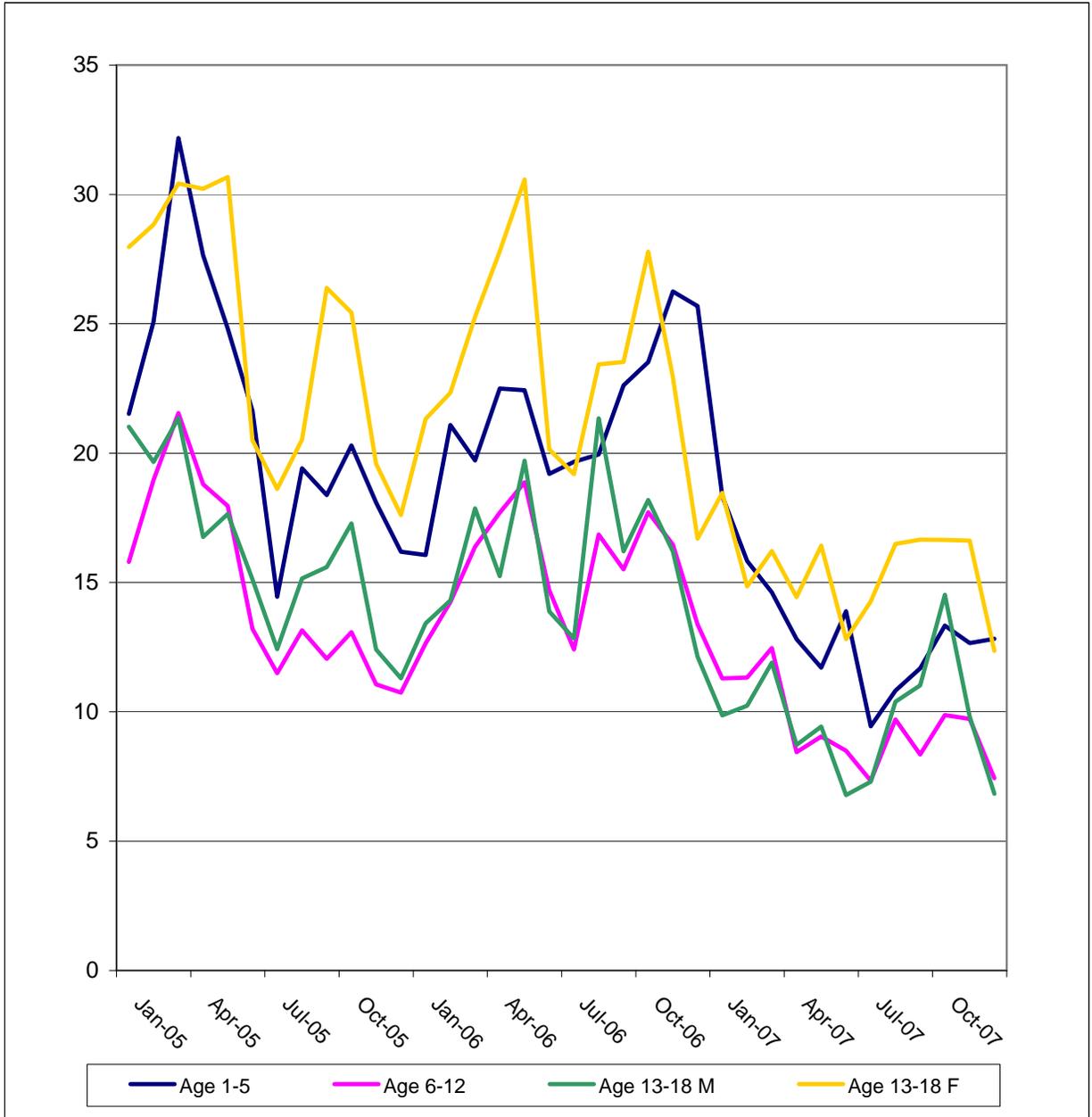
Report #	V.B.2
Report Title	Trend in Utilization of Unassigned PMP Visits Per 1,000 Members By MCO
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Not surprisingly, members in FFS have the highest utilization of unassigned PMP visits.
	Some managed care members are also utilizing unassigned PMPs, but this is trending down slightly between 2005 and 2007.



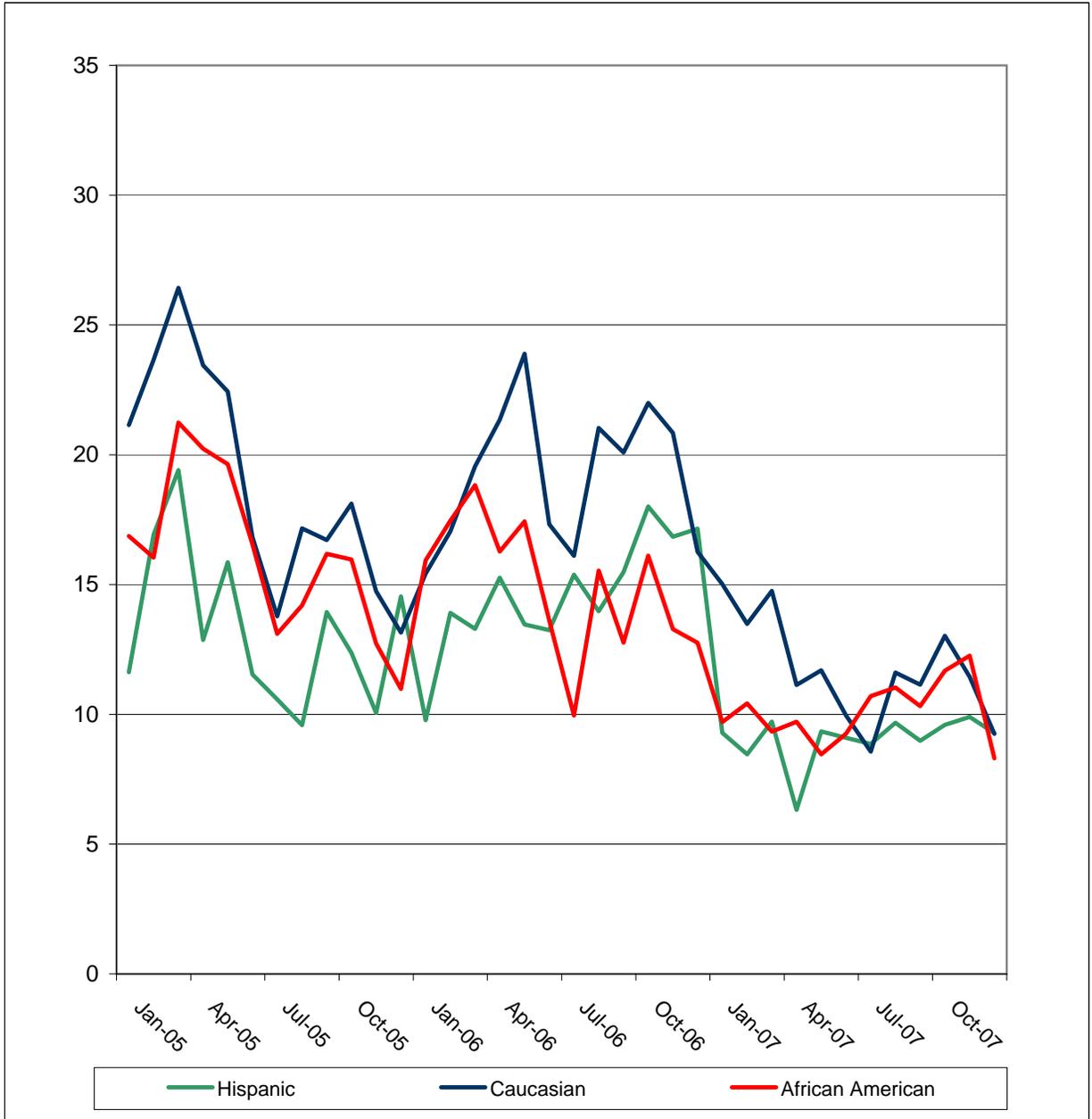
Report #	V.B.3
Report Title	Trend in Utilization of Unassigned PMP Visits Per 1,000 Members (Not in FFS) By Age Group
Population	CHIP A, CHIP C and Medicaid Children Not in FFS
Time Period	CY 2005 through CY 2007

Findings	Even though OB/GYN visits are not included in unassigned PMP visits, teenage girls generally have the highest utilization of unassigned PMPs.
	There is a decline in utilization of unassigned PMP visits while not in FFS for all age groups between 2005 and 2007.



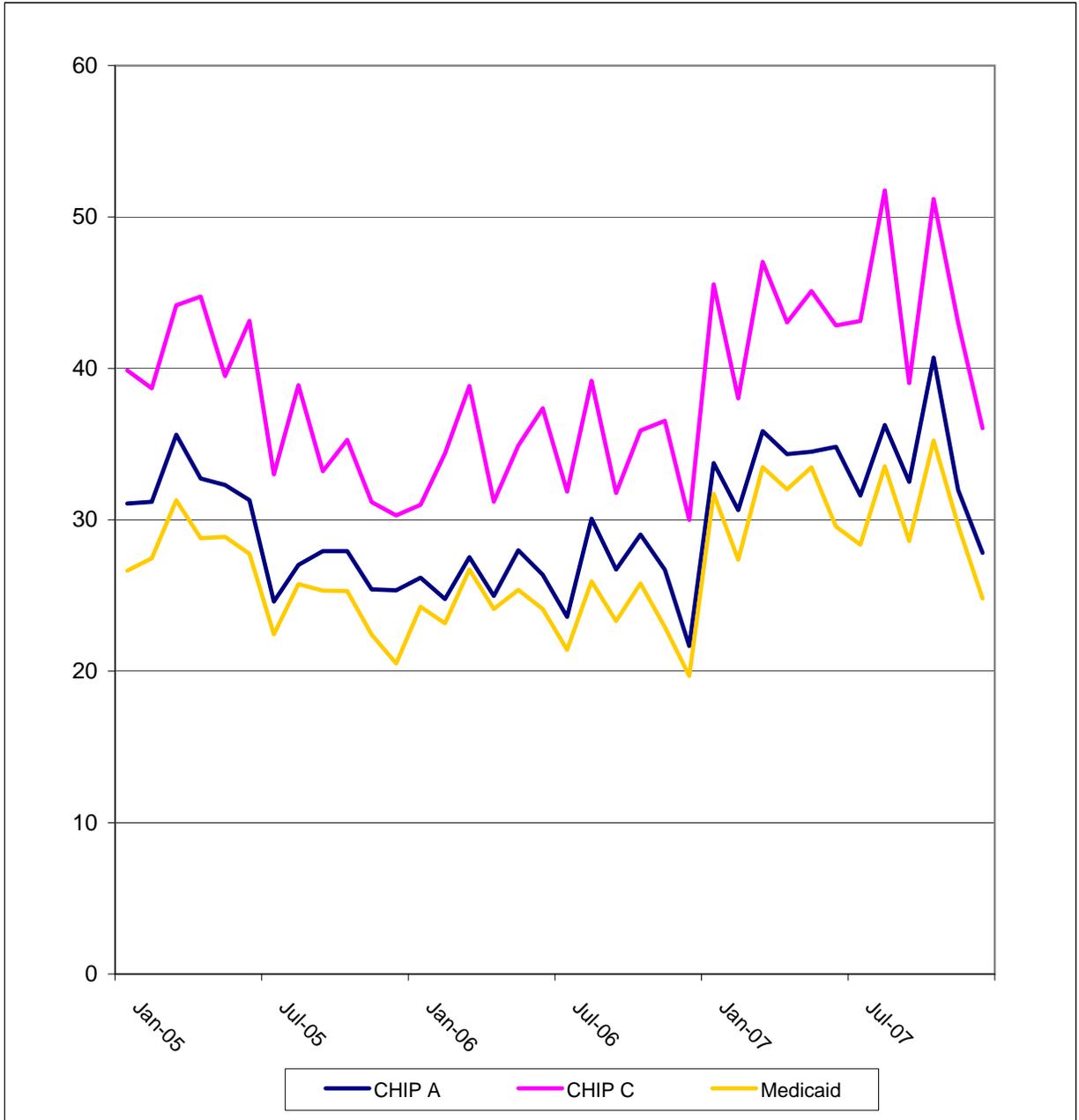
Report #	V.B.4
Report Title	Trend in Utilization of Unassigned PMP Visits Per 1,000 Members (Not in FFS) By Race/Ethnicity
Population	CHIP A, CHIP C and Medicaid Children Not in FFS
Time Period	CY 2005 through CY 2007

Findings	In general, Caucasians had higher utilization of unassigned PMPs among race/ethnicities in the last three years.
	Caucasian utilization of unassigned PMPs, when not in FFS, appears to be declining. This does not seem to be true of Hispanics and African Americans.



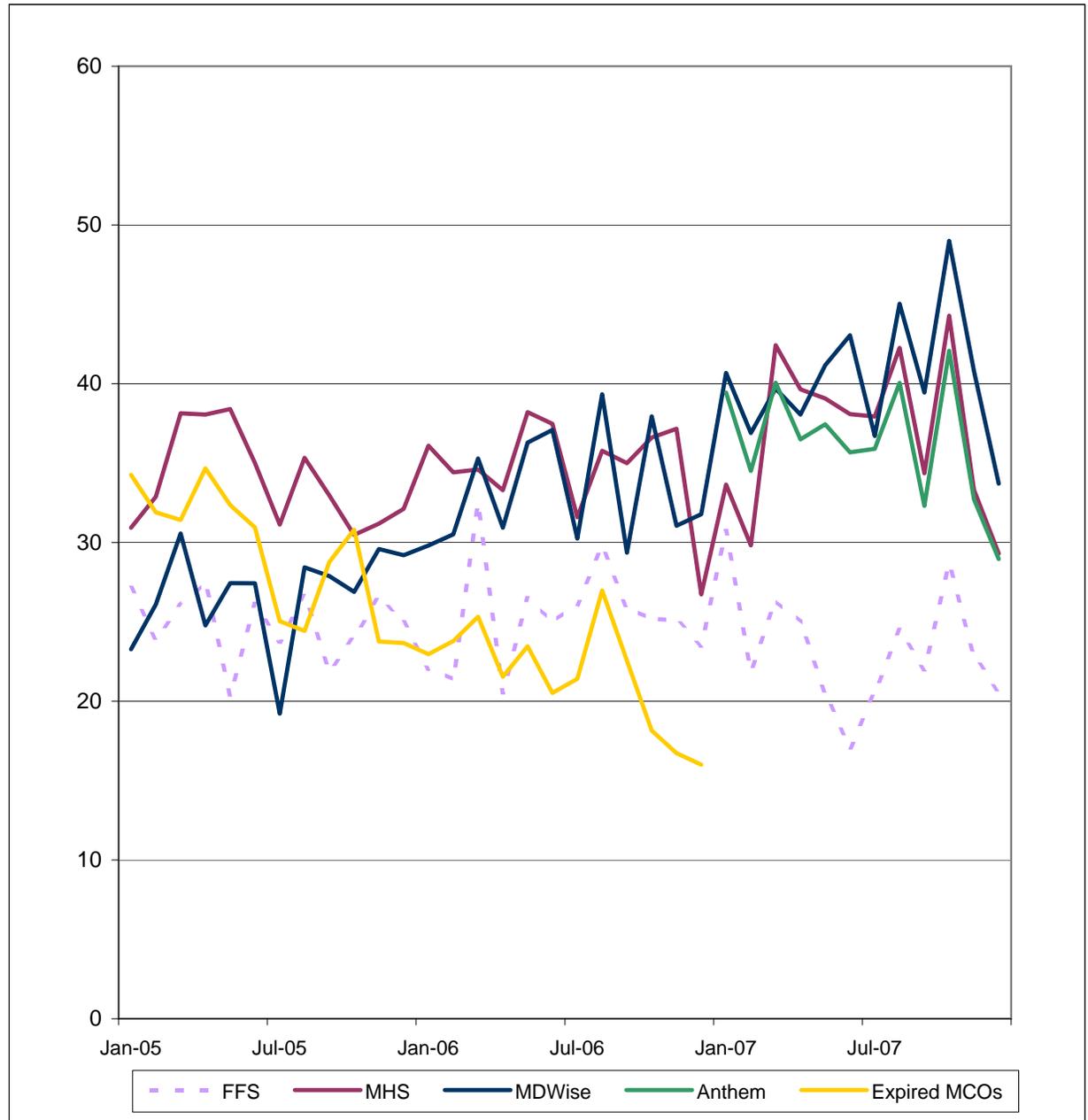
Report #	V.B.5
Report Title	Trend in Utilization of Specialist Visits Per 1,000 Members By Program
Population	CHIP A, CHIP C and Medicaid Children
Time Period	CY 2005 through CY 2007

Findings	Specialist utilization is consistently higher among CHIP C members.
	There was a slight upward trend for this visit type since 2005.



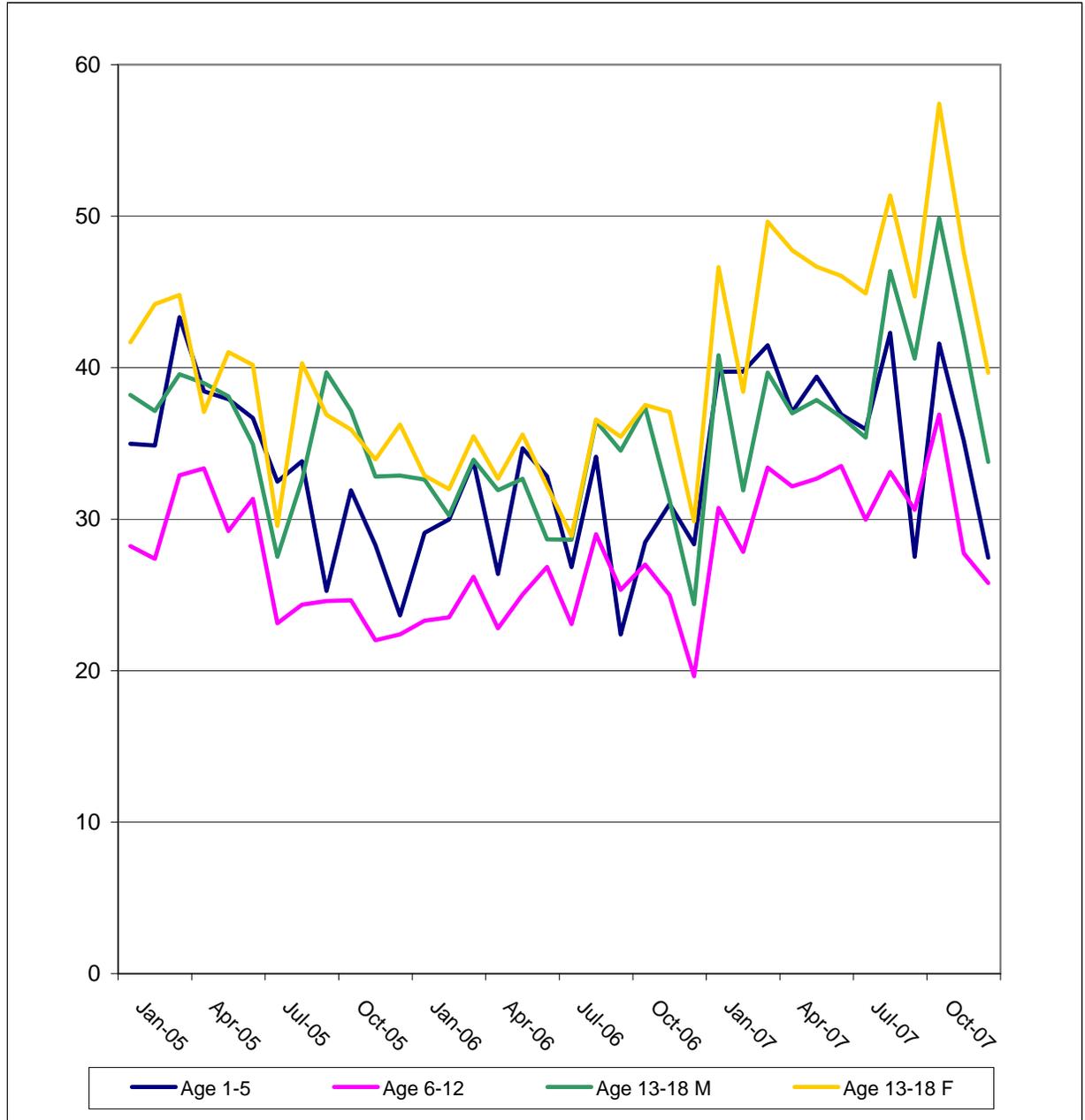
Report #	V.B.6
Report Title	Trend in Utilization of Specialist Visits Per 1,000 Members By MCO
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Utilization of specialist physicians has slightly increased for members of MHS and MDWise over the past three years. Anthem resembles the other two MCOs in 2007.
	The lower overall utilization of specialist visits per 1,000 appears to be attributable to when children are enrolled in FFS.



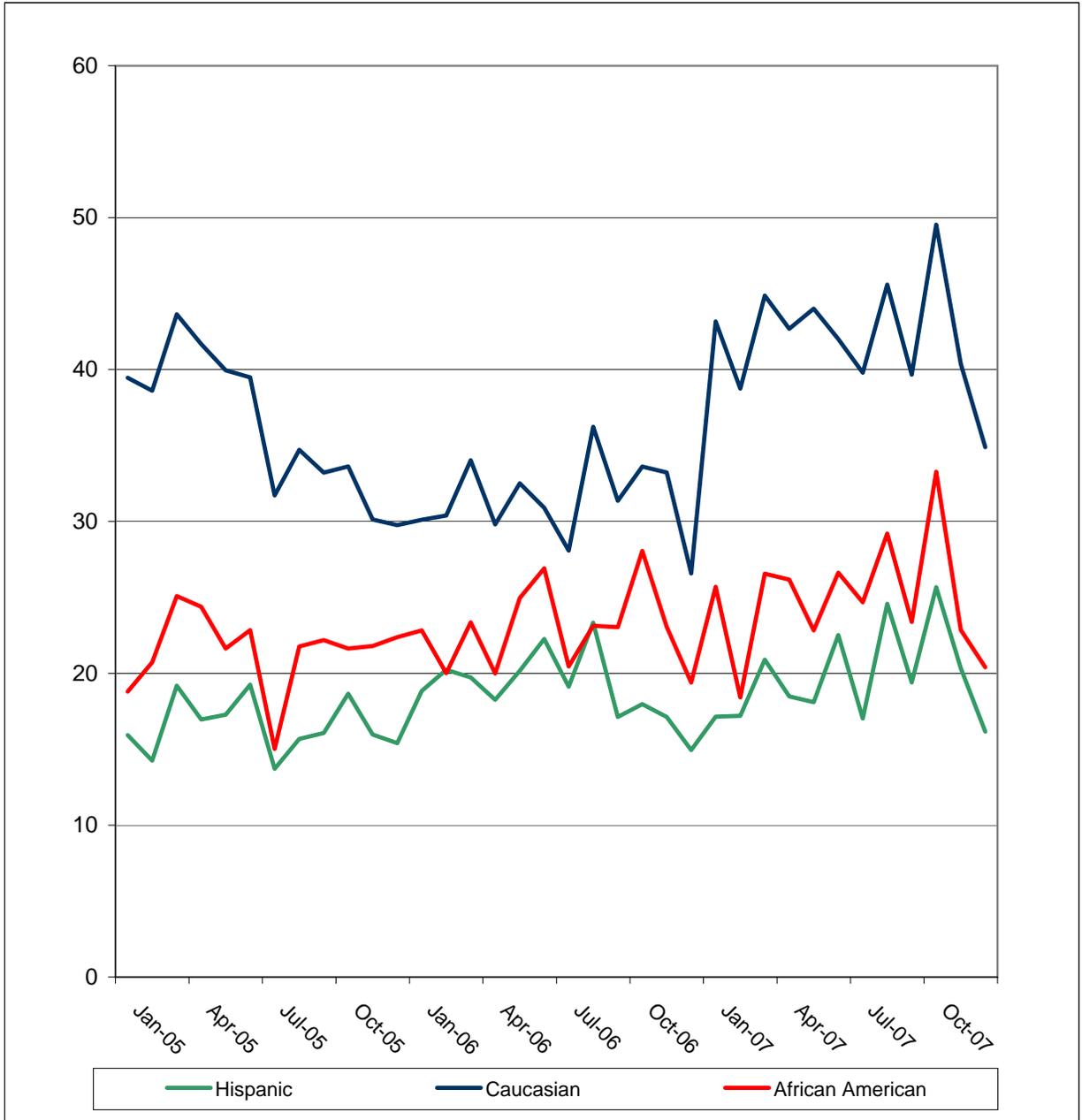
Report #	V.B.7
Report Title	Trend in Utilization of Specialist Visits Per 1,000 Members By Age Group
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Teenagers have consistently had higher utilization of specialist services than younger children. (Note that OB/GYN visits for girls are not defined as specialist visits but as PMP visits, even if the OB/GYN is not the member's PMP.)
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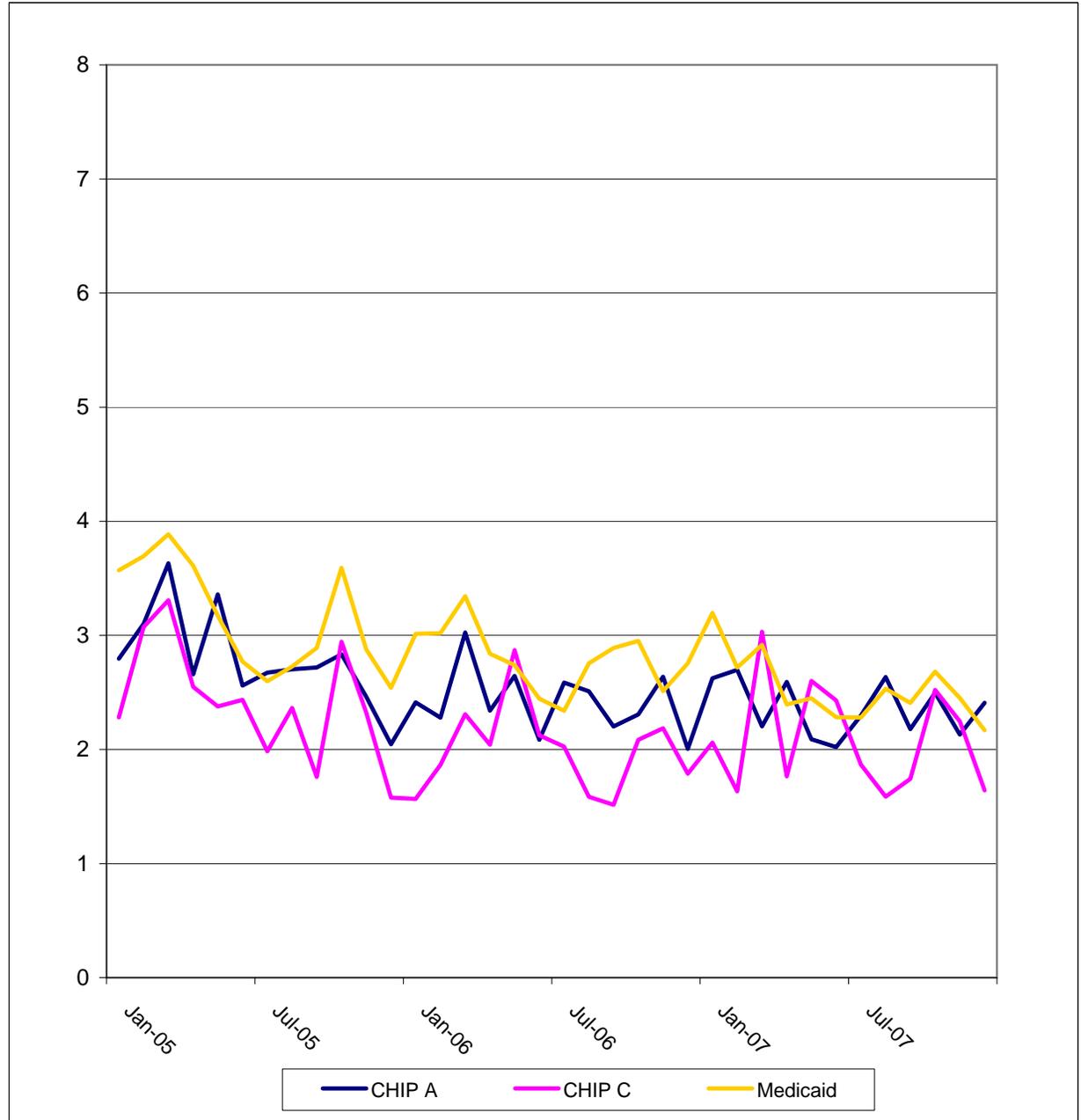
Report #	V.B.8
Report Title	Trend in Utilization of Specialist Visits Per 1,000 Members By Race/Ethnicity
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Caucasians had the greatest utilization of specialist physicians in 2005 to 2007 while Hispanics had the lowest utilization.
	Utilization of specialists declined in 2005 for Caucasians, but not for African Americans or Hispanics.



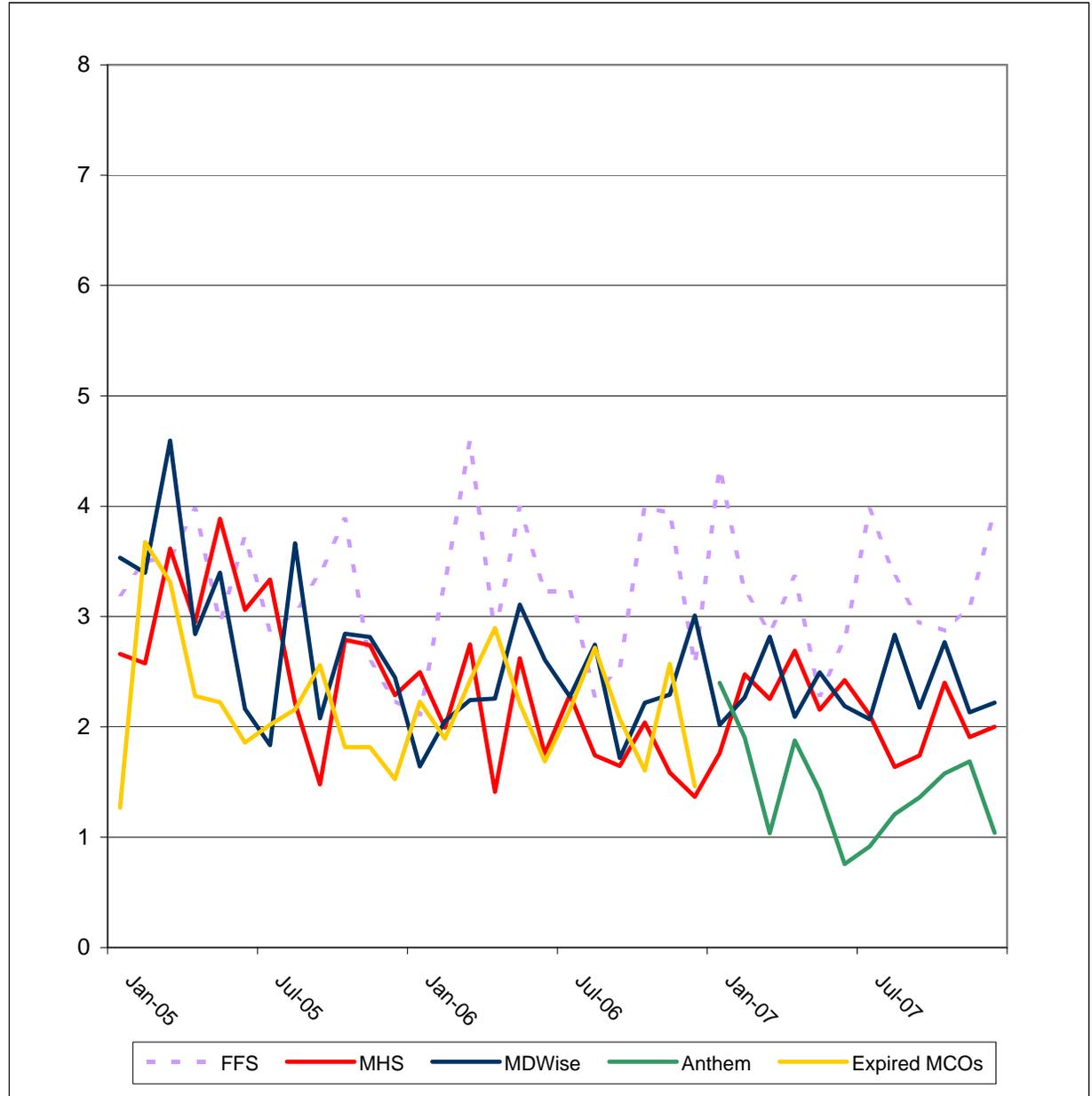
Report #	V.C.1
Report Title	Trend in Utilization of Inpatient Claims Per 1,000 Members By Program
Population	CHIP A, CHIP C and Medicaid Children ages 1-19
Time Period	CY 2005 through CY 2007

Findings	CHIP A and C members have had steady rates of low inpatient utilization in the last three years. The rates have decreased slightly during this time period.
	As newborns are excluded from this data, the utilization of inpatient hospital visits is comparable between Medicaid children and CHIP.



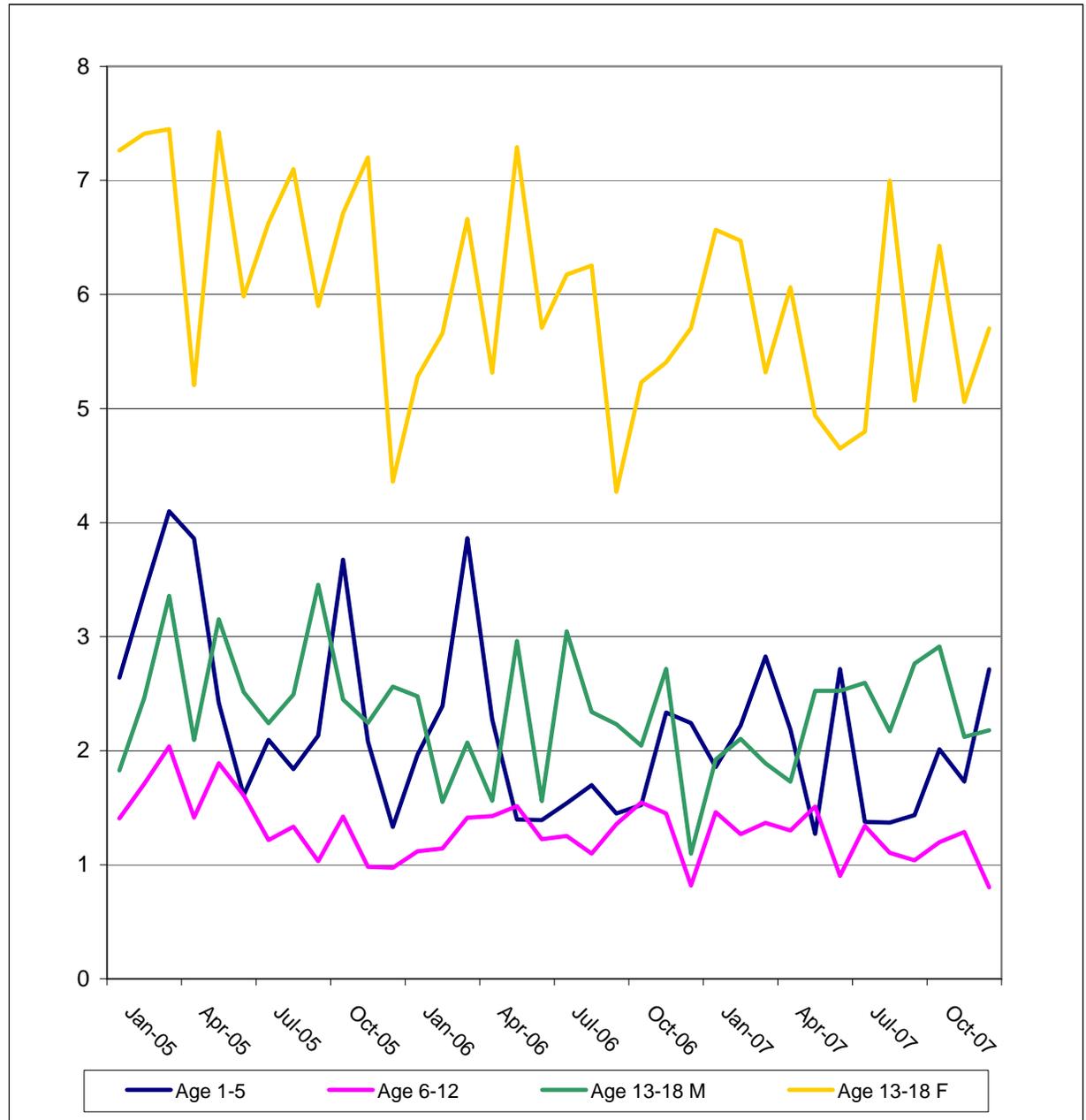
Report #	V.C.2
Report Title	Trend in Utilization of Inpatient Claims Per 1,000 Members By MCO
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	While the utilization of inpatient hospital visits declined somewhat for members in MCOs between 2005 and 2007, it did not decrease for members in FFS.
	Inpatient utilization for MHS and MDWise clients peaked in early 2005.



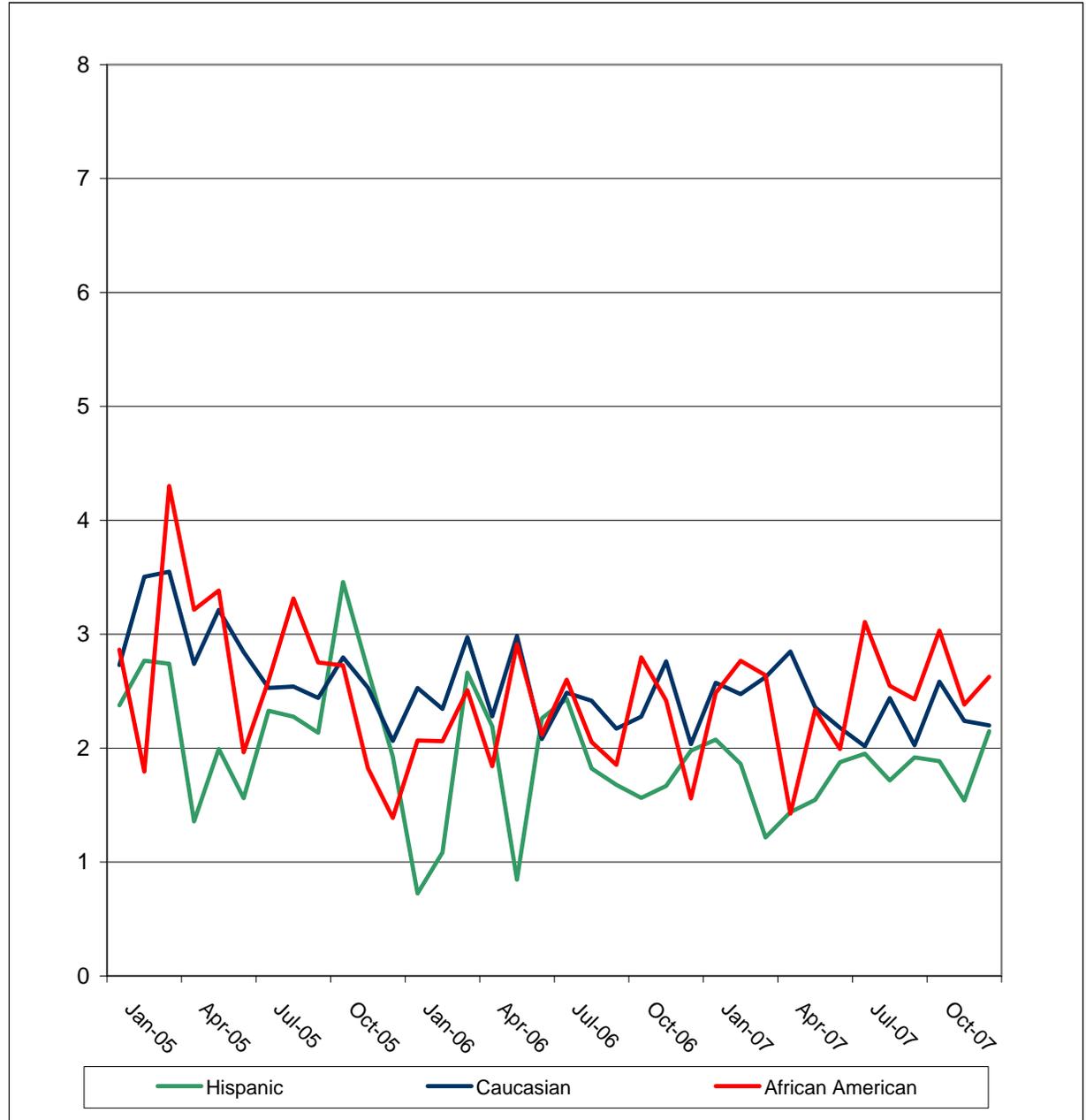
Report #	V.C.3
Report Title	Trend in Utilization of Inpatient Claims Per 1,000 Members By Age Group
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Young mothers probably account for higher inpatient utilization for the 13-18 Female age group.
	Children in the 6 to 12 age group have less variability in utilization during the year than do other age groups.



Report #	V.C.4
Report Title	Trend in Utilization of Inpatient Claims Per 1,000 Members By Race/Ethnicity
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Hispanics, Caucasians, and African Americans used inpatient services at similar rates between 2005 and 2007.
	In 2006 and 2007, African American and Caucasian trends in inpatient utilization were more similar than that of Hispanics.



Report #	V.C.5
Report Title	Distribution of Inpatient Claims Among Top 10 DRGs
Population	CHIP A and C Combined
Time Period	CY 2005 through CY 2007

DRG	# Claims 2005	% of Total	# Claims 2006	% of Total	# Claims 2007	% of Total
373 - Vaginal Delivery without Complications	377	16%	298	15%	255	16%
430 - Psychoses	189	8%	193	9%	105	6%
372 - Vaginal Delivery with Complications	81	4%	108	5%	105	6%
775 - Bronchitis & Asthma Age 0-17 without Complications	113	5%	102	5%	56	3%
773 - Simple Pneumonia, Pleurisy Age 0-17 without CC	66	3%	56	3%	45	3%
295 - Diabetes Age 0-35	52	2%	52	3%	42	3%
410 - Chemotherapy	23	1%	27	1%	42	3%
298 - Nutrition & Misc. Metabolic Disorder Age 0-17	60	3%	41	2%	34	2%
371 - Cesarean Section without Complications	35	2%	36	2%	32	2%
279 - Cellulitis Age 0-17	31	1%	28	1%	32	2%
Subtotal - Top 10 DRGs	1,027	45%	941	46%	748	46%
Other DRGs	1,276	55%	1,095	54%	883	54%
Total Claims	2,303	100%	2,036	100%	1,631	100%

Findings	The distribution of the types of inpatient stays has remained fairly constant over the last 3 years.
	Half of all inpatient hospital stays for CHIP members are concentrated in childbirth, psychoses/depression, and asthma or pneumonia.

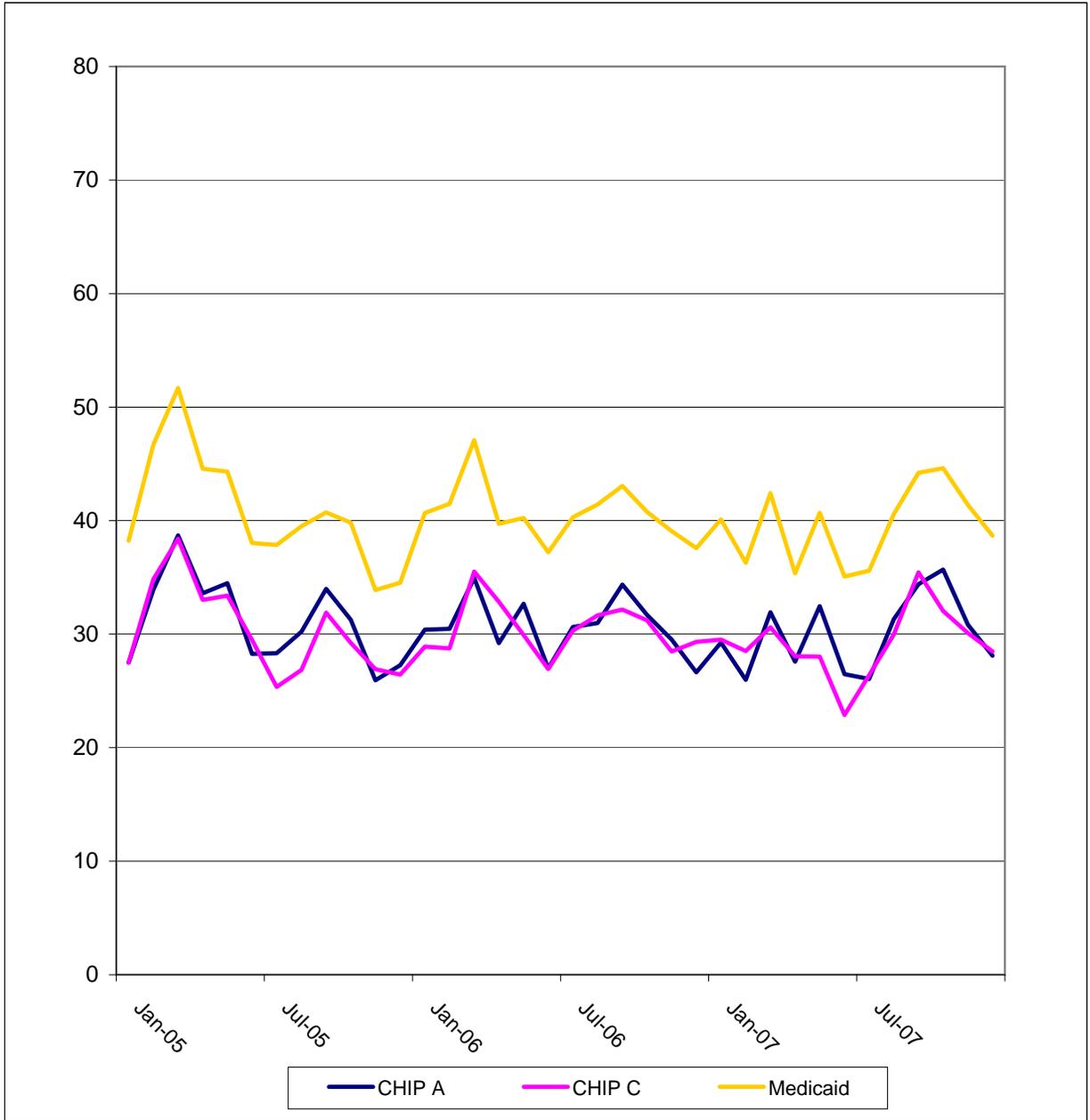
Report #	V.C.6
Report Title	Repeat Inpatient Visits
Population	CHIP A, CHIP C and Medicaid Children, Age 1+
Time Period	CY 2005 through CY 2007

Finding	Very few CHIP and Medicaid children, of age 1+, had an inpatient stay in 2005-2007 and fewer than 0.1% had multiple visits.
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CHIP Package A			CHIP Package C		Medicaid	
Number of Inpatient Stays CY 2005 - CY 2007	Number of Clients	Percent of Clients	Number of Clients	Percent of Clients	Number of Clients	Percent of Clients
0	67,236	99.83%	25,327	99.83%	525,231	99.79%
1	95	0.14%	40	0.16%	1,012	0.19%
2	16	0.02%	2	0.01%	90	0.02%
3	3	0.00%	0	0.00%	8	0.00%
4 or more	0	0.00%	0	0.00%	0	0.00%
All Members	67,350		25,369		526,341	
Percent of Members with More than One Inpatient Stay		0.03%			0.01%	0.02%

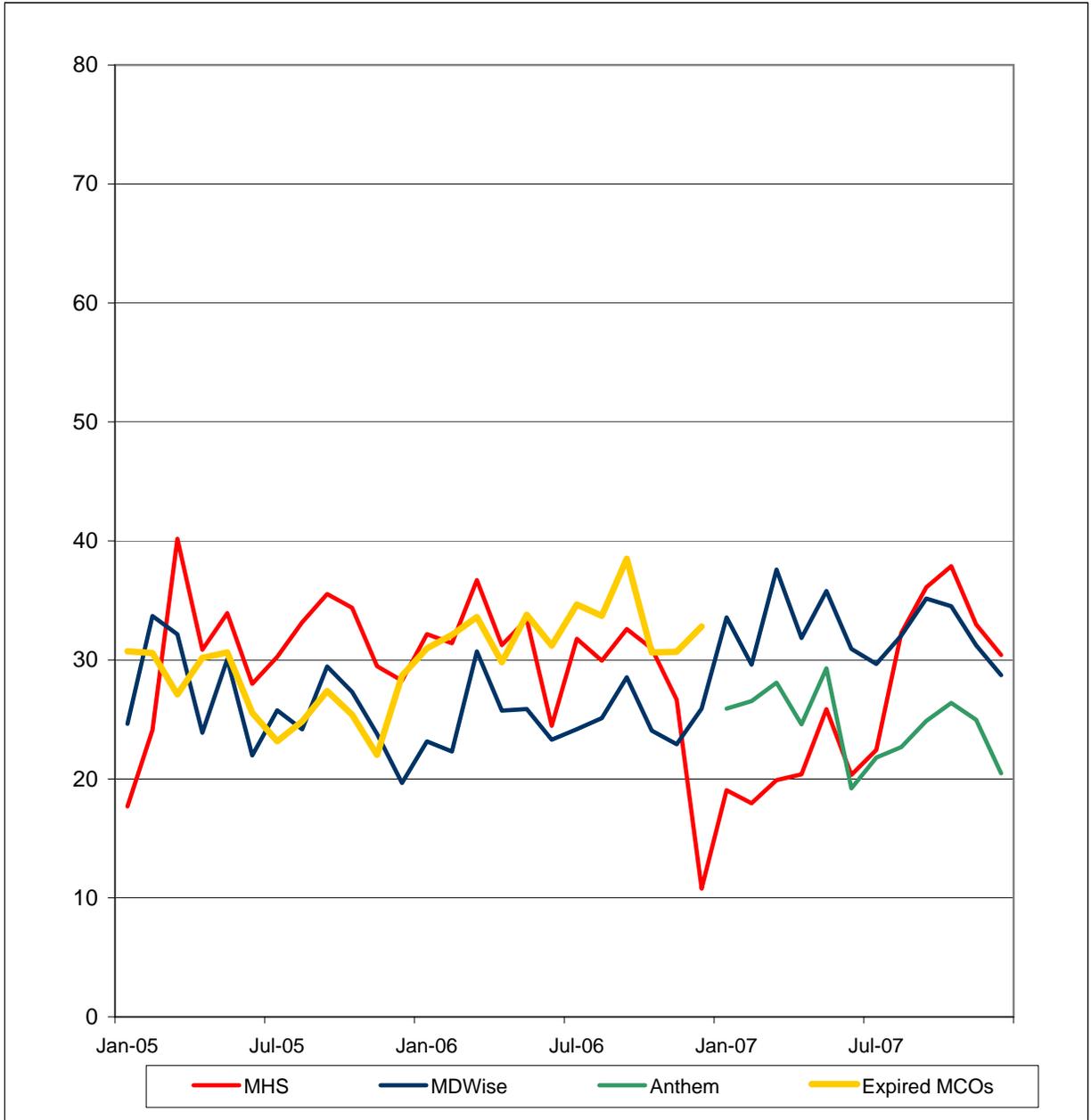
Report #	V.C.7
Report Title	Trend in Utilization of ER Claims Per 1,000 Members By Program
Population	CHIP A, CHIP C and Medicaid Children
Time Period	CY 2005 through CY 2007

Findings	The CHIP program is consistently below the Medicaid program on utilization of ER services. This may be due to the fact that the Medicaid program has a proportionally higher percentage of children aged 1-5 than CHIP (children under age 1 have been removed from this analysis).
	Utilization between CHIP A and CHIP C is very consistent as well.



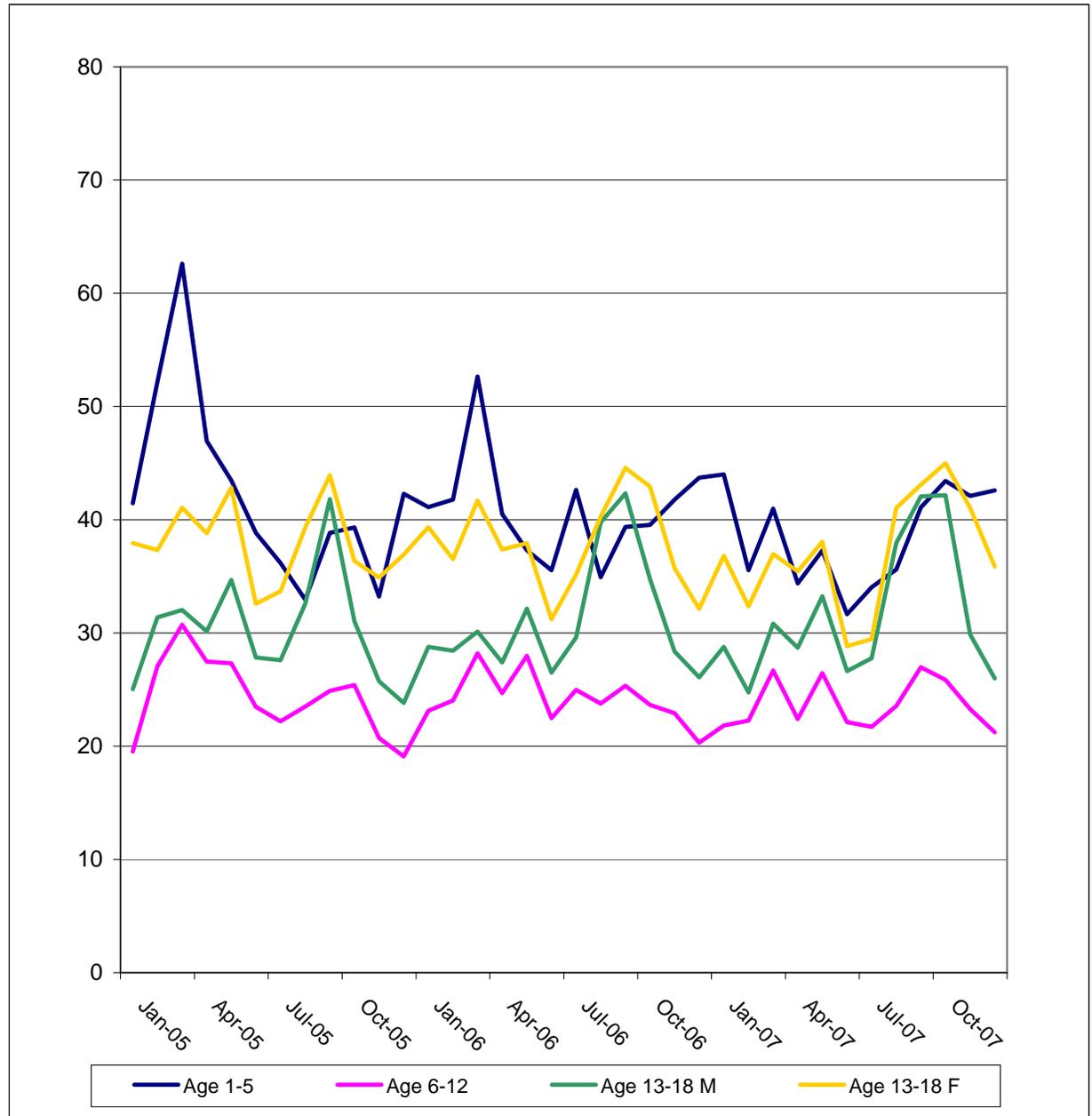
Report #	V.C.8
Report Title	Trend in Utilization of ER Claims Per 1,000 Members By MCO
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	MDWise had higher ER utilization in 2007 than they did in 2006.
	Although MHS appears to have brought down ER utilization in the first half of 2007, it increased again in the second half of 2007.



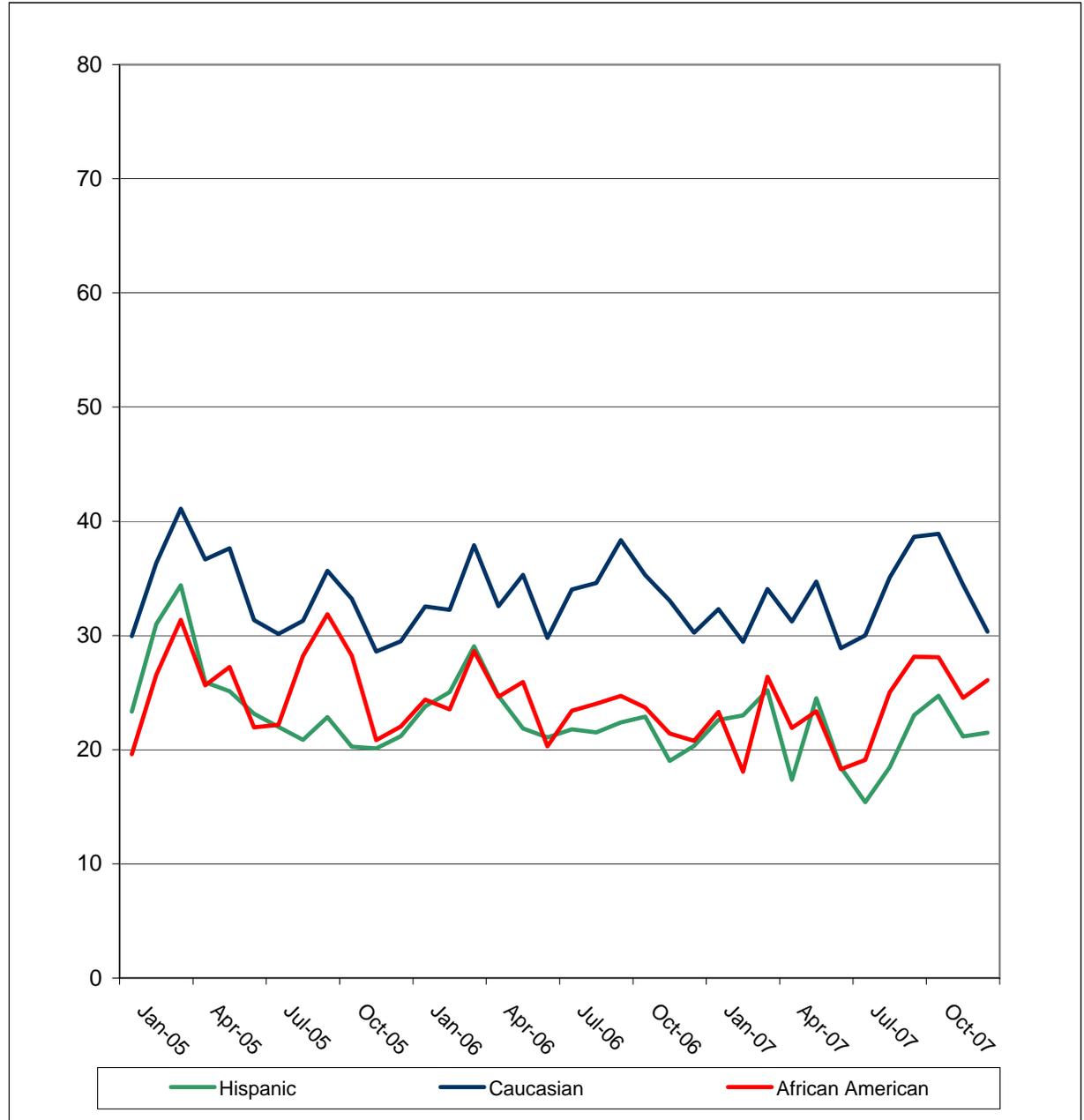
Report #	V.C.9
Report Title	Trend in Utilization of ER Claims Per 1,000 Members By Age Group
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	It is not surprising that the youngest age group (1-5) has higher utilization than other age groups for ER usage.
	Teenage girls also have high ER utilization. It is unclear whether these visits to the ER are actually emergent or not.



Report #	V.C.10
Report Title	Trend in Utilization of ER Claims Per 1,000 Members By Race/Ethnicity
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Caucasians had the greatest utilization of ER services per 1,000 member than did other race/ethnicities in 2005 to 2007.
	Trends of utilization of ER services over the time period considered were similar between the subpopulations.



Report #	V.C.11
Report Title	Repeat ER Visits
Population	CHIP A, CHIP C and Medicaid Children, Age 1-18
Time Period	CY 2005 through CY 2007

Finding	Between 2005 and 2007, about 2.6% of CHIP clients and 3.5% of Medicaid clients had an ER visit. Fewer than 0.3% made more than one trip to the ER.
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CHIP Package A			CHIP Package C		Medicaid	
Number of ER Visits CY 2005 - CY 2007	Number of Clients	Percent of Clients	Number of Clients	Percent of Clients	Number of Clients	Percent of Clients
0	65,582	97.37%	24,695	97.34%	508,064	96.53%
1	1,646	2.44%	625	2.46%	16,774	3.19%
2	105	0.16%	41	0.16%	1,320	0.25%
3	13	0.02%	7	0.03%	148	0.03%
4 or more	4	0.01%	1	0.00%	35	0.01%
All Members	67,350		25,369		526,341	
Percent of Members with More than One ER Visit		0.18%	0.19%		0.29%	

Report #	V.C.12
Report Title	Characteristics of Clients with Repeat ER Visits between CY 2005 and CY 2007
Population	CHIP A, CHIP C and Medicaid Children

Findings	Newborns were excluded from this analysis. Next to newborns, teenage females are most likely to have repeat ER visits between 2005 and 2007.
	The percent of CHIP and Medicaid children with repeat ER visits varied between 0.18% and 0.39% by region.
	Children with a specific diagnosis were more likely than those without them to have repeat ER visits

	Number of Clients				Percent of Clients with Repeat ER Visits
	All Members, Age 1+	No ER Visit	One ER Visit	Multiple ER Visits	

All Members	619,060	598,341	15,620	1,234	0.20%
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Age Group					
Age 1-5	209,958	200,398	8,810	750	0.36%
Age 6-12	228,314	223,293	4,738	283	0.12%
Age 13-18, Males	86,321	84,041	2,090	190	0.22%
Age 13-18, Females	94,467	90,609	3,407	451	0.48%

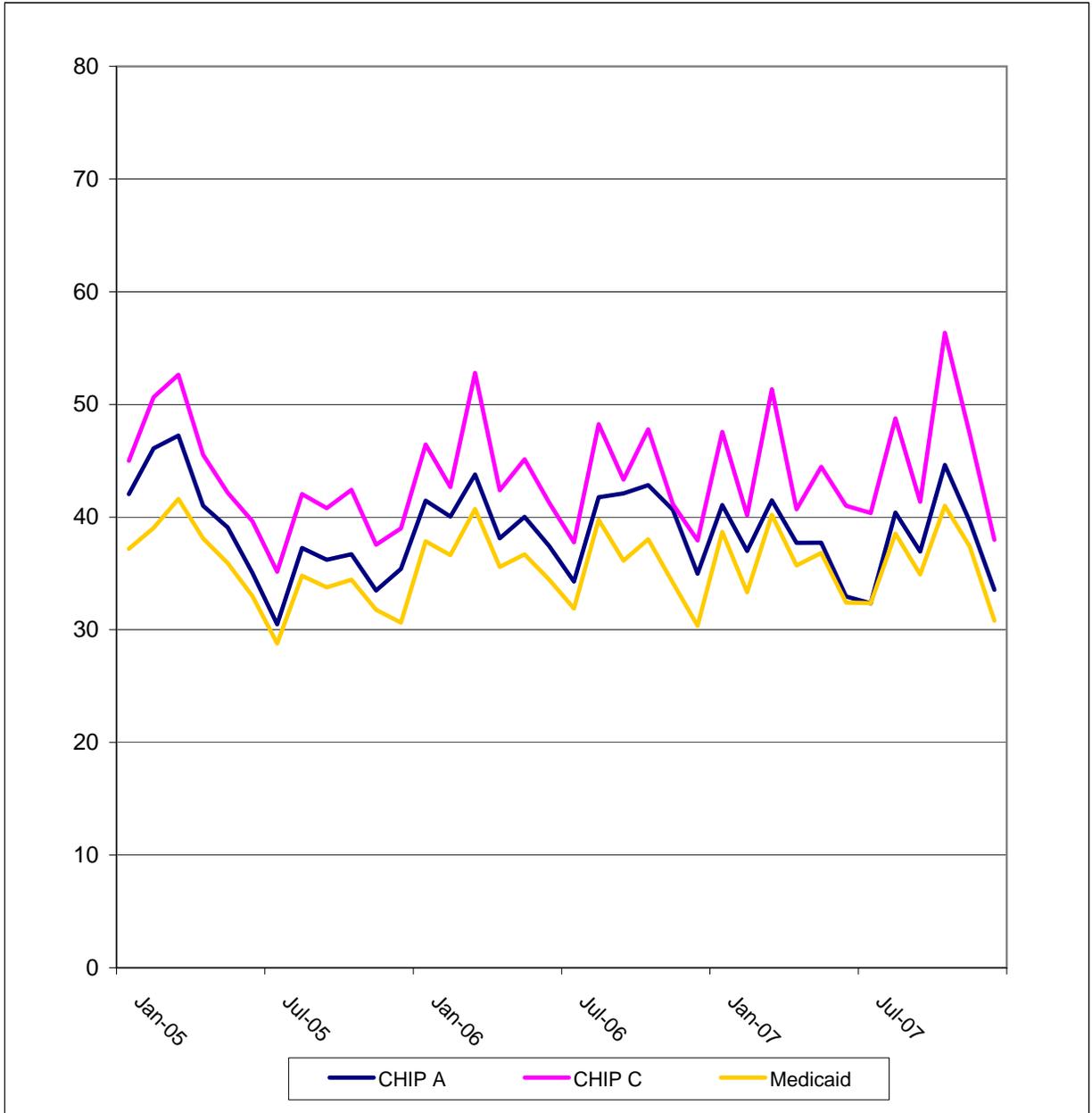
Race/Ethnicity					
African American	146,929	142,838	3,786	305	0.21%
Hispanic	71,511	69,784	1,621	106	0.15%
Other	12,913	12,622	272	19	0.15%
Caucasian	387,707	373,097	13,366	1,244	0.32%

Region					
1 North West	89,909	87,516	2,227	166	0.18%
2 North Central	63,254	61,479	1,649	126	0.20%
3 North East	69,824	67,511	2,128	185	0.26%
4 West Central	46,430	44,483	1,764	183	0.39%
5 Central	180,494	174,698	5,313	483	0.27%
6 East Central	55,679	53,291	2,198	190	0.34%
7 South West	60,907	58,897	1,842	168	0.28%
8 South Central	51,742	49,678	1,892	172	0.33%

Specific Diagnosis					
Asthma	80,973	76,455	4,084	434	0.54%
Behavioral Health	147,608	141,290	5,668	650	0.44%
Obesity	19,013	18,190	735	88	0.46%

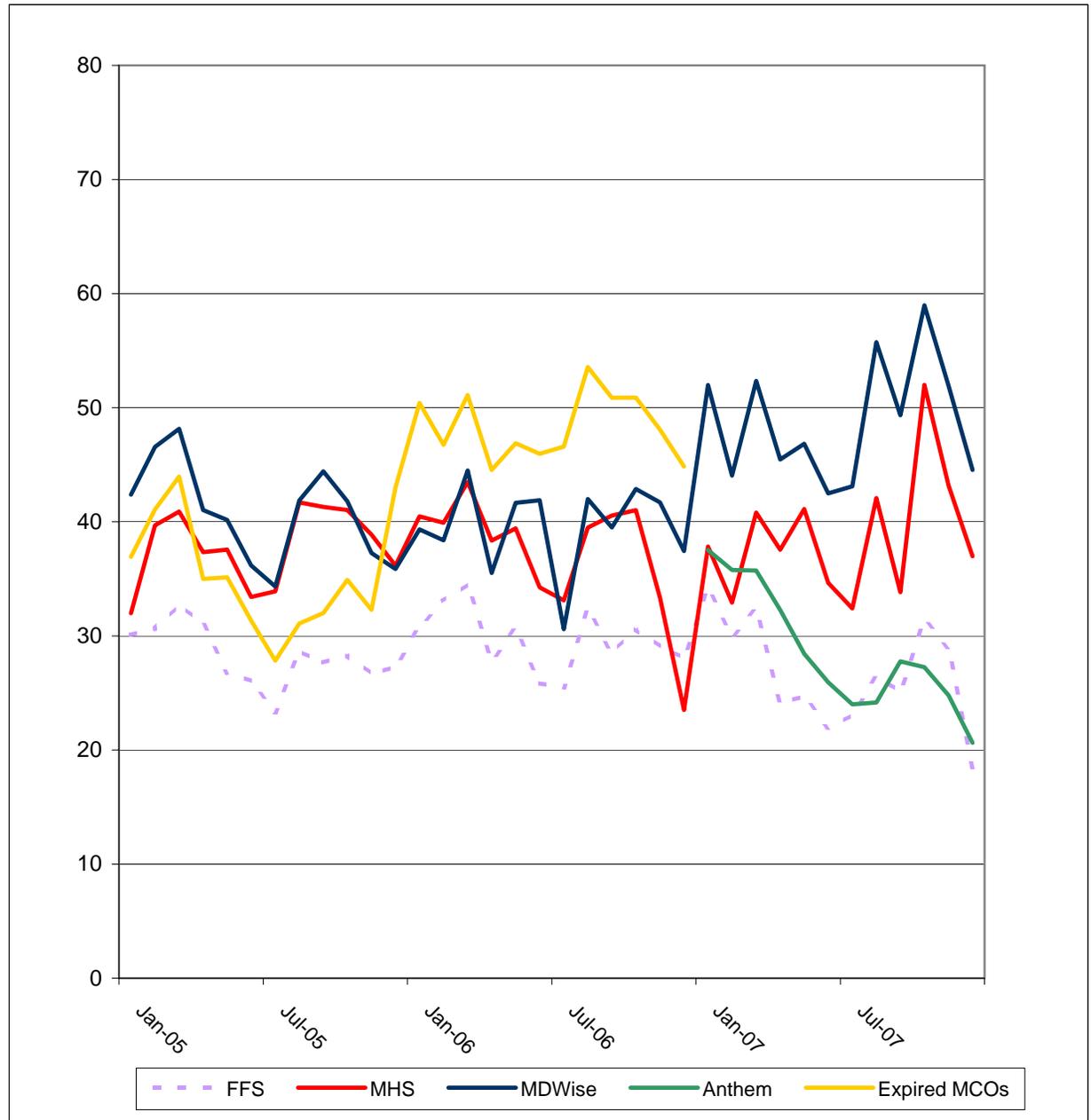
Report #	V.C.13
Report Title	Trend in Utilization of Outpatient Claims (Exc. ER) Per 1,000 Members By Program
Population	CHIP A, CHIP C and Medicaid Children
Time Period	CY 2005 through CY 2007

Findings	The utilization of outpatient hospital services (excluding ER) has remained very steady in the last three years for CHIP A, CHIP C and Medicaid children.
	While Medicaid children had higher utilization of inpatient and ER services, their utilization of outpatient services were slightly lower than that of CHIP members.



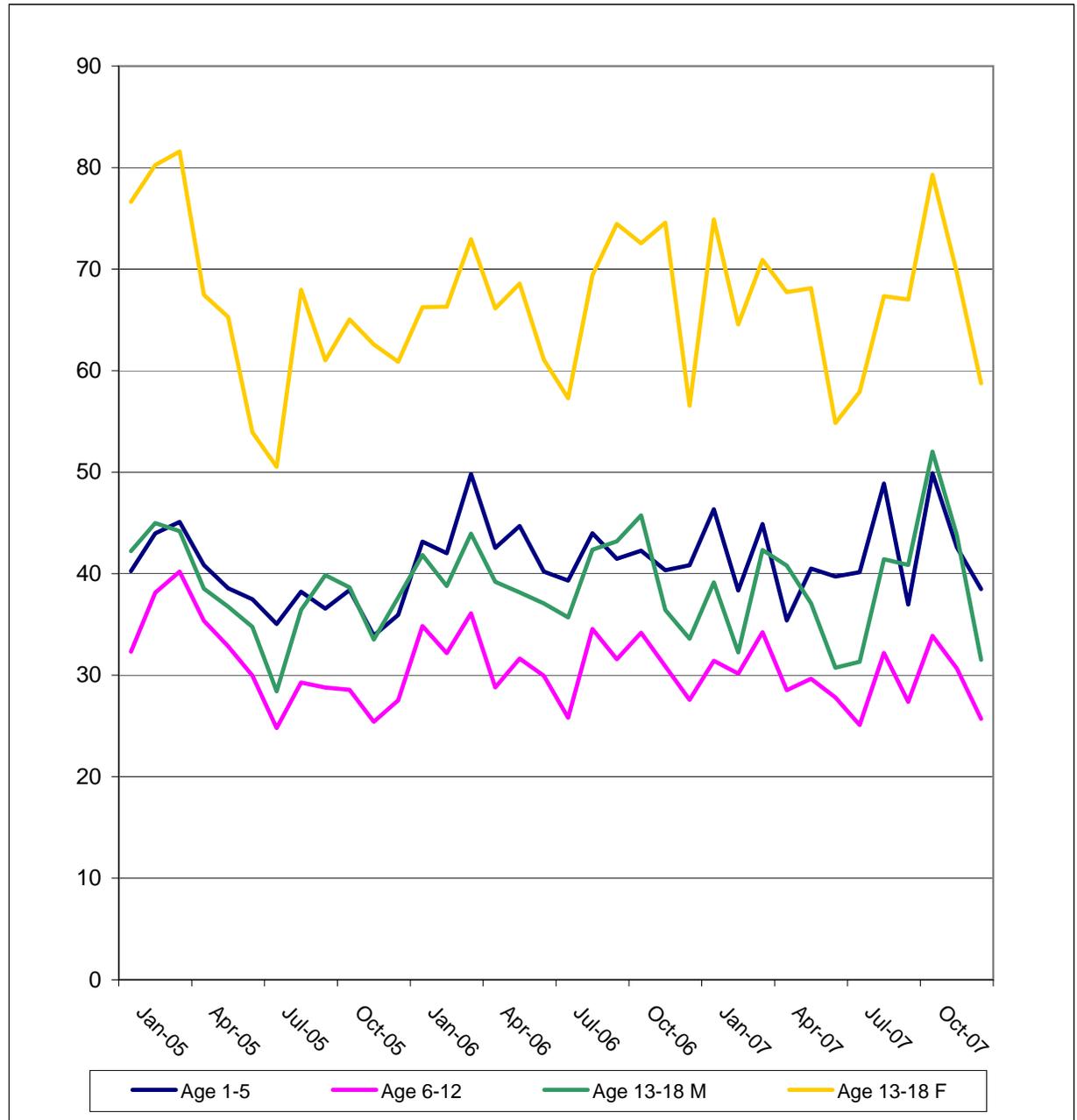
Report #	V.C.14
Report Title	Trend in Utilization of Outpatient Claims (Exc. ER) Per 1,000 Members By MCO
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	MDWise and MHS have increased utilization of outpatient claims between 2005 and 2007.
	FFS clients have consistent rates of outpatient claims per 1,000 members over the time period considered.



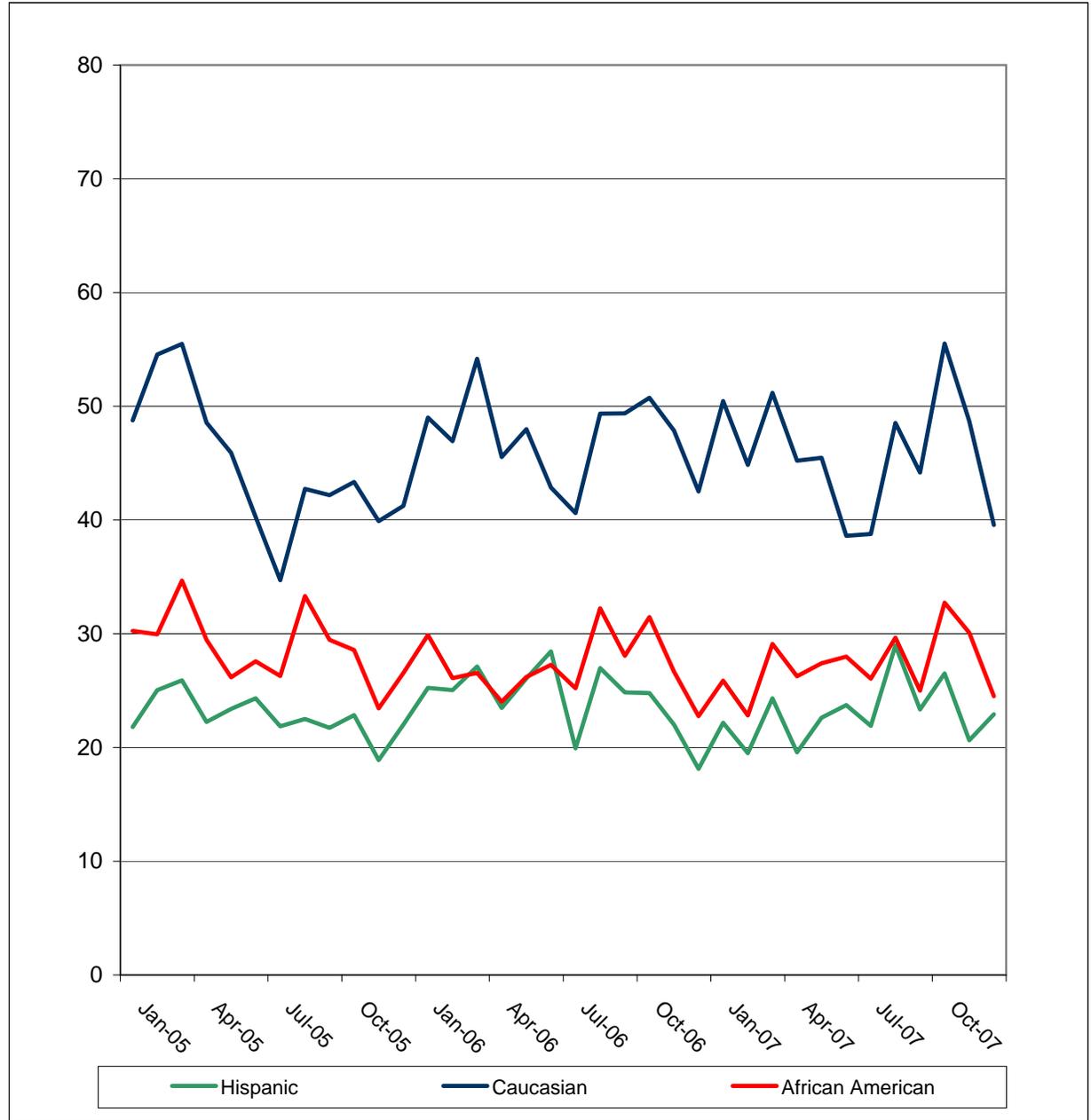
Report #	V.C.15
Report Title	Trend in Utilization of Outpatient Claims (Exc. ER) Per 1,000 Members By Age Group
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Teenage girls utilize outpatient hospital services at a much higher rate than other age groups. This may be due to lab tests and other pregnancy-related visits.
	Although there is some variation in utilization of this service among the other age groups, utilization within each age group remained consistent in 2005 and 2007.



Report #	V.C.16
Report Title	Trend in Utilization of Outpatient Claims (Exc. ER) Per 1,000 Members By Race/Ethnicity
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

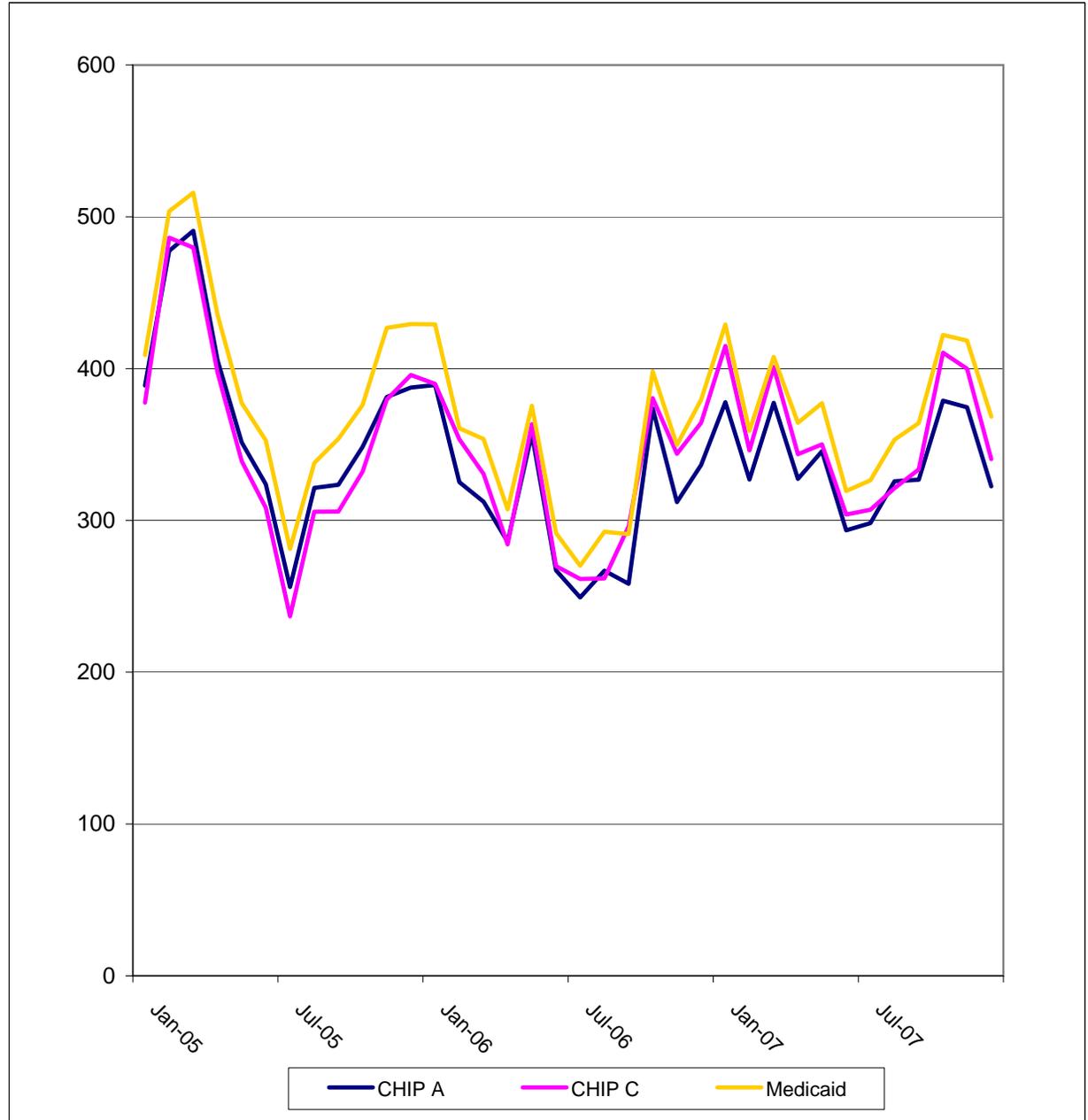
Findings	Caucasians had more utilization of outpatient services per 1,000 member than did other race/ethnicities in 2005 to 2007.
	Rates of utilization of outpatient claims were consistent over the time period 2005 to 2007.



Report #	V.D.1
Report Title	Trend in Utilization of Pharmacy Claims Per 1,000 Members By Program
Population	CHIP A, CHIP C and Medicaid Children ages 1-19
Time Period	CY 2005 through CY 2007

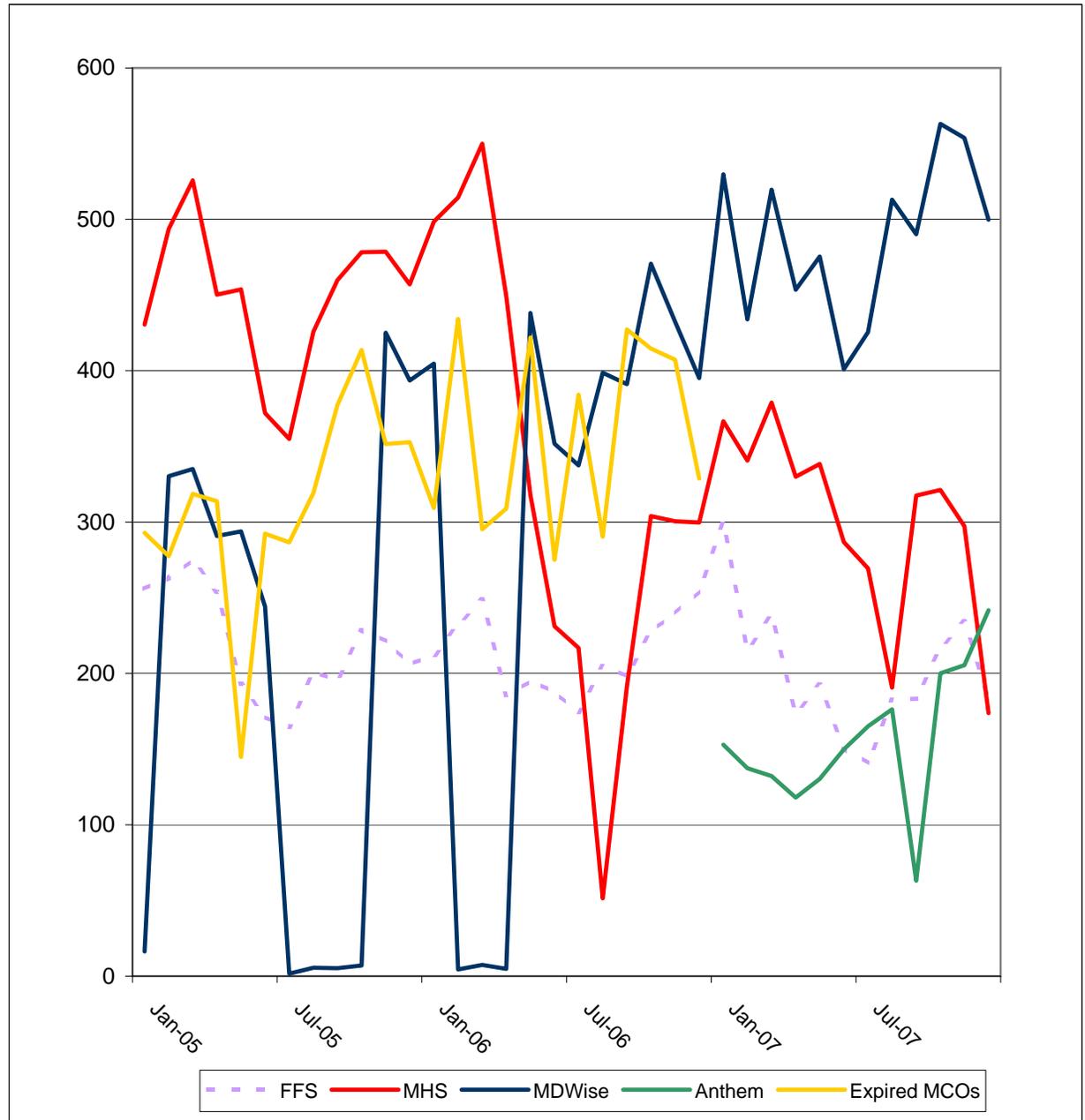
Findings	CHIP and Medicaid members have very similar utilization of pharmacy claims between 2005 and 2007.
	Pharmacy utilization appears to be somewhat seasonal in nature, with higher utilization in winter months and lower utilization in summer months.

Note: Findings related to pharmacy utilization are inconclusive with respect to encounters. B&A has reported to OMPP the erratic reporting by some MCOs of pharmacy utilization, which most likely impact the findings in this section of the manual.



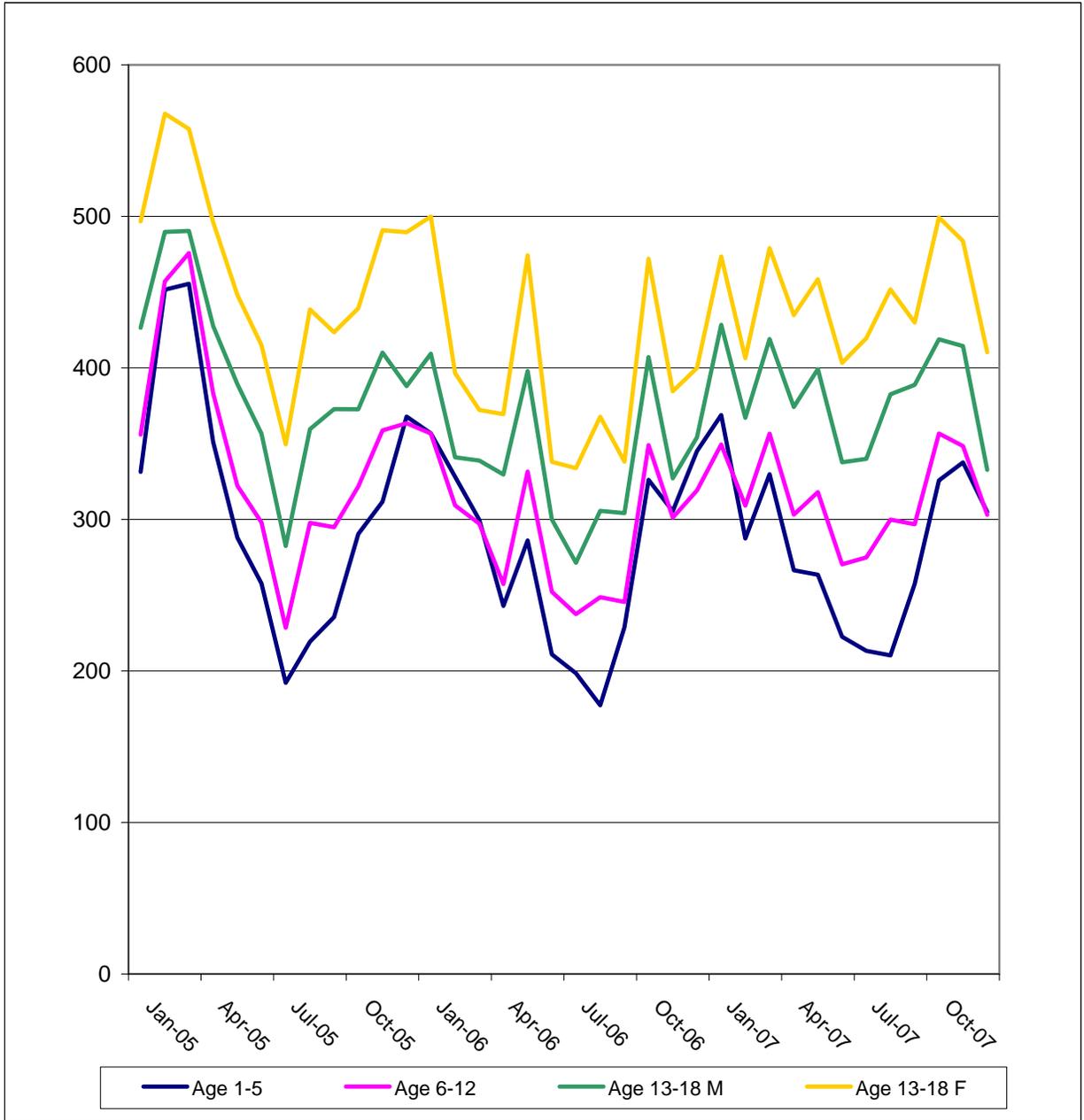
Report #	V.D.2
Report Title	Trend in Utilization of Pharmacy Claims Per 1,000 Members By MCO
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	The data reported by MCO is so erratic for pharmacy services that a definitive finding cannot be made at this time.
	FFS pharmacy claims follow a more consistent pattern between 2005 and 2007 than the MCOs.



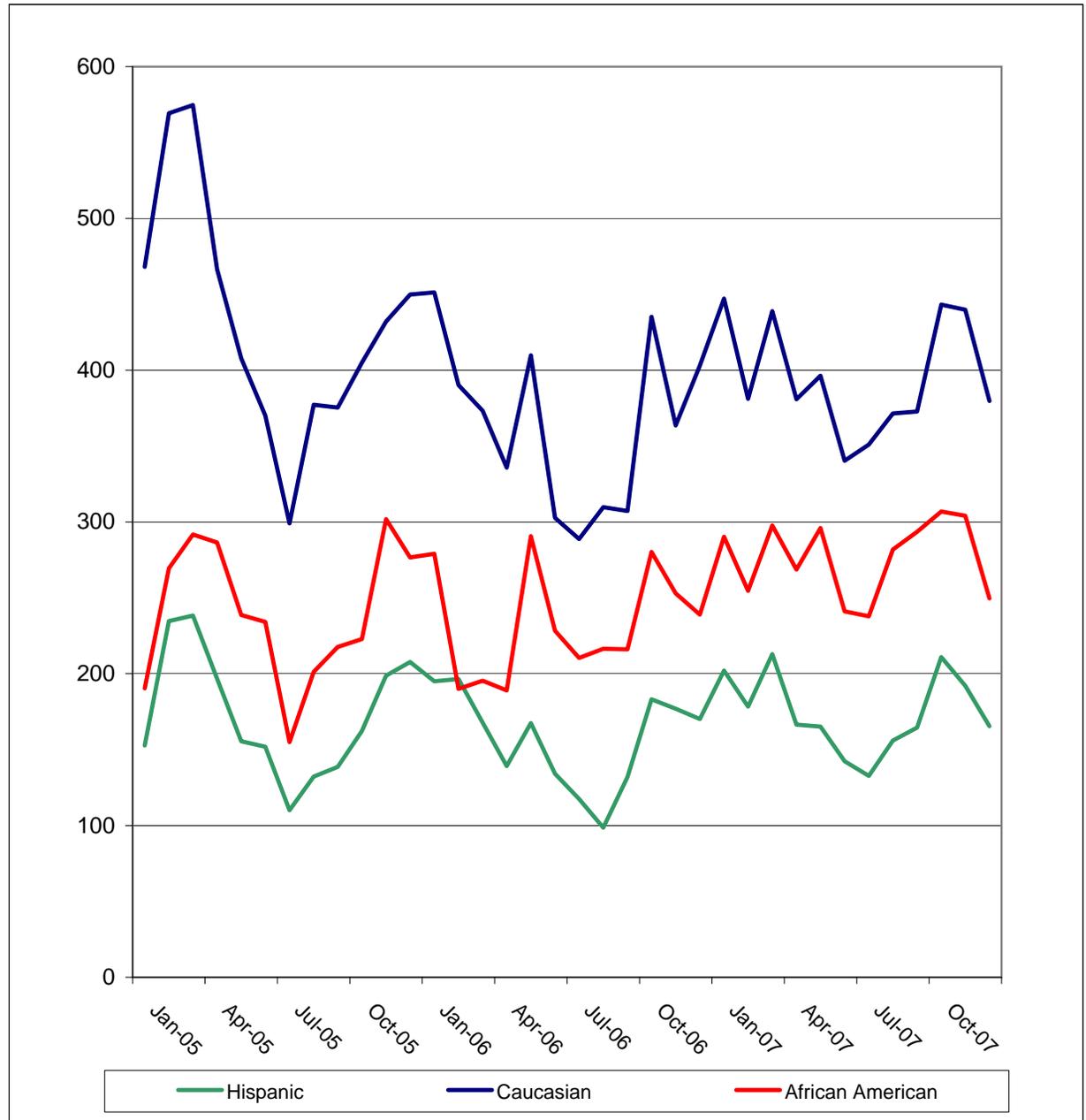
Report #	V.D.3
Report Title	Trend in Utilization of Pharmacy Claims Per 1,000 Members By Age Group
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Assuming any potential missing pharmacy encounters will be consistent across age groups, the teenagers (male and female) have higher utilization than younger CHIP members.
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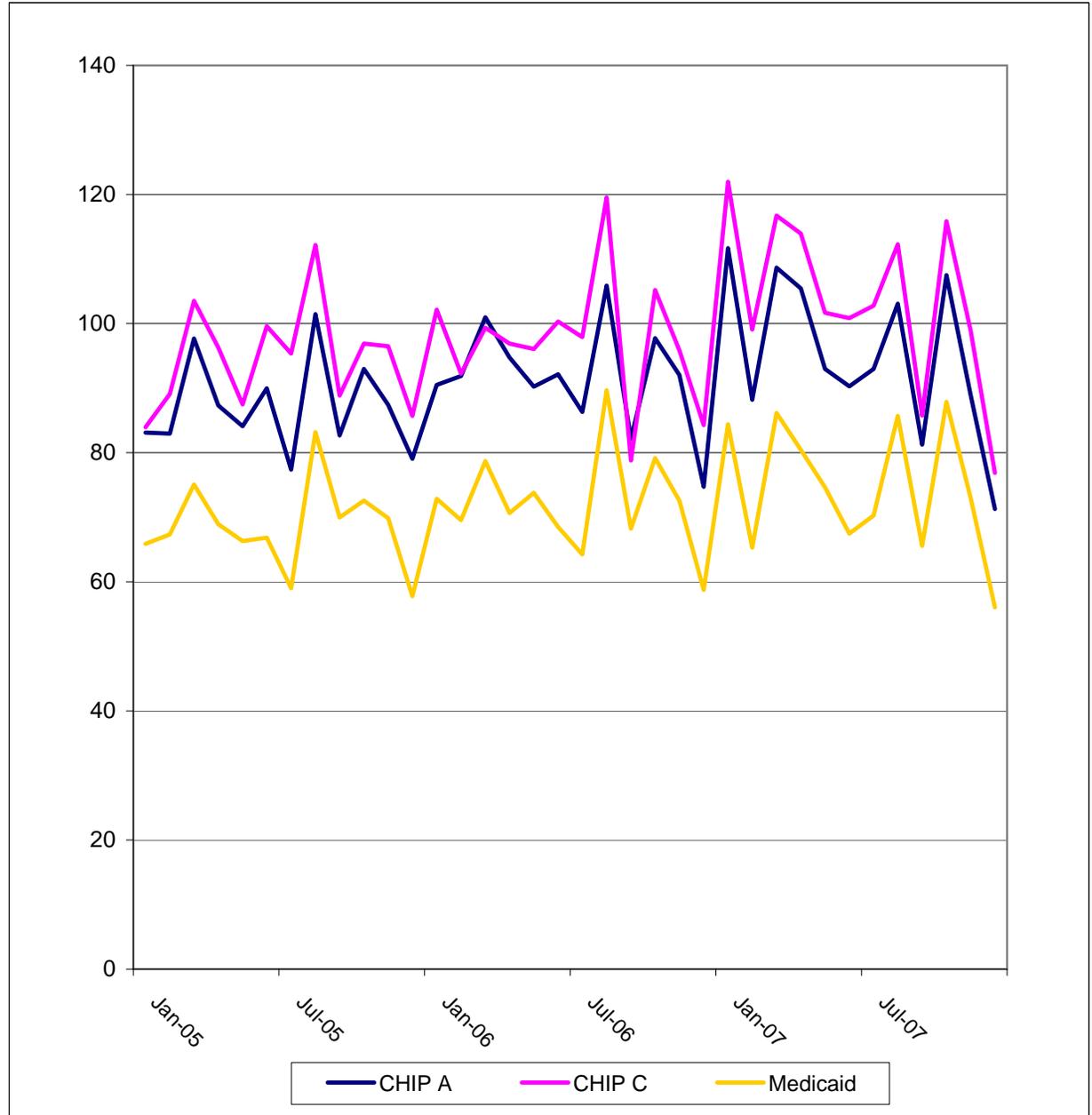
Report #	V.D.4
Report Title	Trend in Utilization of Pharmacy Claims Per 1,000 Members By Race/Ethnicity
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Caucasians had the greatest utilization of pharmacy claims in the last three years while Hispanics had the lowest utilization.
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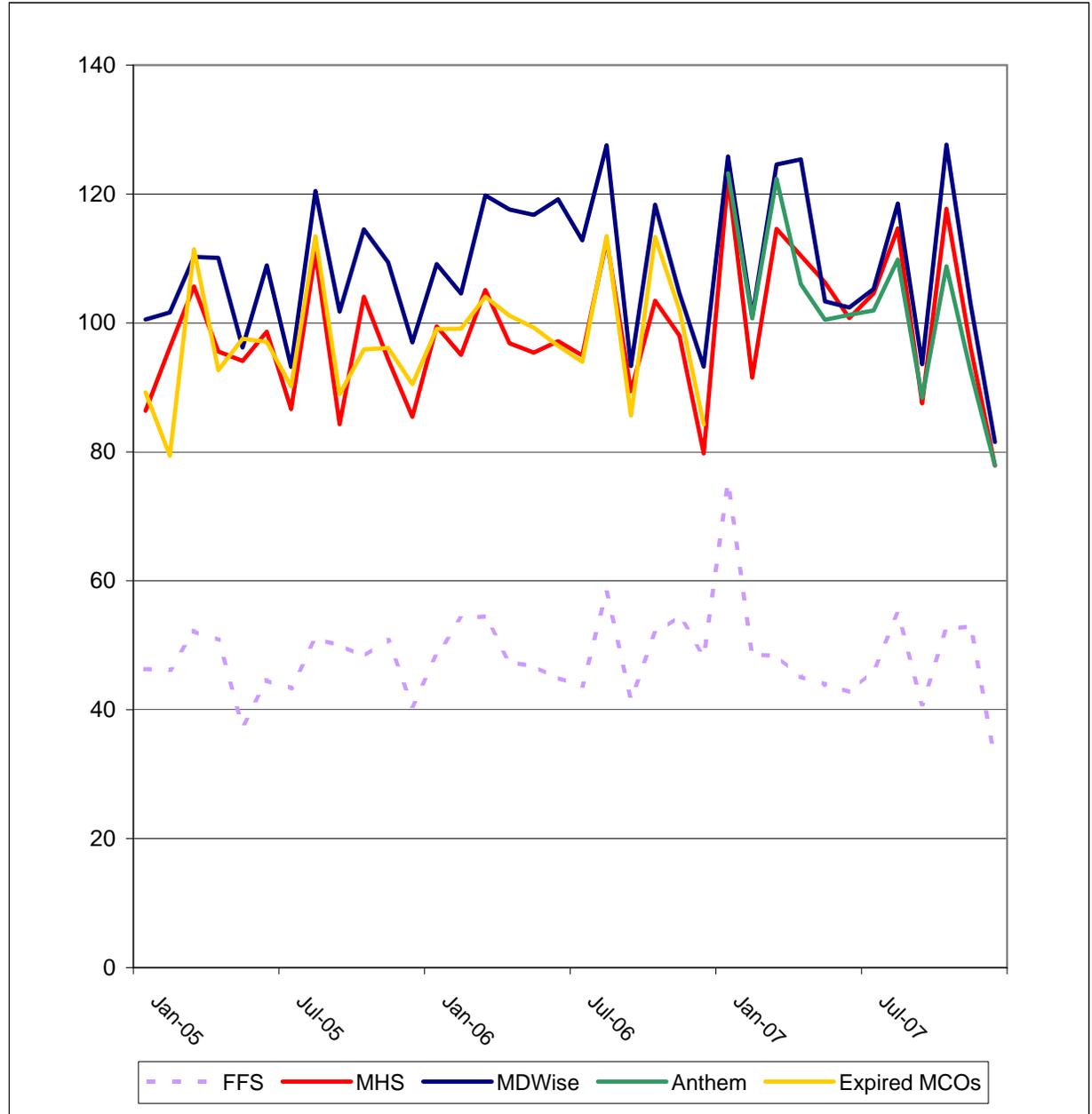
Report #	V.E.1
Report Title	Trend in Utilization of Preventative Dental Visits Per 1,000 Members By Program
Population	CHIP A, CHIP C and Medicaid Children ages 1-19
Time Period	CY 2005 through CY 2007

Findings	There is a slight upward trend for preventative dental visits.
	CHIP is consistently higher than Medicaid on this measure. This may be because Medicaid has a higher proportion of children age 1-5.



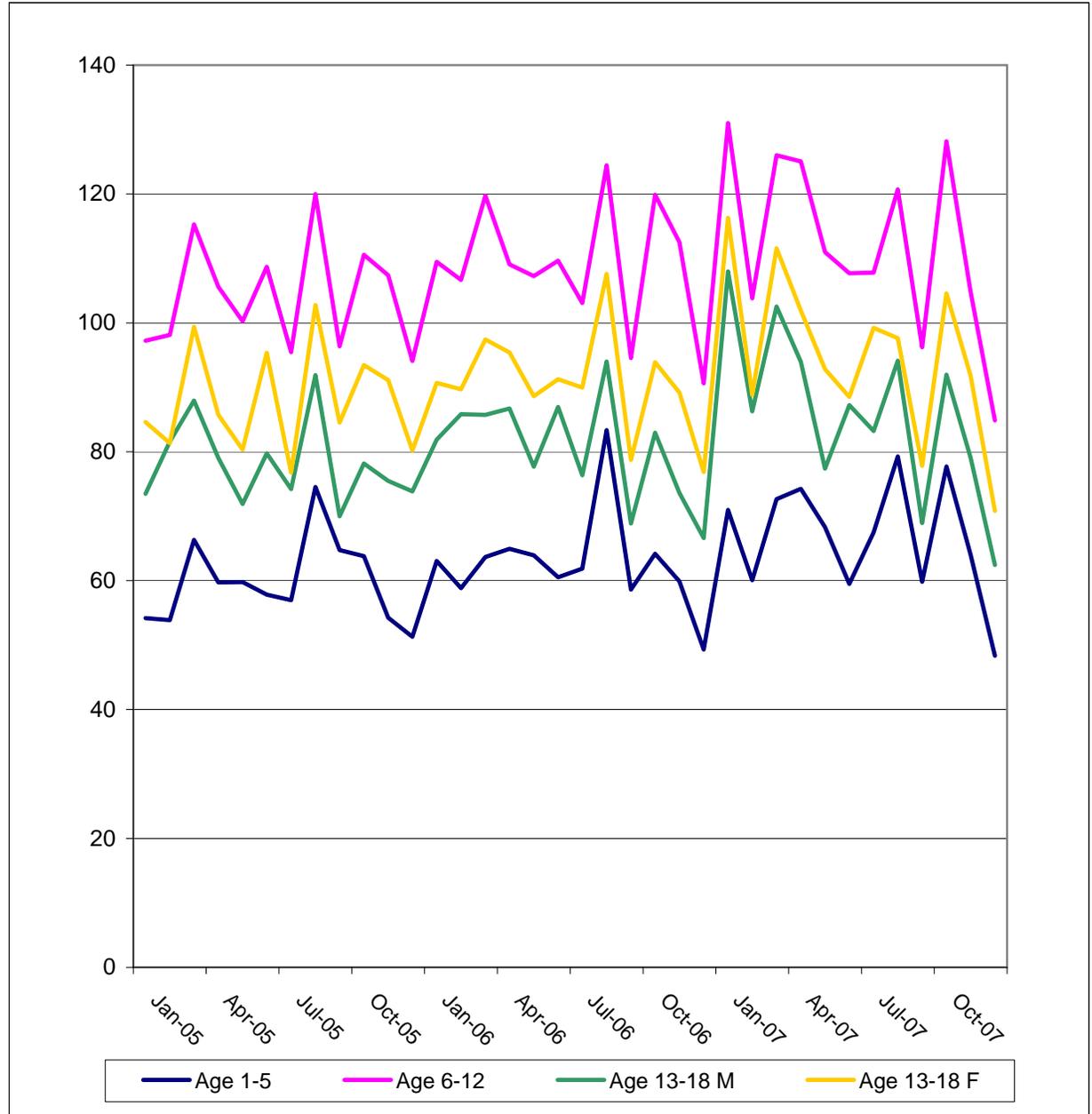
Report #	V.E.2
Report Title	Trend in Utilization of Preventative Dental Visits Per 1,000 Members By MCO
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Utilization of preventative dental visits is very similar for members enrolled with MHS, MDWise, and Anthem.
	It is expected that utilization of dental services is lower for children while in FFS since they are expected to be enrolled in FFS only during their introductory period in Hoosier Healthwise.



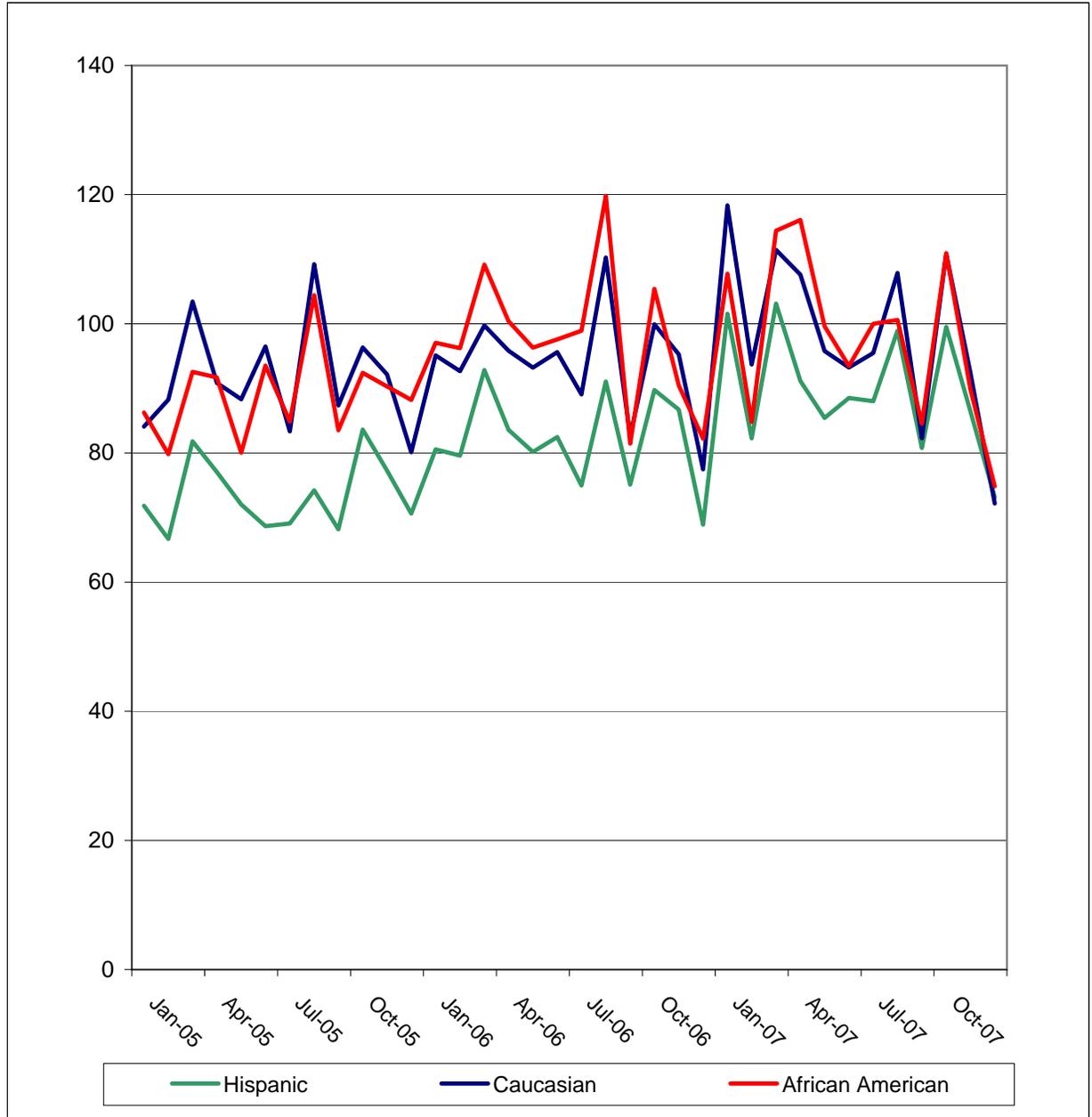
Report #	V.E.3
Report Title	Trend in Utilization of Preventative Dental Visits Per 1,000 Members By Age Group
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	As expected, the youngest age group is the least likely to have a preventative dental visit.
	Teenage males have slightly lower rates of utilization compared to teenage females.



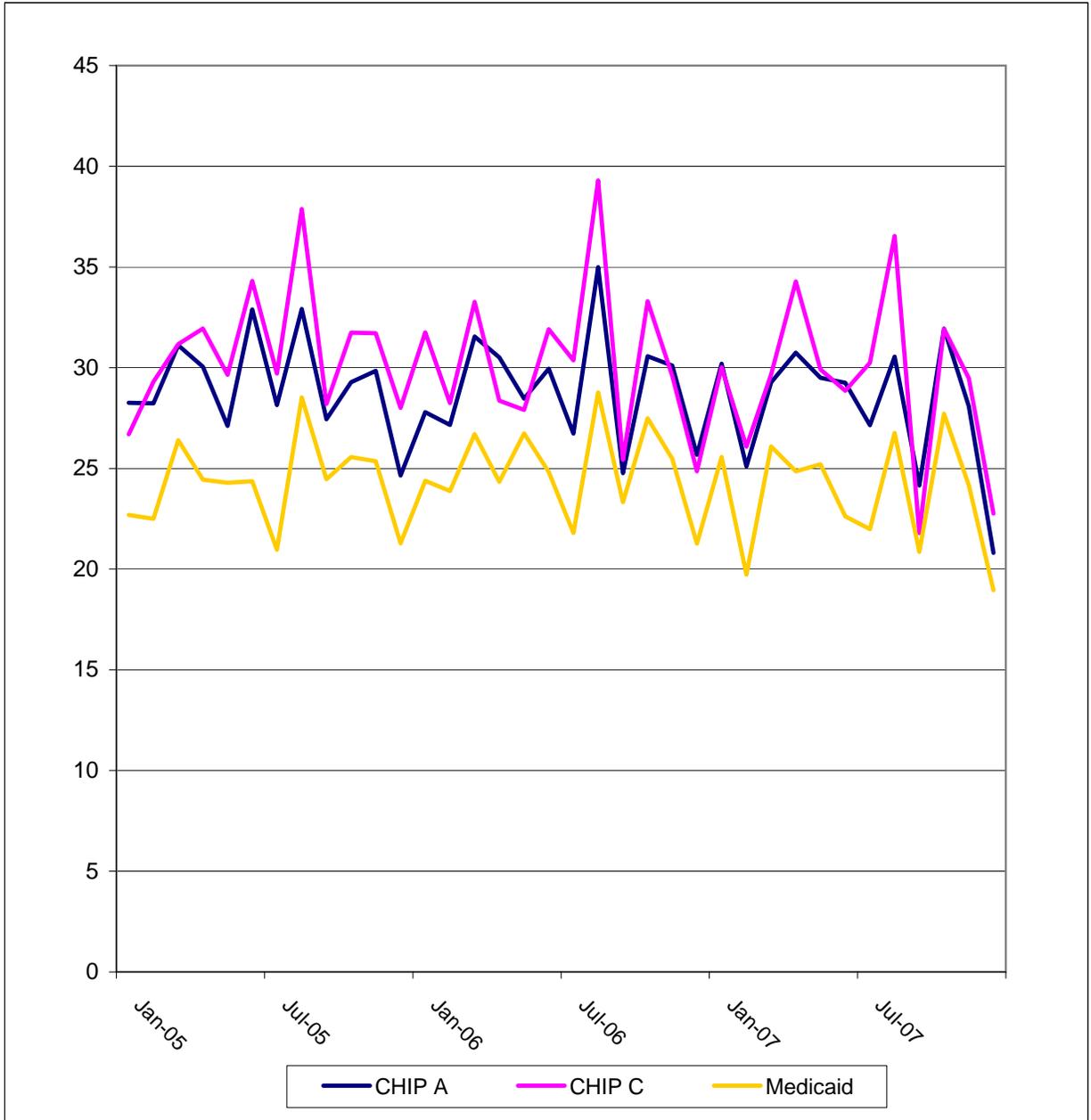
Report #	V.E.4
Report Title	Trend in Utilization of Preventative Dental Visits Per 1,000 Members By Race/Ethnicity
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	African Americans and Caucasians had similar utilization of preventative dental visits over the past three years.
	Hispanics had slightly lower utilization rates of preventative dental visits. However, utilization appears to be increasing more so than African American's and Caucasian's utilization.



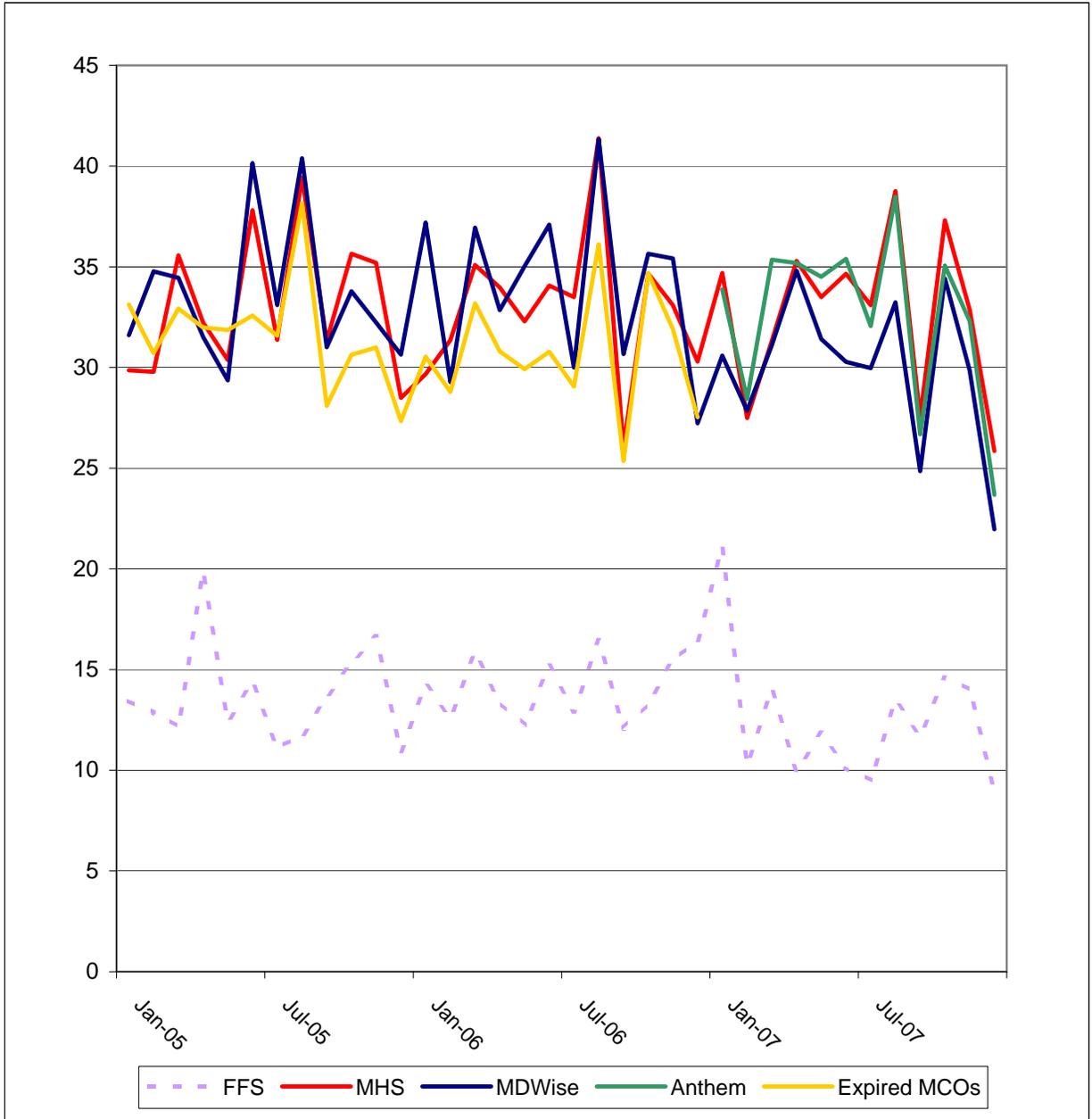
Report #	V.E.5
Report Title	Trend in Utilization of Non-Preventative Dental Visits Per 1,000 Members By Program
Population	CHIP A, CHIP C and Medicaid Children ages 1-19
Time Period	CY 2005 through CY 2007

Findings	CHIP and Medicaid children have consistent patterns of non-preventive dental utilization between 2005 and 2007.
	Similar to preventive dental utilization, CHIP is consistently higher than Medicaid in non-preventive dental utilization.



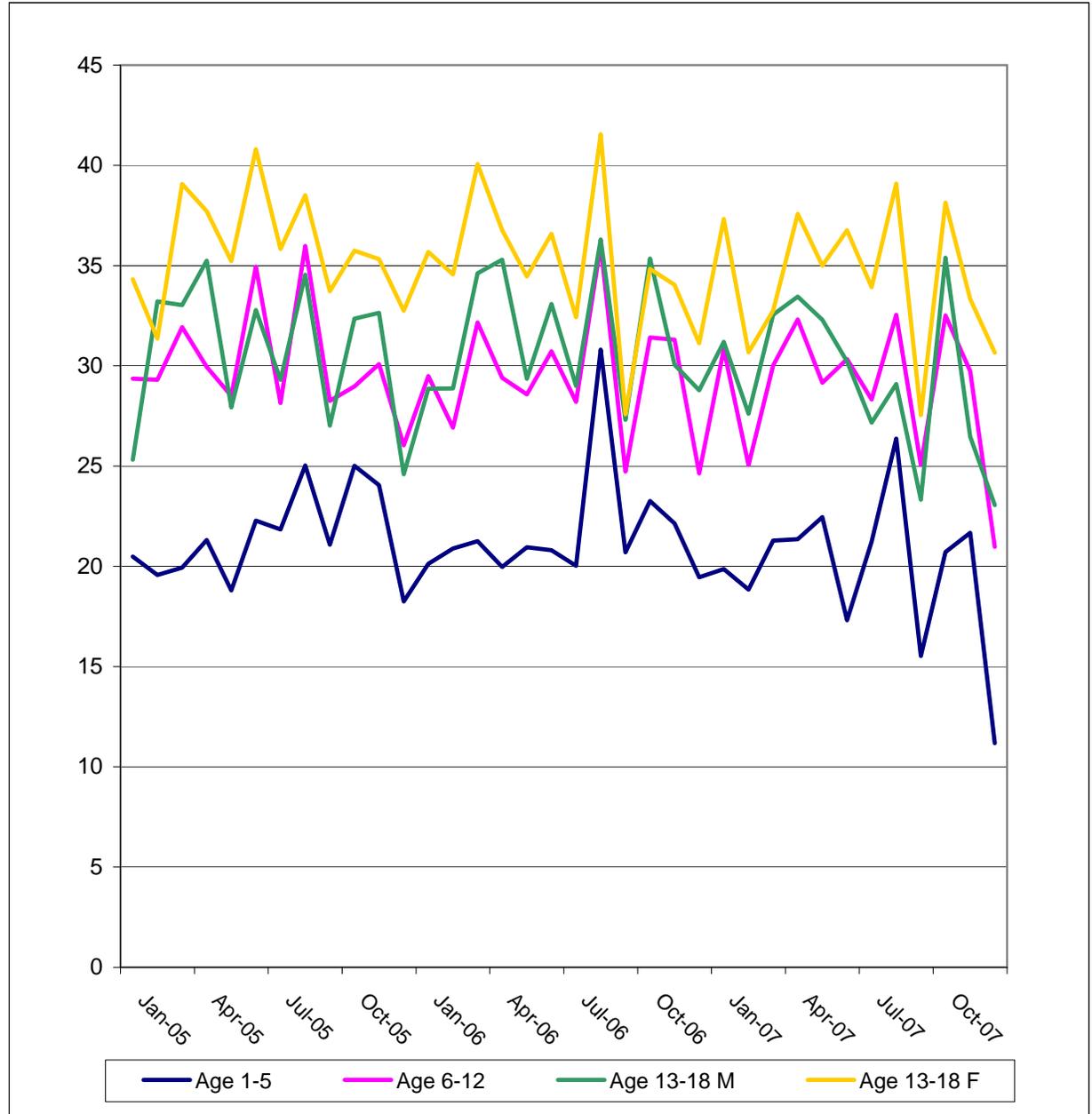
Report #	V.E.6
Report Title	Trend in Utilization of Non-Preventative Dental Visits Per 1,000 Members By MCO
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	Like prevental dental visits, members in FFS are less likely to have a non-preventative dental visit in than those in an MCO.
	Utilization of non-preventative dental visits is very similar for members enrolled with MHS, MDWise, and Anthem.



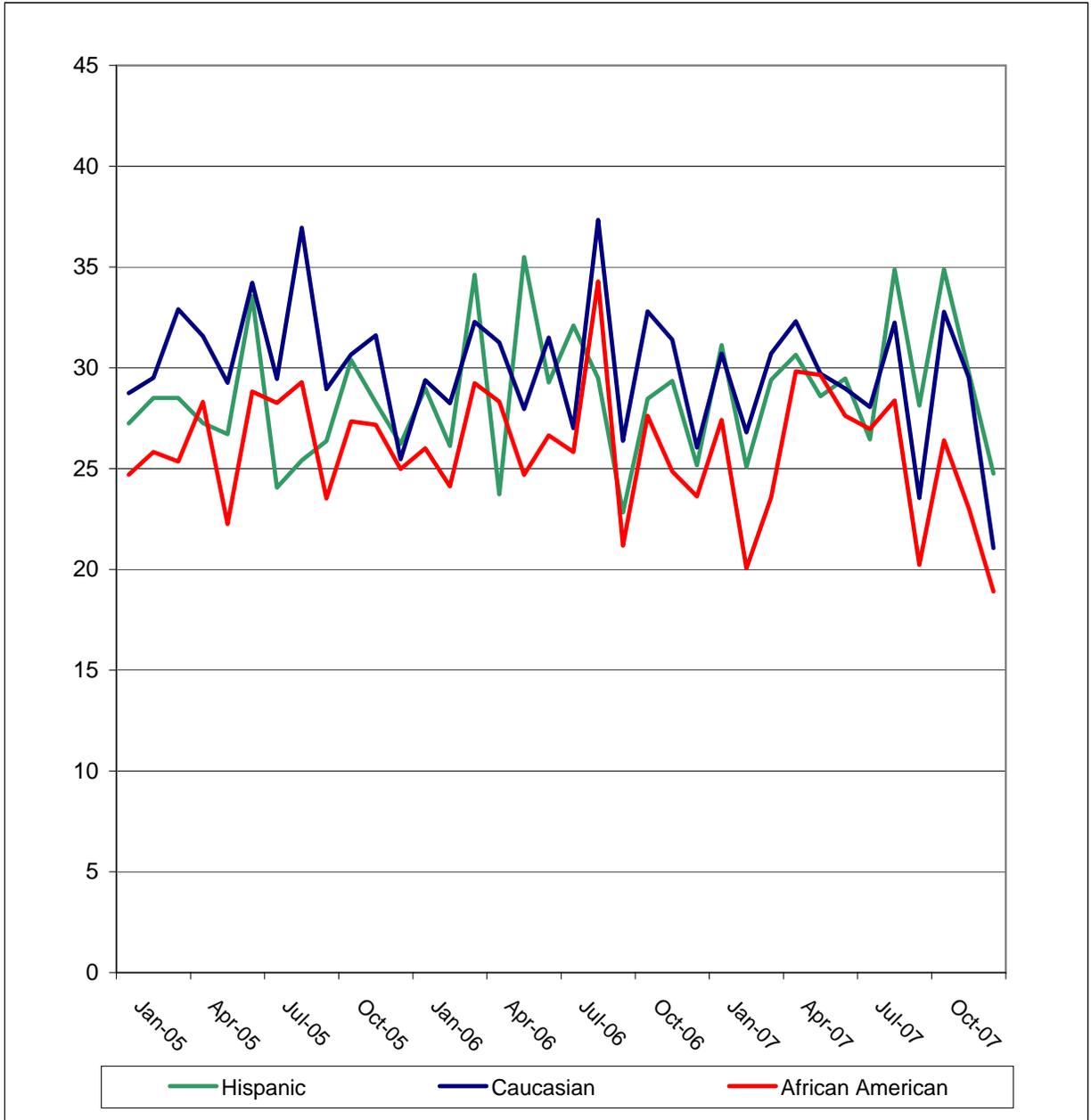
Report #	V.E.7
Report Title	Trend in Utilization of Non-Preventative Dental Visits Per 1,000 Members By Age Group
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	As expected, the youngest age group is the least likely to have a non-preventative dental visit.
	Teenage males have slightly lower rates of utilization compared to teenage females.



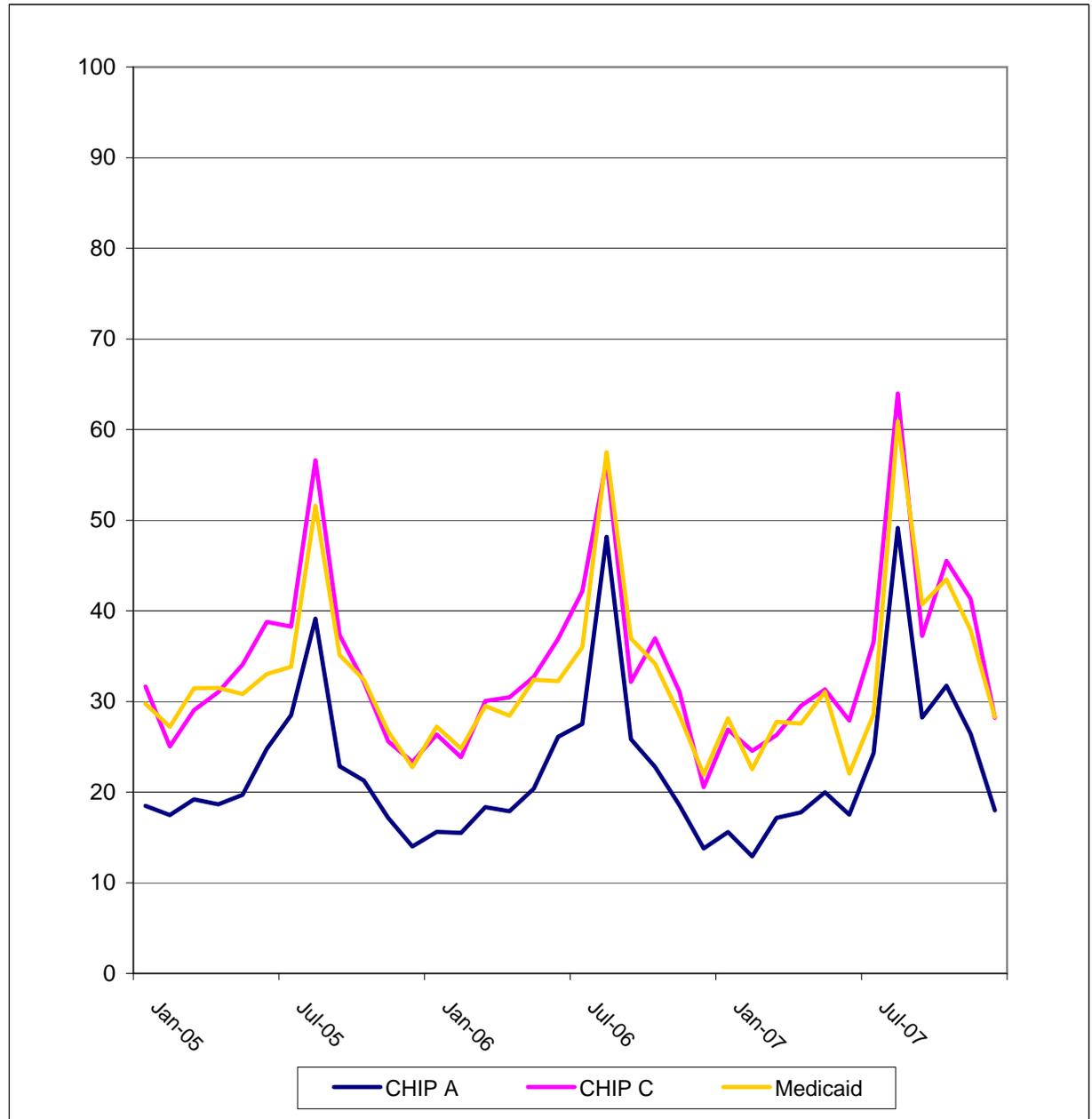
Report #	V.E.8
Report Title	Trend in Utilization of Non-Preventative Dental Visits Per 1,000 Members By Race/Ethnicity
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	African Americans, Caucasians, and Hispanics had similar utilization patterns of non-preventative dental visits over the past three years.
	African Americans had slightly lower utilization rates of non-preventative dental visits than did Caucasians.



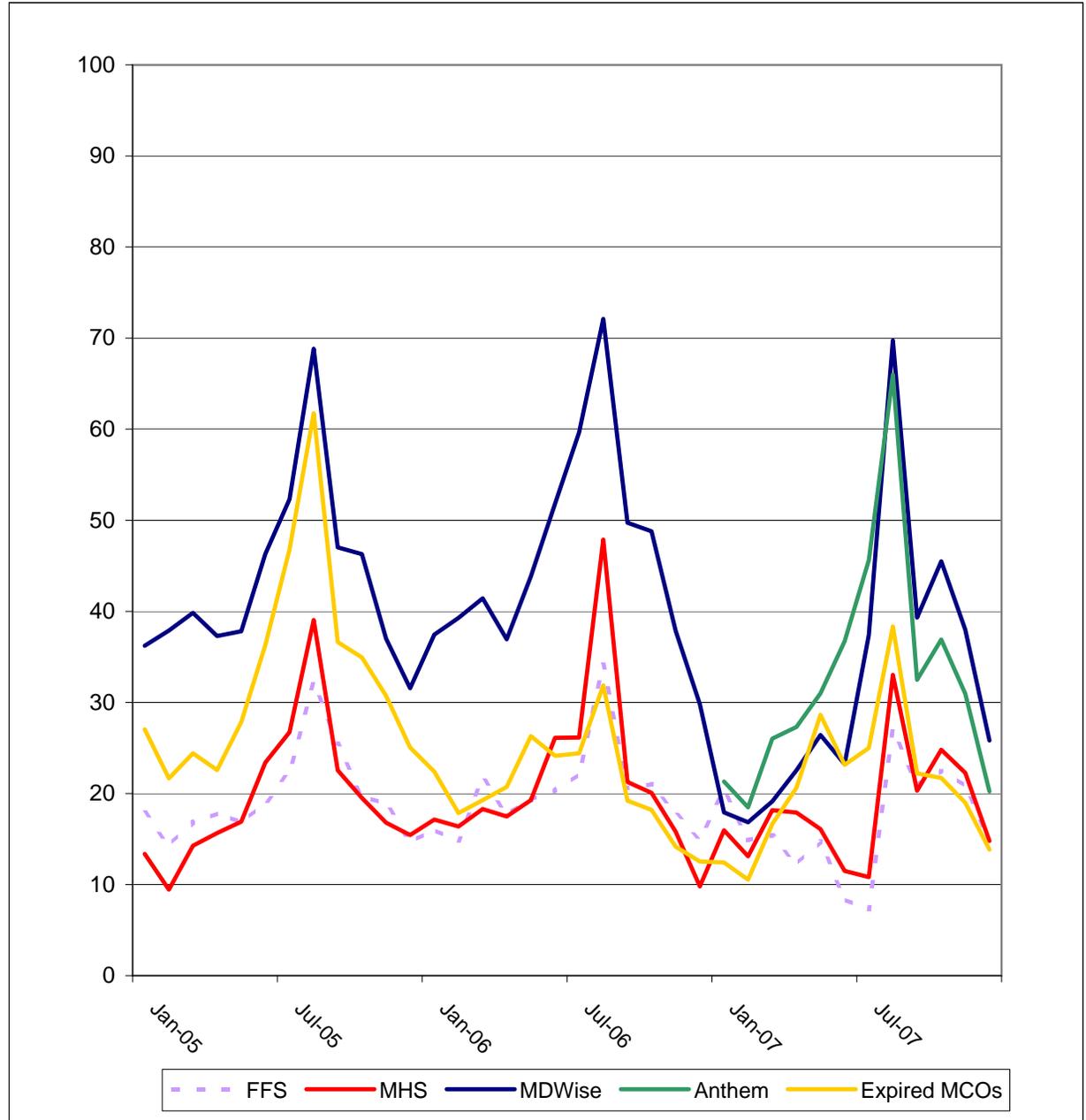
Report #	V.F.1
Report Title	Trend in Utilization of EPSDT Services Per 1,000 Members By Program
Population	CHIP A, CHIP C and Medicaid Children ages 1-19
Time Period	CY 2005 through CY 2007

Findings	When children under age 1 are removed, Medicaid children had similar utilization of EPSDT services in 2005 through 2007 to CHIP C members. CHIP A had lower utilization.
	CHIP and Medicaid children have a similar pattern of utilization of EPSDT services over the course of the year. Utilization peaks in the month of August each year.



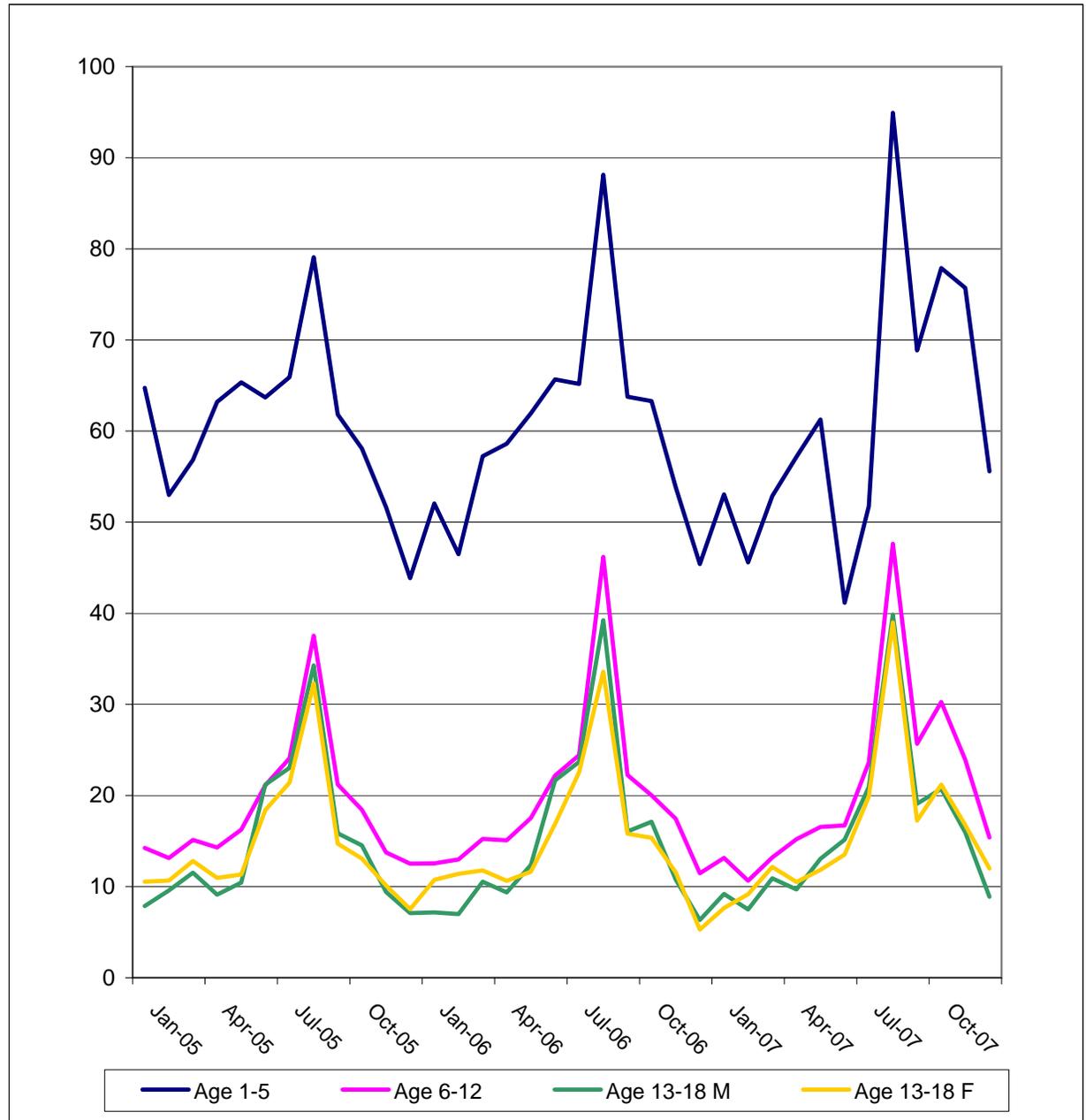
Report #	V.F.2
Report Title	Trend in Utilization of EPSDT Services Per 1,000 Members By MCO
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	MDWise reported greater utilization of EPSDT services than other MCOs and FFS clients in the last three years.
	Anthem appears to be following MDWise's utilization pattern since starting in 2007.



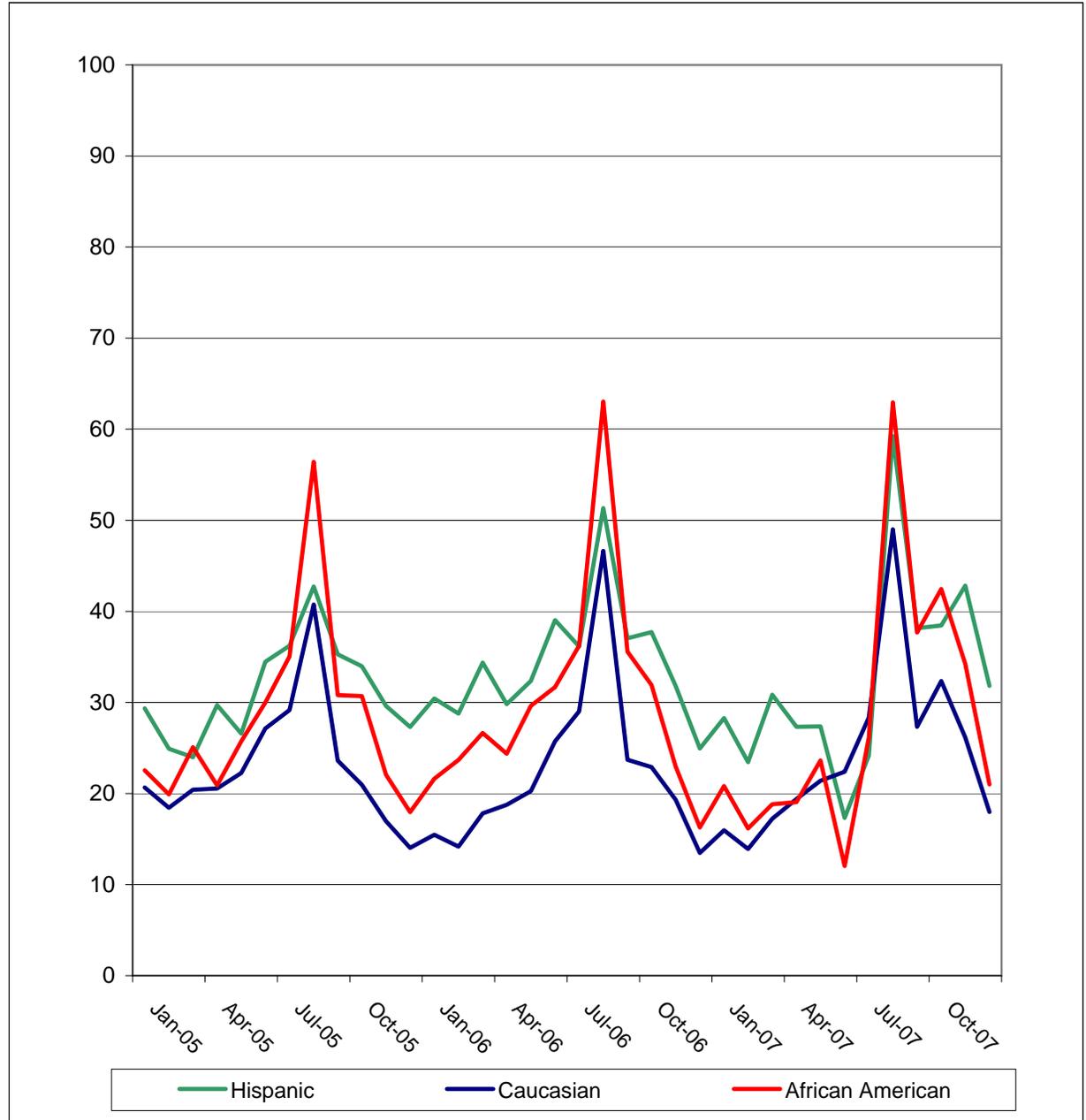
Report #	V.F.3
Report Title	Trend in Utilization of EPSDT Services Per 1,000 Members By Age Group
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	As expected, the youngest age group (1-5) received most of the EPSDT services reported.
	On a per 1,000 basis, the other age groups are very similar with respect to utilization.



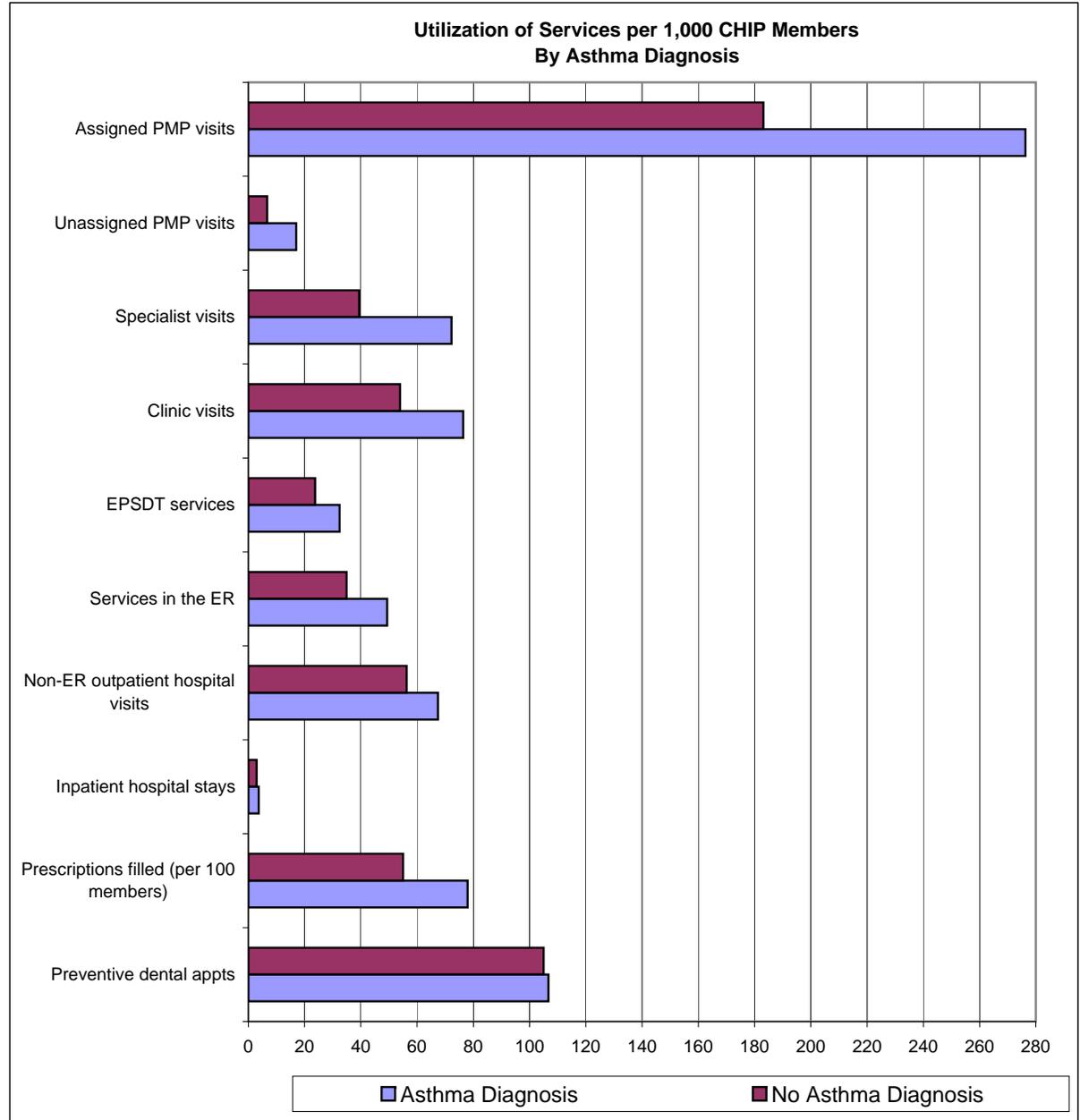
Report #	V.F.4
Report Title	Trend in Utilization of EPSDT Services Per 1,000 Members By Race/Ethnicity
Population	CHIP A and CHIP C Combined
Time Period	CY 2005 through CY 2007

Findings	African Americans have the greatest utilization of EPSDT services in the month of August.
	During other months, Hispanics are most likely to receive EPSDT services.



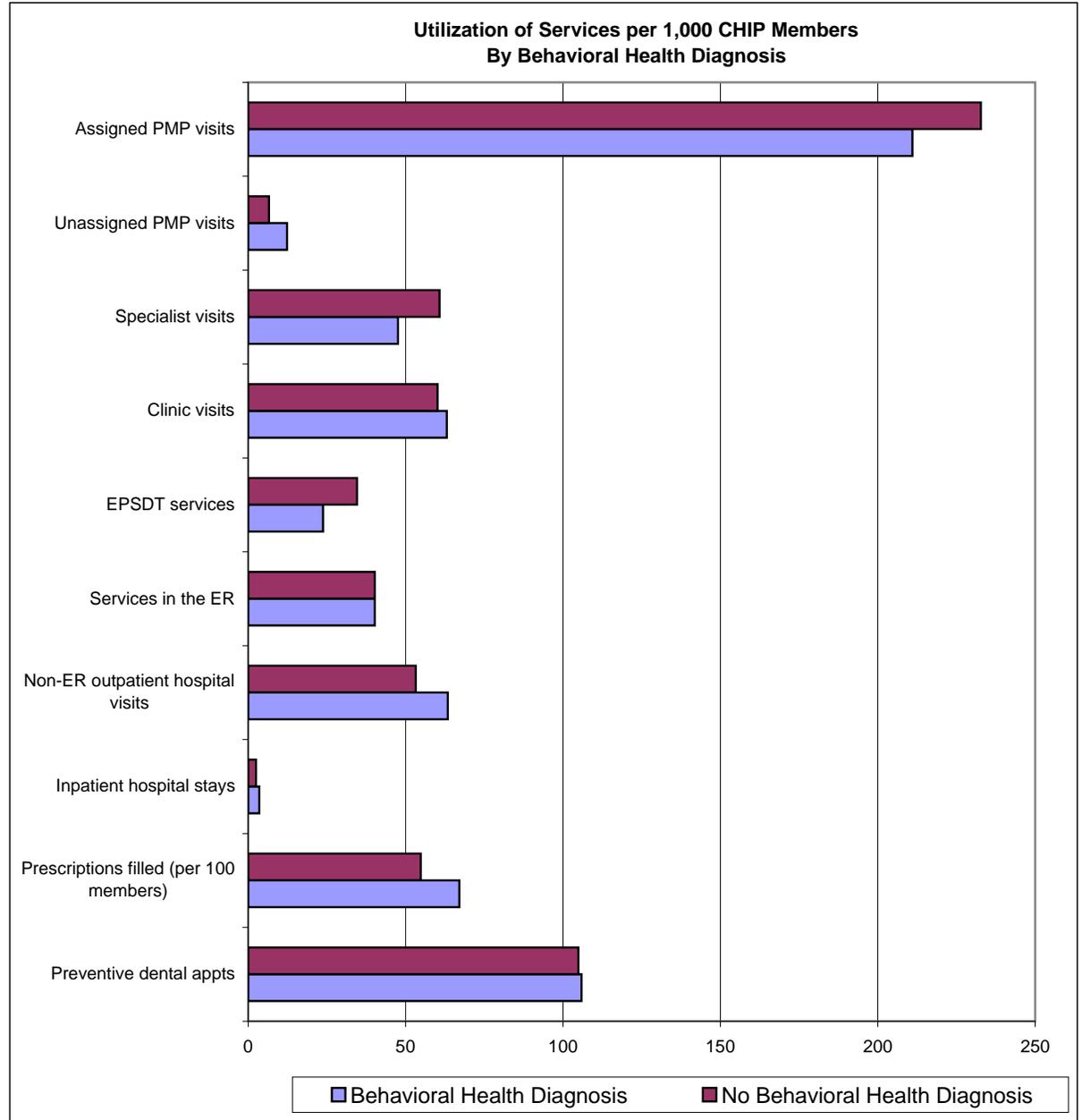
Report #	V.G.1
Report Title	Utilization of Services Per 1,000 Members, By Asthma Diagnosis
Population	CHIP A and CHIP C
Time Period	CY 2005 through CY 2007

Findings	CHIP members who were diagnosed with asthma in the last three years were more likely to receive services than those with no asthma diagnosis. They were more likely to see their PMP, visit a specialist or clinic, and receive more prescriptions.
	CHIP members with asthma were also somewhat more likely to receive services unrelated to their diagnosis such as EPSDT and preventive dental appointments than those without asthma.



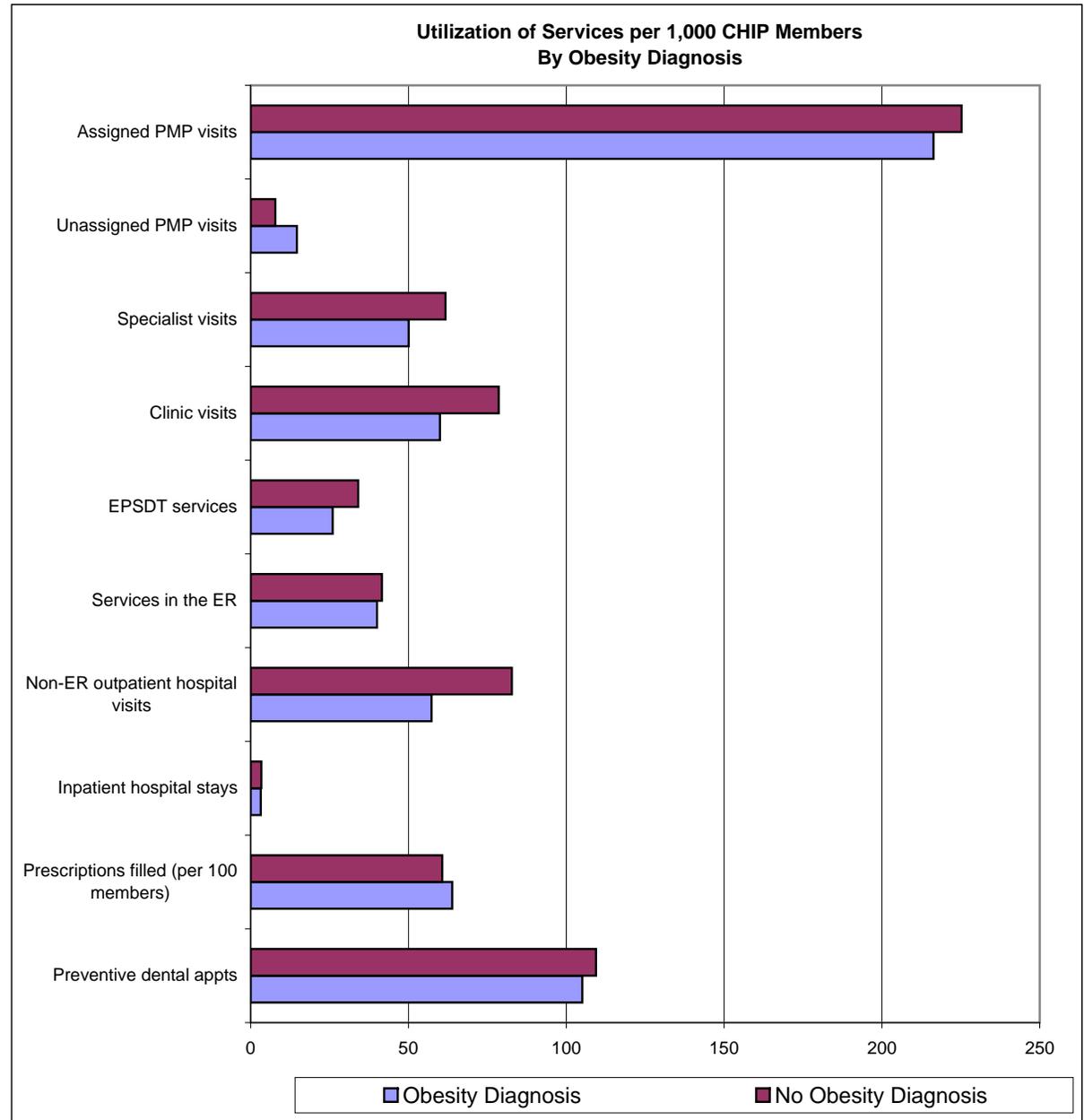
Report #	V.G.2
Report Title	Utilization of Services Per 1,000 Members, By Behavioral Health Diagnosis
Population	CHIP A and CHIP C
Time Period	CY 2005 through CY 2007

Findings	CHIP members who had a behavioral health claim in the last three years had more than twice the amount of prescriptions, inpatient hospital stays, clinic visits, and non-ER outpatient visits as those who did not receive a behavioral claim.
	The amount of EPSDT screenings received by members without a behavioral health diagnosis was slightly greater than that of members with a behavioral health diagnosis.



Report #	V.G.3
Report Title	Utilization of Services Per 1,000 Members, By Obesity Diagnosis
Population	CHIP A and CHIP C
Time Period	CY 2005 through CY 2007

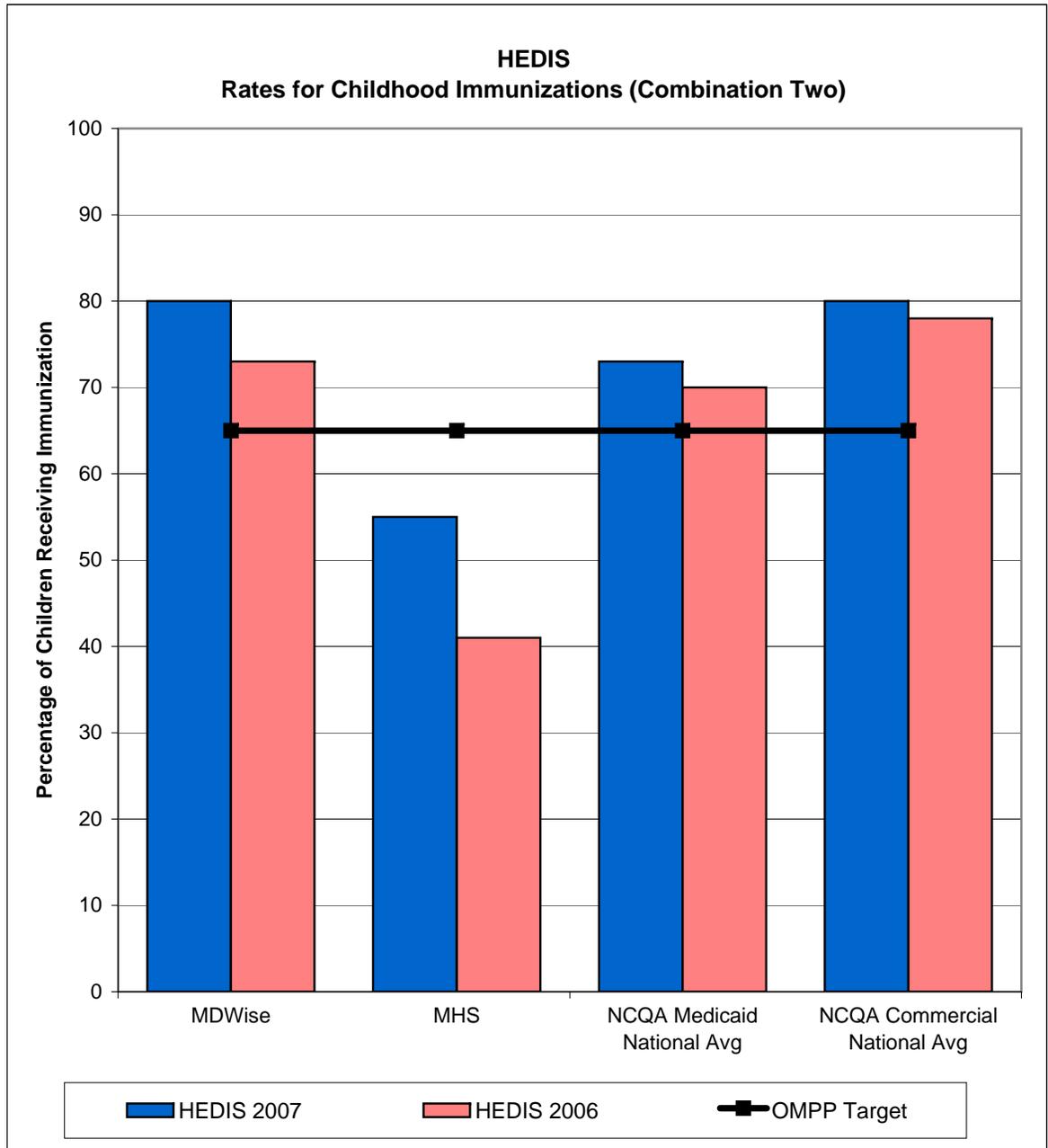
Findings	CHIP members with an obesity diagnosis in the last three years had more than twice as many non-ER outpatient hospital visits and clinic visits than those without an obesity diagnosis. They were more likely to have an inpatient hospital stay and to visit a specialist.
	Preventive services such as EPSDT and preventive dental visits were also greater among obese CHIP members. Thus, some increased usage of service by members with an obesity diagnosis is not a consequence of the specific diagnosis.



Report #	VI.A.1
Report Title	HEDIS- Childhood Immunization Status
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	MDWise met OMPP's target for childhood immunizations in 2006 and 2007 while MHS did not.
	MDWise surpassed the NCQA Medicaid national average and was comparable to the commercial national average in 2007.

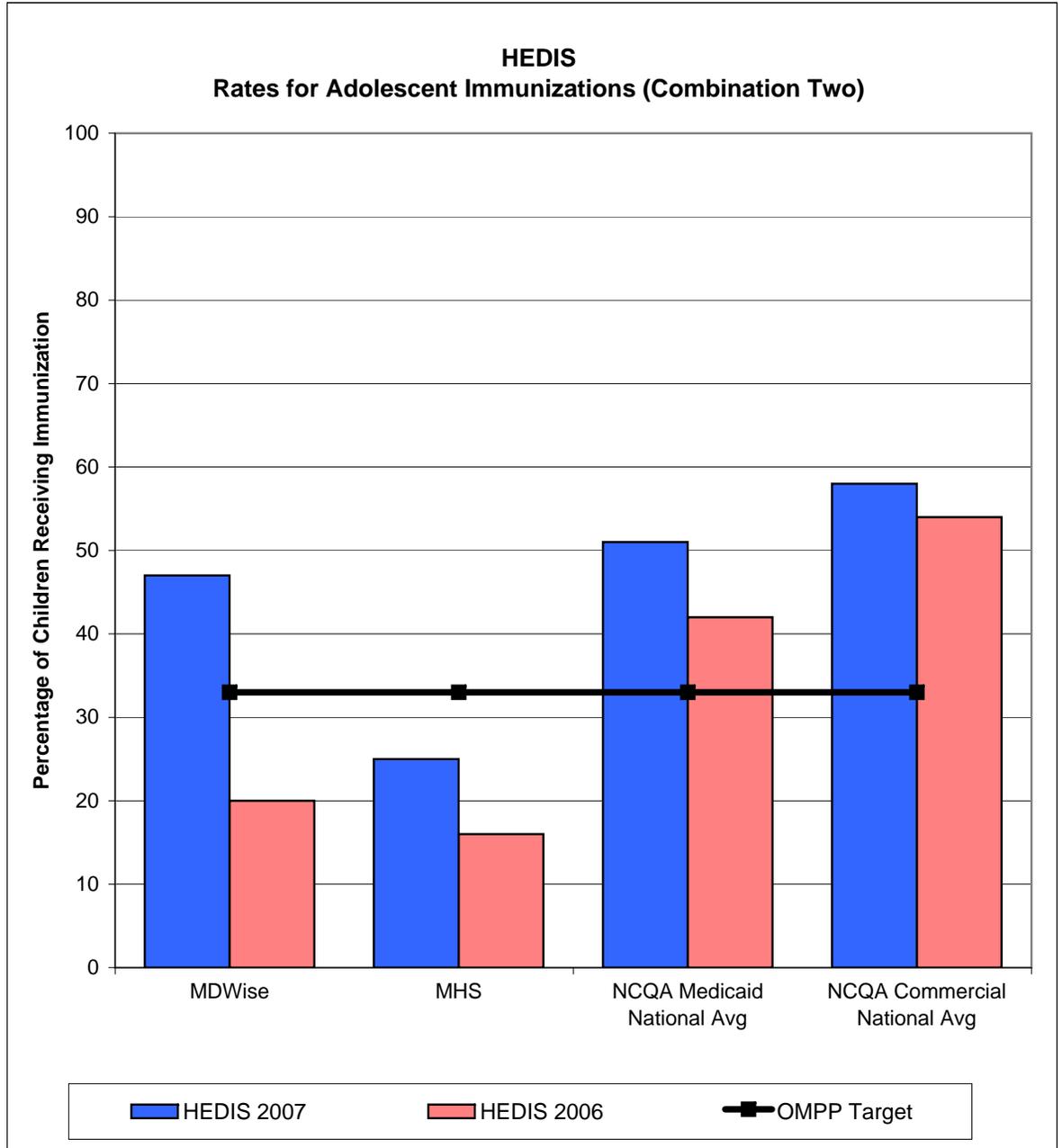
The HEDIS measures for immunizations report on each immunization separately as well as a "combination" measure which encompasses administering multiple immunizations. The Combination Two measure report includes: four doses of diphtheria-tetanus, three doses of influenza, three doses of polio, three doses of Hepatitis B, one dose of measles-mumps-rubella, and one dose of chicken pox. The Childhood Immunization measure includes children who turned age two during the measurement year who were enrolled for the 12 months prior to their second birthday.



Report #	VI.A.2
Report Title	HEDIS- Adolescent Immunization Status
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	In 2007, MDWise increased their rates for adolescent immunizations over 2006. They exceeded the OMPP target in 2007.
	Neither MDWise nor MHS met the NCQA Medicaid national average or commercial national average rates in the last two years.

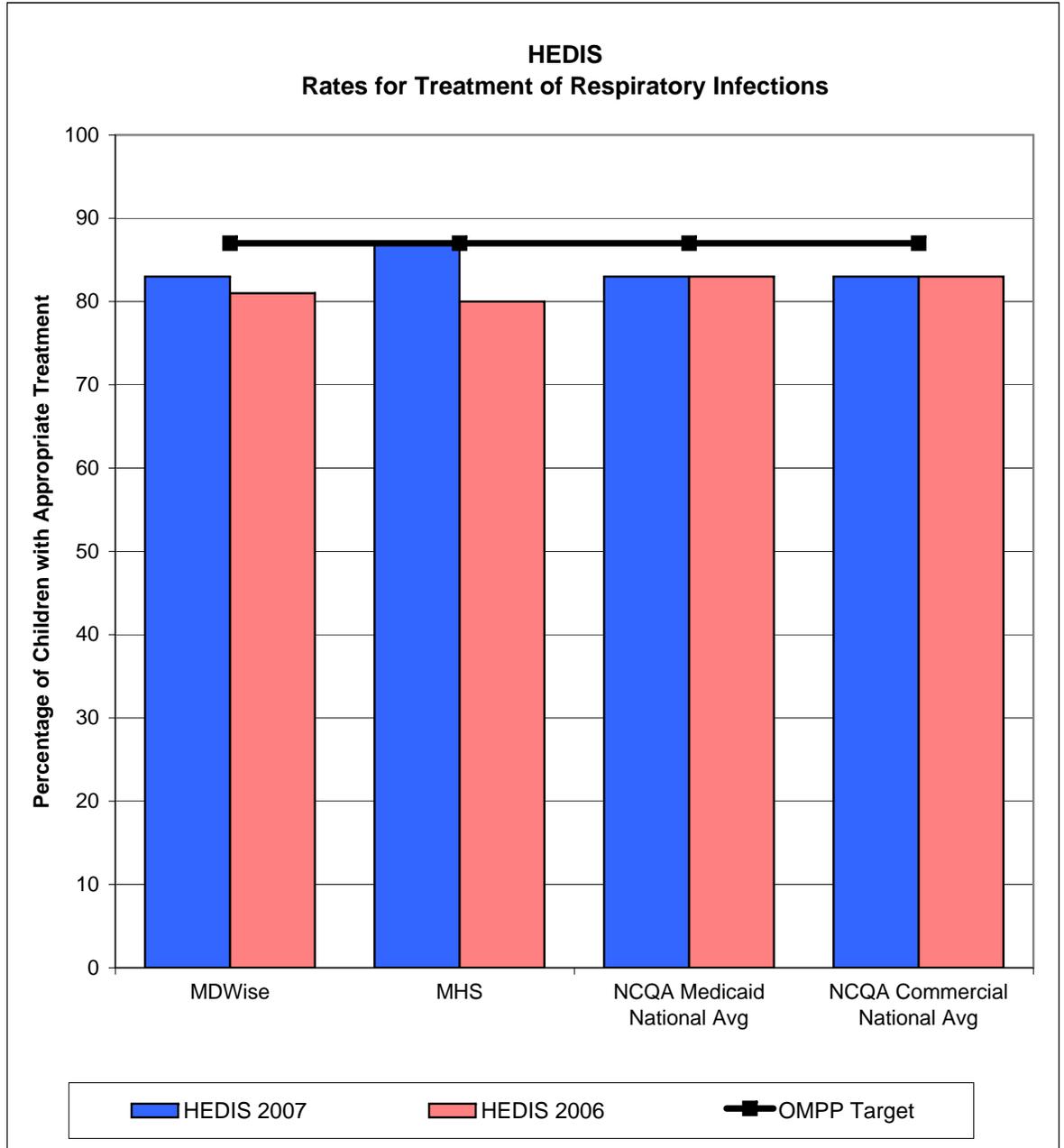
The HEDIS measures for immunizations report on each immunization separately as well as a “combination” measure which encompasses administering multiple immunizations. The Combination Two measure report includes: four doses of diphtheria-tetanus, three doses of influenza, three doses of polio, three doses of Hepatitis B, one dose of measles-mumps-rubella, and one dose of chicken pox. The Adolescent Immunization measure includes children who turned age 13 during the measurement year.



Report #	VI.A.3
Report Title	HEDIS- Treatment for Children with Upper Respiratory Infection
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	In 2007, MHS's rate for this HEDIS measure met the OMPP target and exceeded national averages.
	MDWise had similar rates to the NCQA Medicaid and commercial averages in both 2006 and 2007.

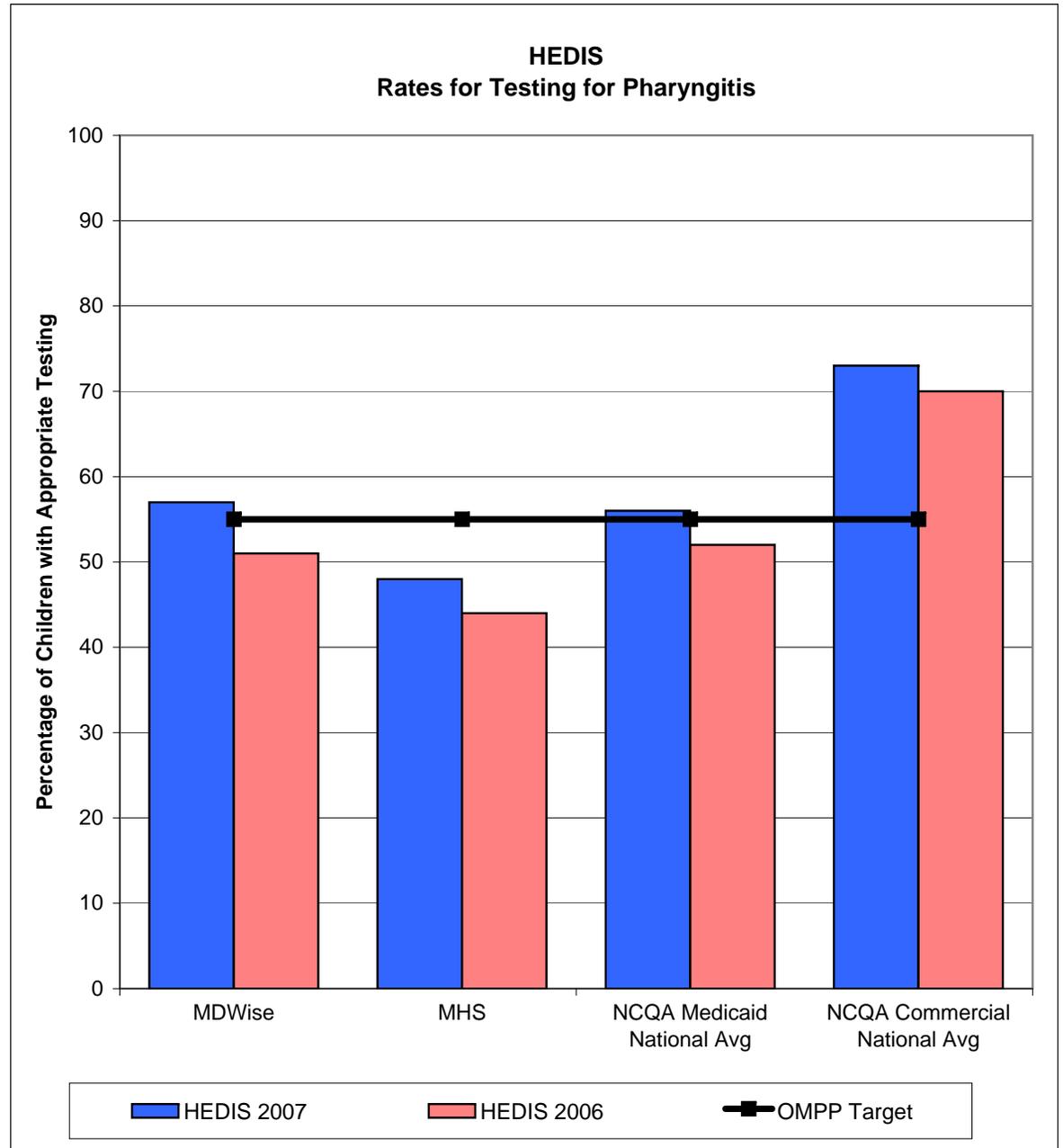
The upper respiratory infection measure reports the percentage of children aged three months to 18 years who had an upper respiratory infection during the measurement year and were not given an antibiotic. A higher percentage is favorable, because if an antibiotic was not given it means that the infection was treated more quickly.



Report #	VI.A.4
Report Title	HEDIS- Testing for Children with Pharyngitis
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	MDWise met the OMPP target for pharyngitis testing in 2007. MHS, however, did not meet this target.
	Rates for pharyngitis testing among Hoosier Healthwise children and all Medicaid children in the nation were far lower than that of the commercial national average.

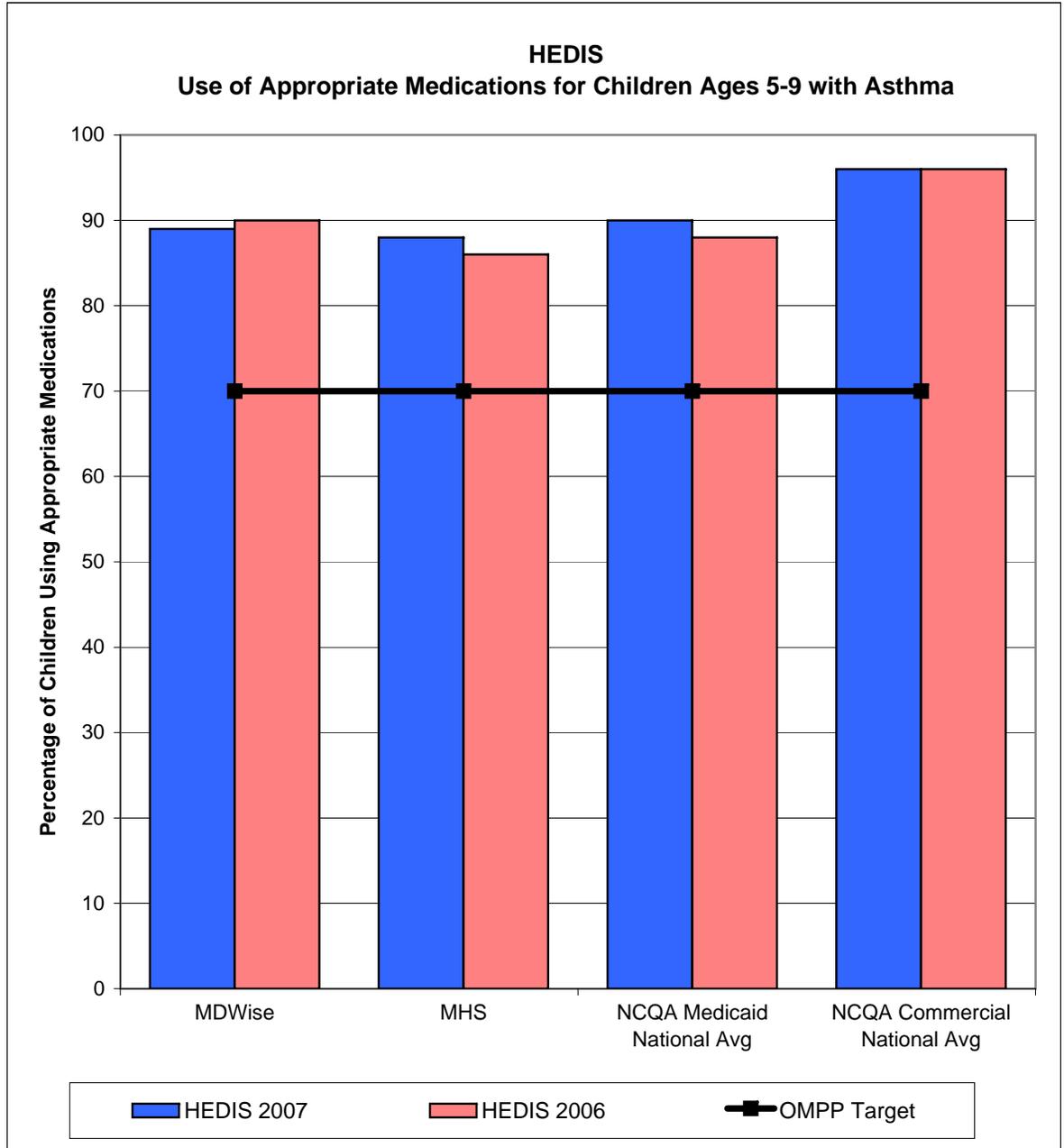
The pharyngitis measure reports on the percentage of children between the ages of two and 18 who were diagnosed with strep throat, were prescribed an antibiotic, and who received a Group A streptococcus test. A higher rating is more favorable since it indicates better testing for those diagnosed with strep throat.



Report #	VI.A.5
Report Title	HEDIS- Use of Appropriate Medications for Children Ages 5-9 with Asthma
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	For the most part, Indiana's MCOs reported medication use near the NCQA Medicaid national averages.
	MDWise and MHS exceeded the OMPP target in both 2006 and 2007 for children ages 5 to 9 with asthma.

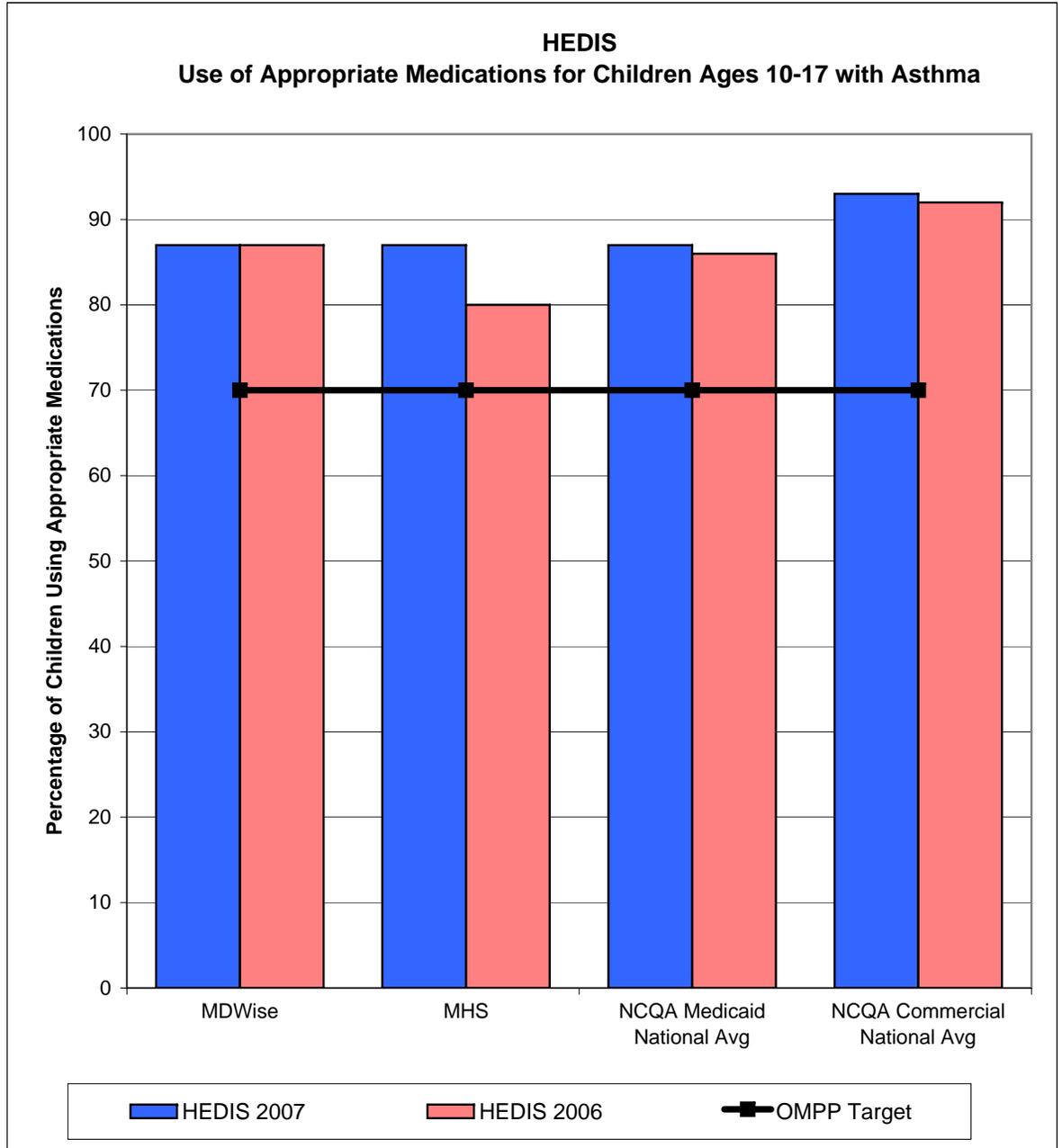
This HEDIS measure reports on the percentage of members who were identified as having persistent asthma and who were prescribed appropriate medication. The measure is subdivided into population groups.



Report #	VI.A.6
Report Title	HEDIS- Use of Appropriate Medications for Children Ages 10-17 with Asthma
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	In 2007, MDWise and MHS reported medication use near the NCQA Medicaid national average.
	As with younger children, MDWise and MHS exceeded the OMPP target for use of appropriate medications for children ages 10 to 17 with asthma.

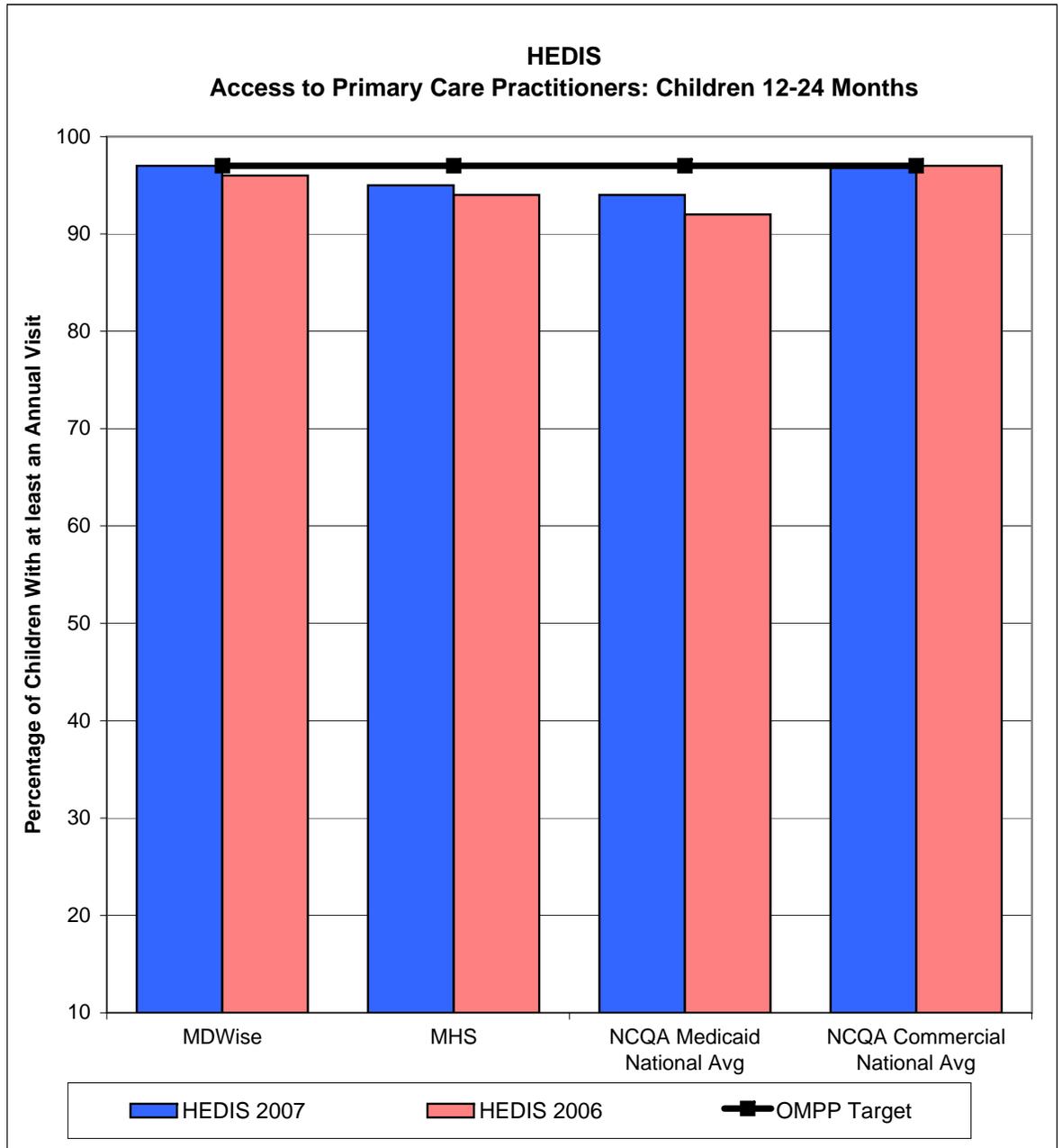
This HEDIS measure reports on the percentage of members who were identified as having persistent asthma and who were prescribed appropriate medication. The measure is subdivided into population groups.



Report #	VI.A.7
Report Title	HEDIS- Children's Access to Primary Care Practitioners: 12 - 24 Months
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	In 2007, access to PMPs for children age 12-24 months enrolled in MDWise was at the OMPP target of 97%.
	Access rates for both MDWise and MHS in 2007 were high and slightly improved over 2006.

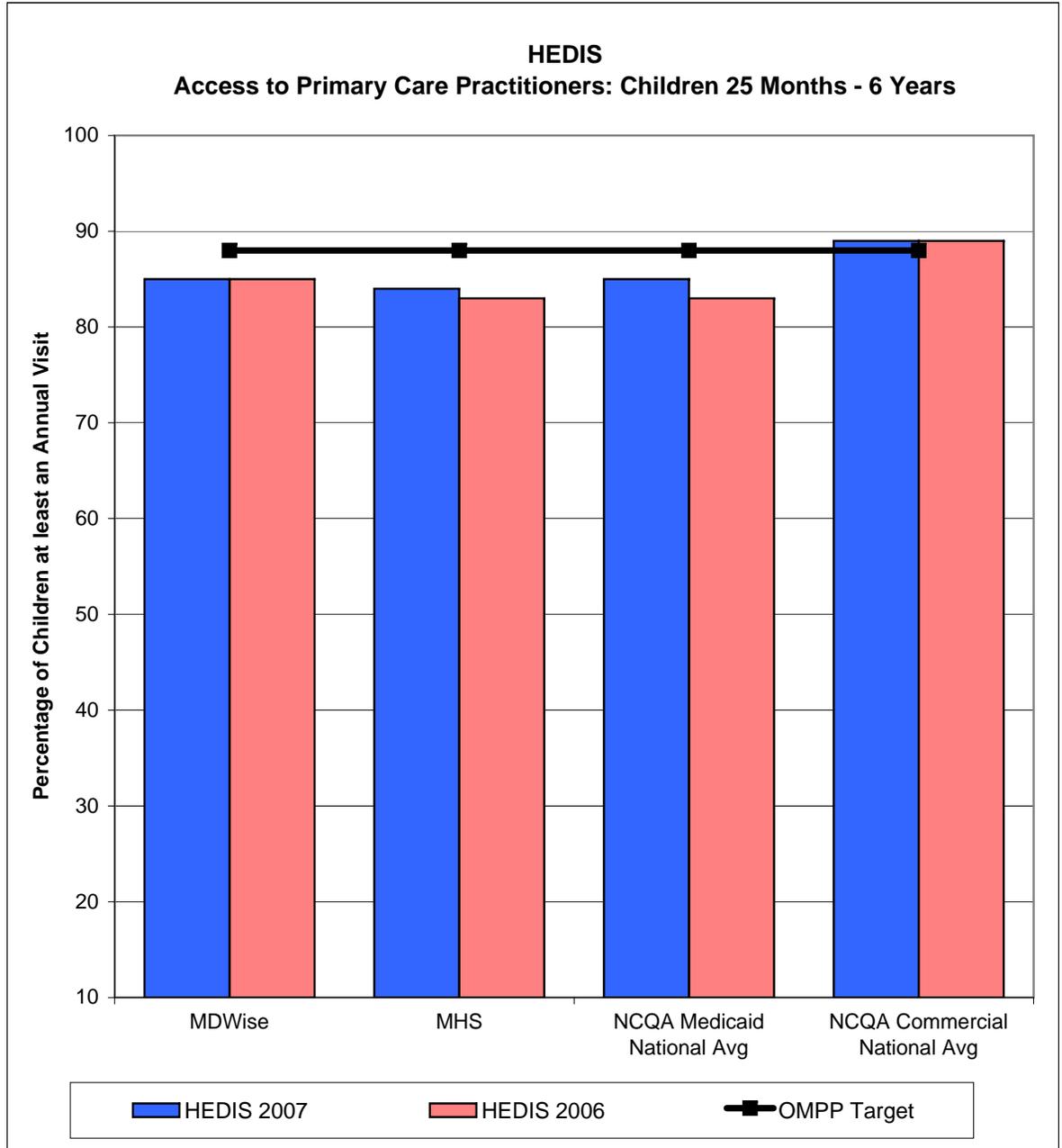
This measure reports the percentage of children who had a visit with their primary care practitioner (called PMPs in Indiana) in the measurement year. Separate measures are conducted for four age groups: 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years.



Report #	VI.A.8
Report Title	HEDIS- Children's Access to Primary Care Practitioners: 25 Months - 6 Yrs
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	MDWise and MHS reported access rates for children 25 months to 6 years of age comparable to the NCQA Medicaid national average.
	Access rates for MDWise and MHS were slightly below the OMPP target of 88% in both 2006 and 2007.

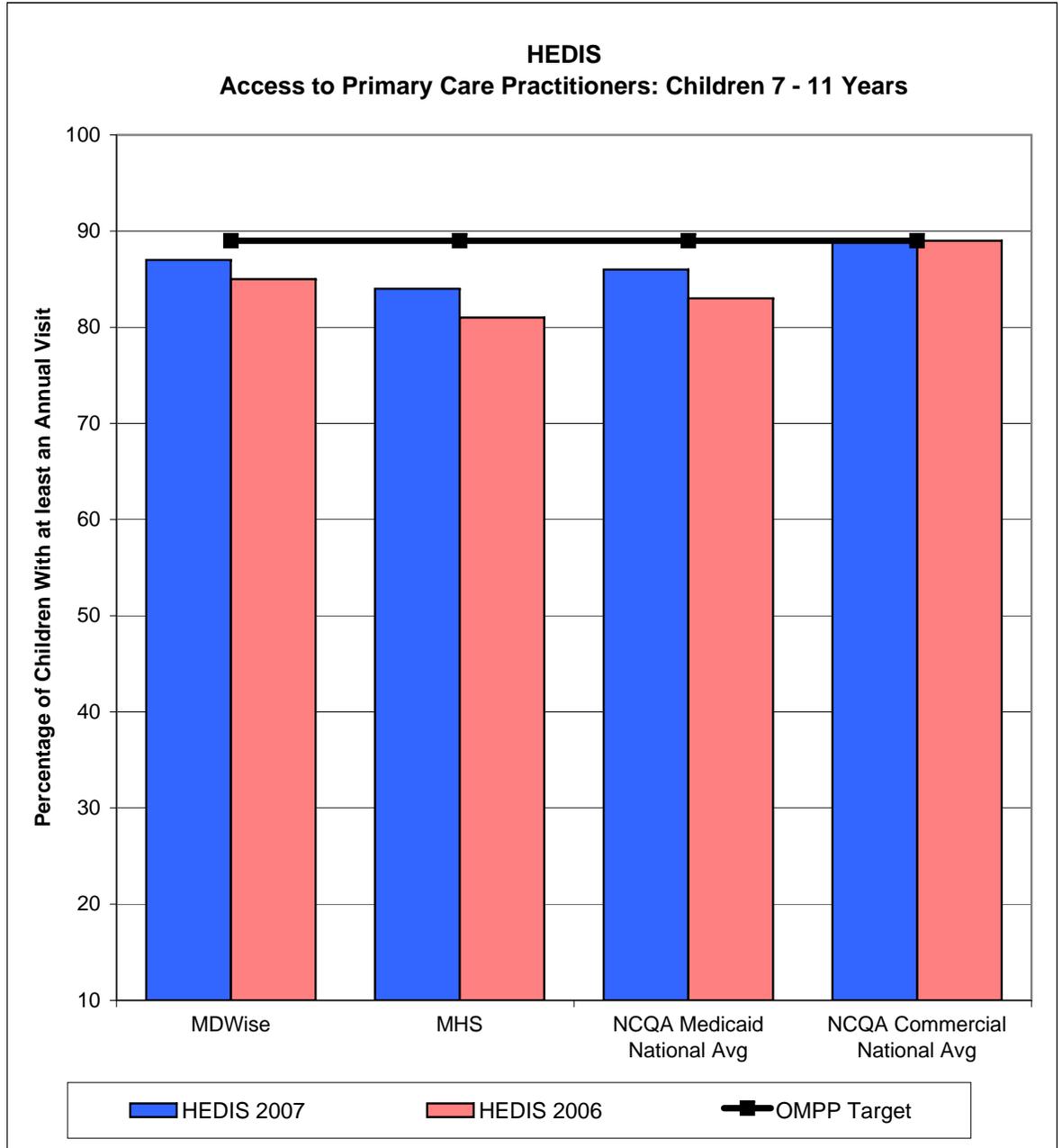
This measure reports the percentage of children who had a visit with their primary care practitioner (called PMPs in Indiana) in the measurement year. Separate measures are conducted for four age groups: 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years.



Report #	VI.A.9
Report Title	HEDIS- Children's Access to Primary Care Practitioners: 7 - 11 Yrs
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	MDWise and MHS reported access rates for children age 7 to 11 comparable to the NCQA Medicaid national average.
	Access rates for MDWise and MHS were slightly below the OMPP target of 89% in both 2006 and 2007.

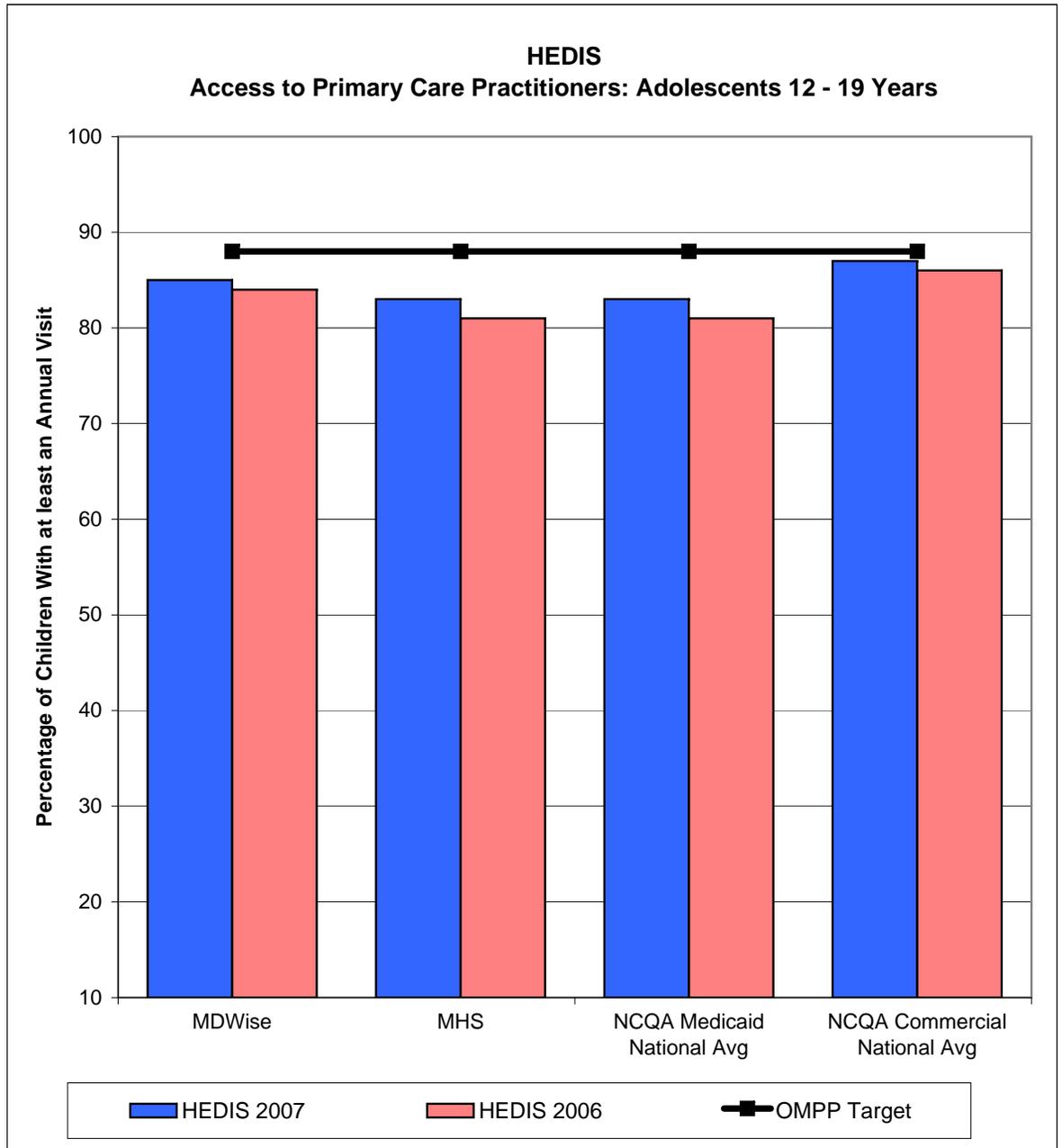
This measure reports the percentage of children who had a visit with their primary care practitioner (called PMPs in Indiana) in the measurement year. Separate measures are conducted for four age groups: 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years.



Report #	VI.A.10
Report Title	HEDIS- Children's Access to Primary Care Practitioners: 12 - 19 Yrs
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	Access rates for adolescents were very similar for enrollees of MDWise and MHS as well as all U.S. adolescent enrollees of Medicaid.
	These rates fell short of the OMPP target of 88% in both 2006 and 2007.

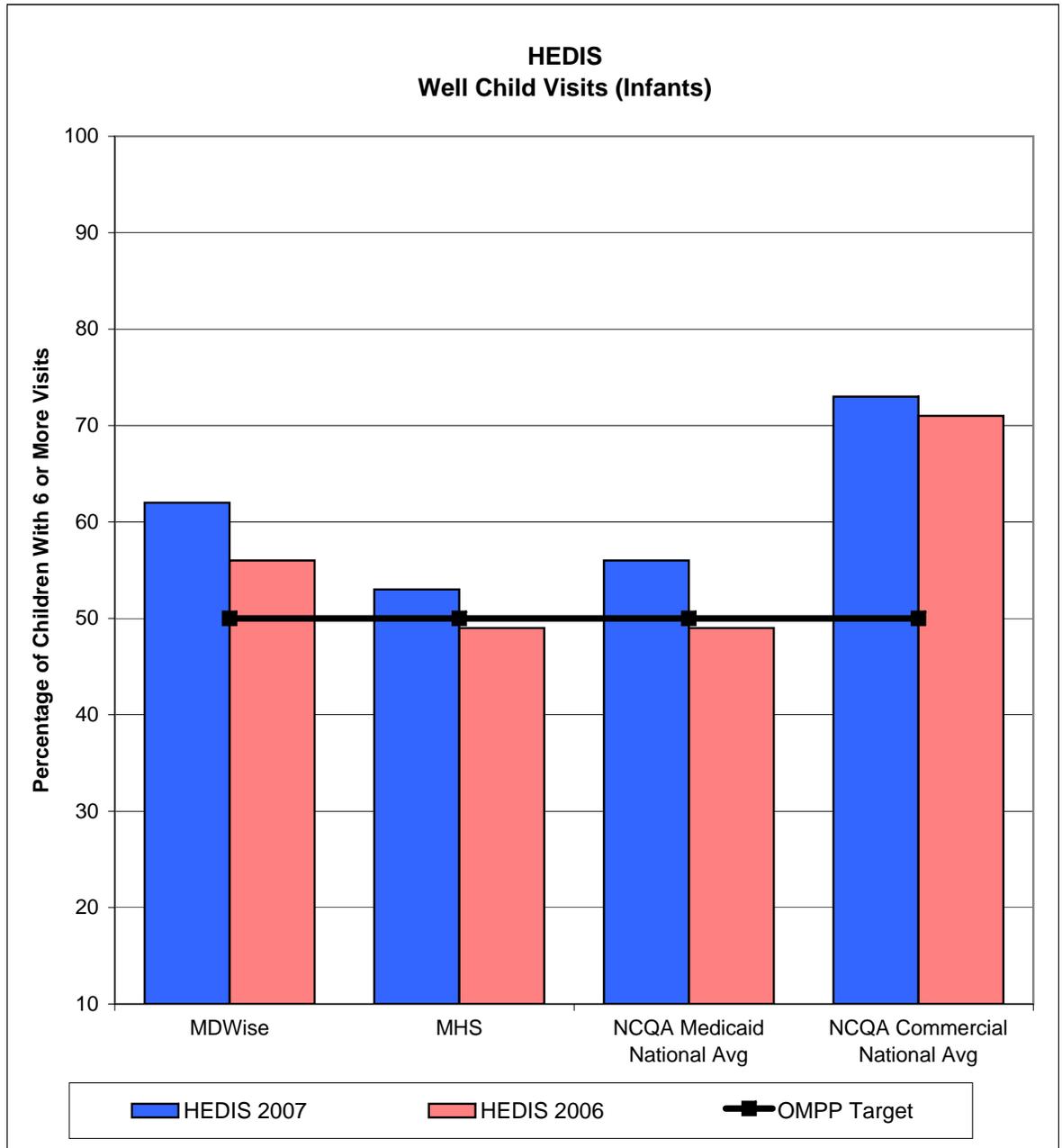
This measure reports the percentage of children who had a visit with their primary care practitioner (called PMPs in Indiana) in the measurement year. Separate measures are conducted for four age groups: 12-24 months, 25 months-6 years, 7-11 years, and 12-19 years.



Report #	VI.A.11
Report Title	HEDIS- Well Child Visits in the First 15 Months of Life
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	MDWise and MHS reported rates for infant well child visits above the OMPP target in 2007.
	Although MDWise and MHS reported improvement in this HEDIS measure from 2006 to 2007, MDWise had a rate above NCQA Medicaid national average but MHS did not.

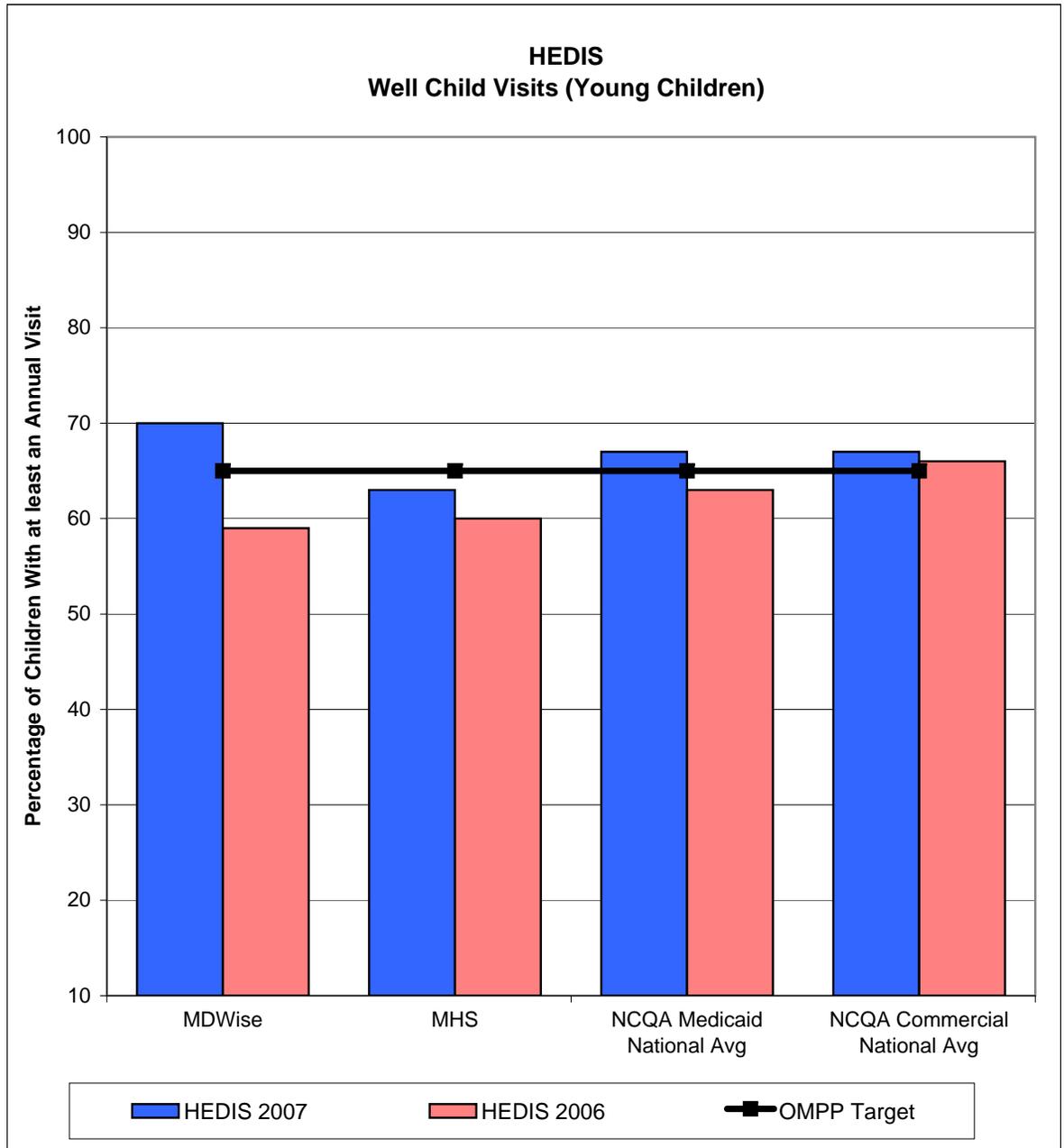
This measure reports the percentage of children who turned 15 months old during the measurement year and received well child visits with a primary care practitioner in their first 15 months of life. This report compares Indiana's MCOs to the national median for the percentage of children with six or more visits.



Report #	VI.A.12
Report Title	HEDIS- Well Child Visits in the 3rd through 6th Years of Life
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	MDWise had a large improvement in the percent of young children well child visits between 2006 and 2007. At a rate of 70%, MDWise exceeded the OMPP target as well as national averages.
	MHS improved from 60% to 63% annual well child visits between 2006 and 2007. However, they were still short of the OMPP target set at 65%.

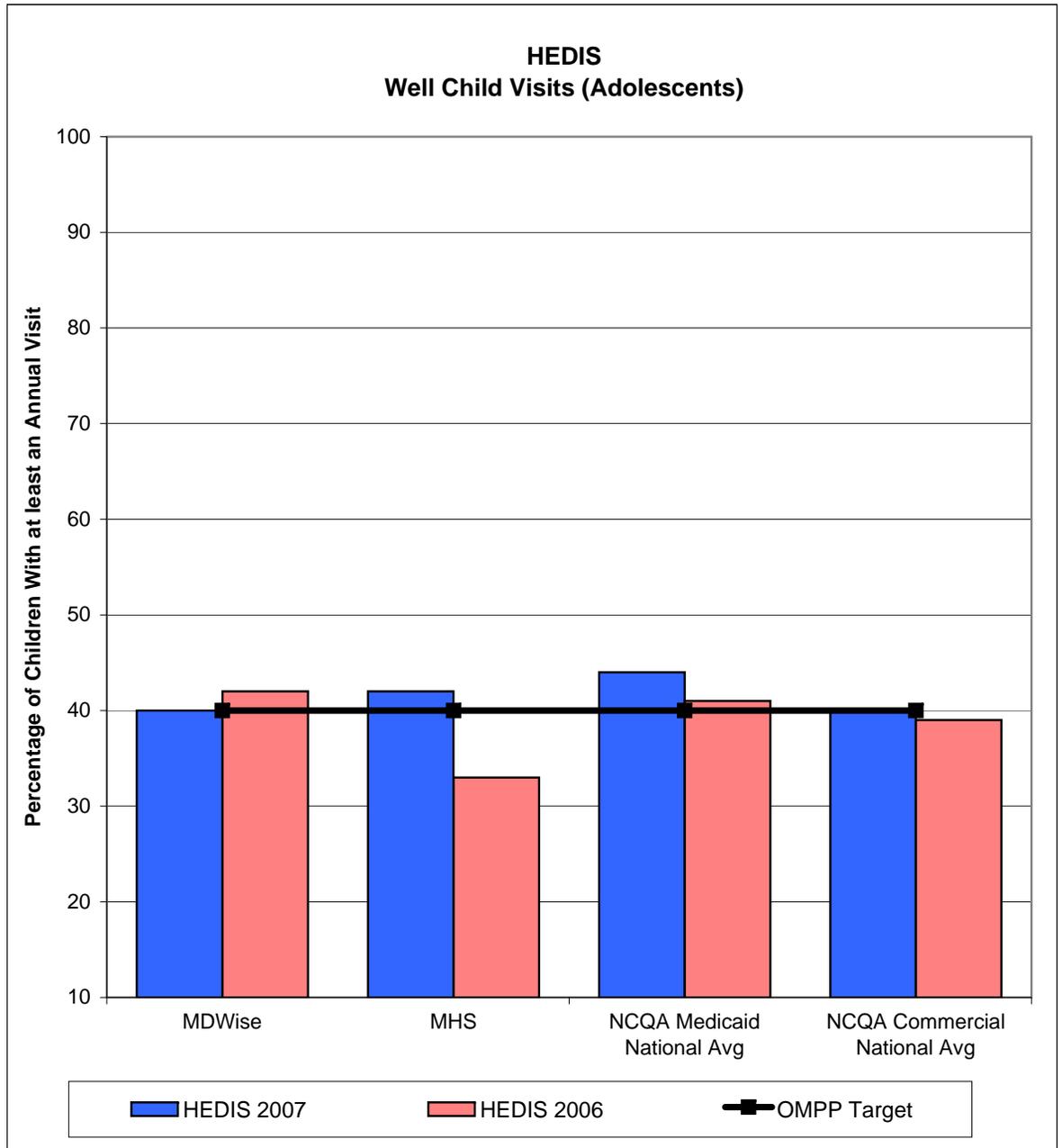
Separate ratings are measured for the percentage of children that had one or more well child visits during the measurement year for two age groups—young children (children in their 3rd through 6th years of life) and adolescents (aged 12 to 21 years).



Report #	VI.A.13
Report Title	HEDIS- Adolescent Care Visits
Population	All Hoosier Healthwise Children
Time Period	2007 (Measurement Year 2006) and 2006 (Measurement Year 2005)

Findings	The percent of adolescent well child visits for MDWise and MHS met or exceeded the OMPP target of 40% in 2007.
	While MHS increased the percent of adolescent well child visits between 2006 and 2007, MDWise did not improve on their rate.

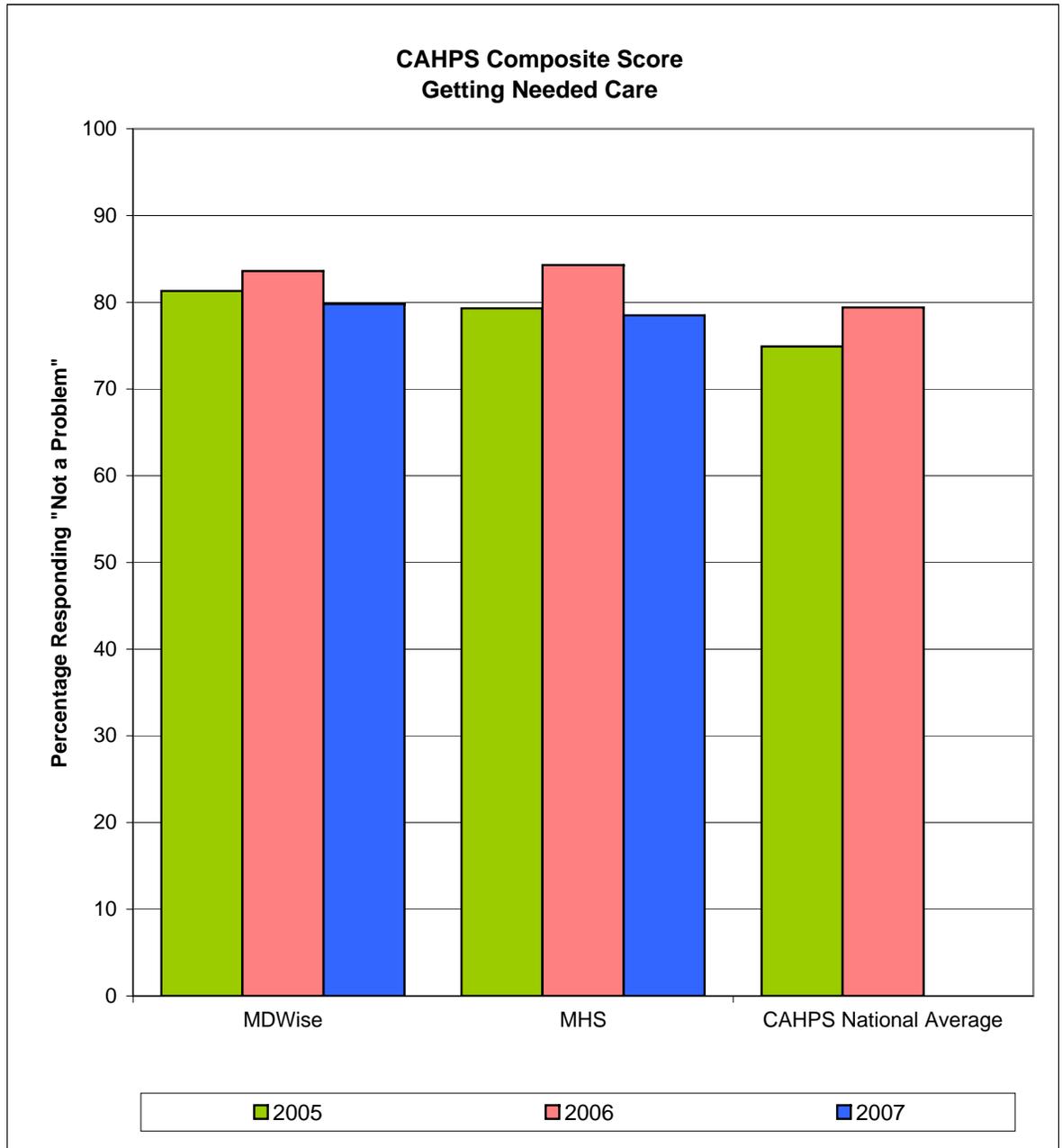
Separate ratings are measured for the percentage of children that had one or more well child visits during the measurement year for two age groups—young children (children in their 3rd through 6th years of life) and adolescents (aged 12 to 21 years). For the adolescents, a visit to an OB/GYN also counts as a well child visit.



Report #	VI.B.1
Report Title	CAHPS Medicaid Child Survey-Getting Needed Care
Population	All Hoosier Healthwise Children
Time Period	CY 2005 through CY 2007

Findings	MDWise and MHS had a higher percentage of members than the national mean reporting "not a problem" related to getting needed care in both 2005 and 2006.
	The percentage of "not a problem" responses was highest in 2006.

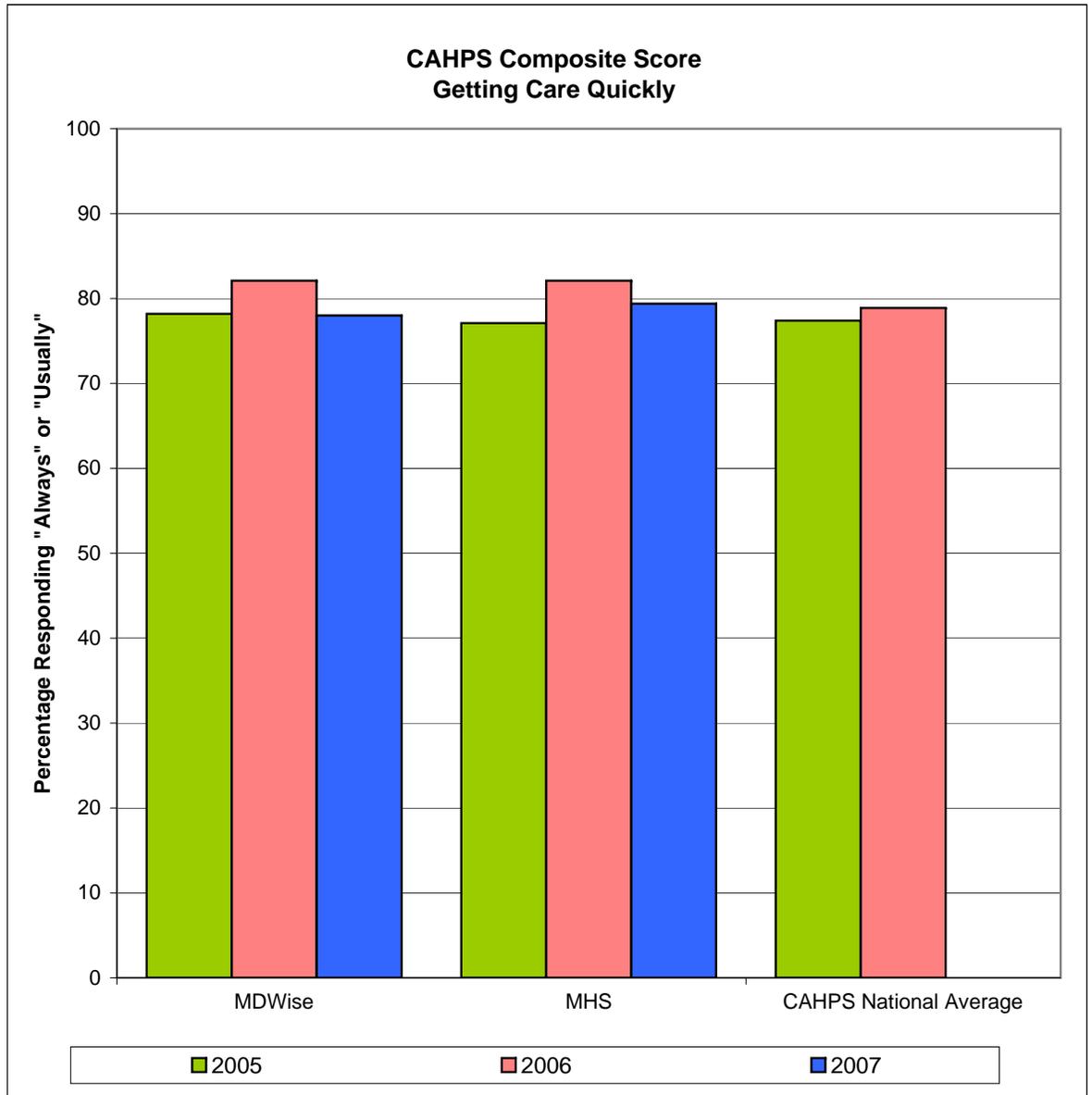
Getting Needed Care measures the percent indicating "not a problem" regarding their attempt to get care for their child.



Report #	VI.B.2
Report Title	CAHPS Medicaid Child Survey-Getting Care Quickly
Population	All Hoosier Healthwise Children
Time Period	CY 2005 through CY 2007

Findings	MDWise and MHS had a higher percentage of members in 2006 who reported they "always" or "usually" get care quickly compared to the national average.
	The two MCOs saw an improvement in their reportings between 2005 and 2006, but then a slight decline again in 2007.

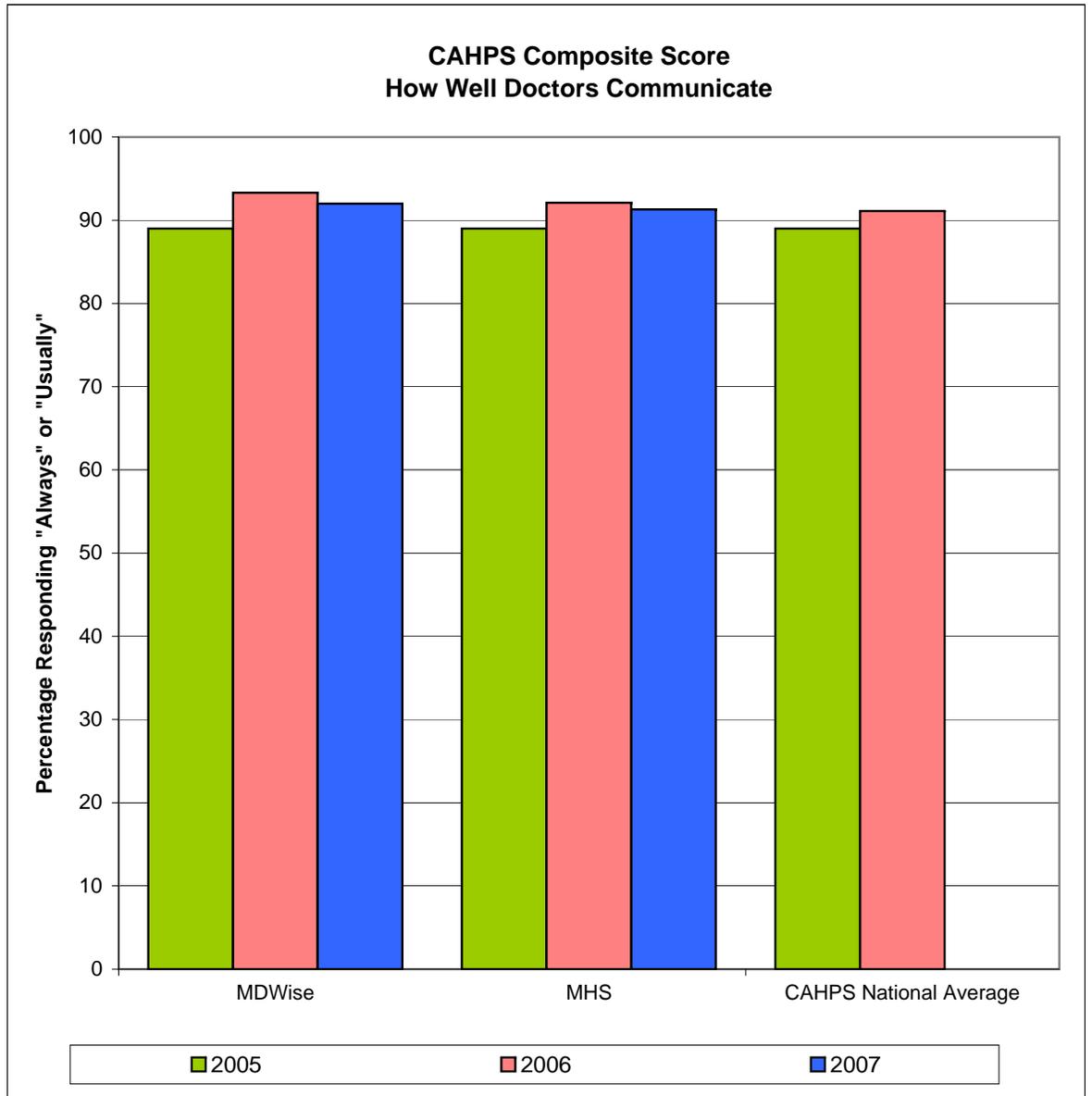
Getting Care Quickly measures the percent stating "always" or "usually" get care in a reasonable time.



Report #	VI.B.3
Report Title	CAHPS Medicaid Child Survey- How Well Doctors Communicate
Population	All Hoosier Healthwise Children
Time Period	CY 2005 through CY 2007

Findings	The percentage of respondents who reported that doctor's "always" or "usually" communicate well remained fairly consistent between 2006 and 2007.
	Indiana's MCOs were in line with the national mean ratings for how well their doctors communicate in both 2005 and 2006.

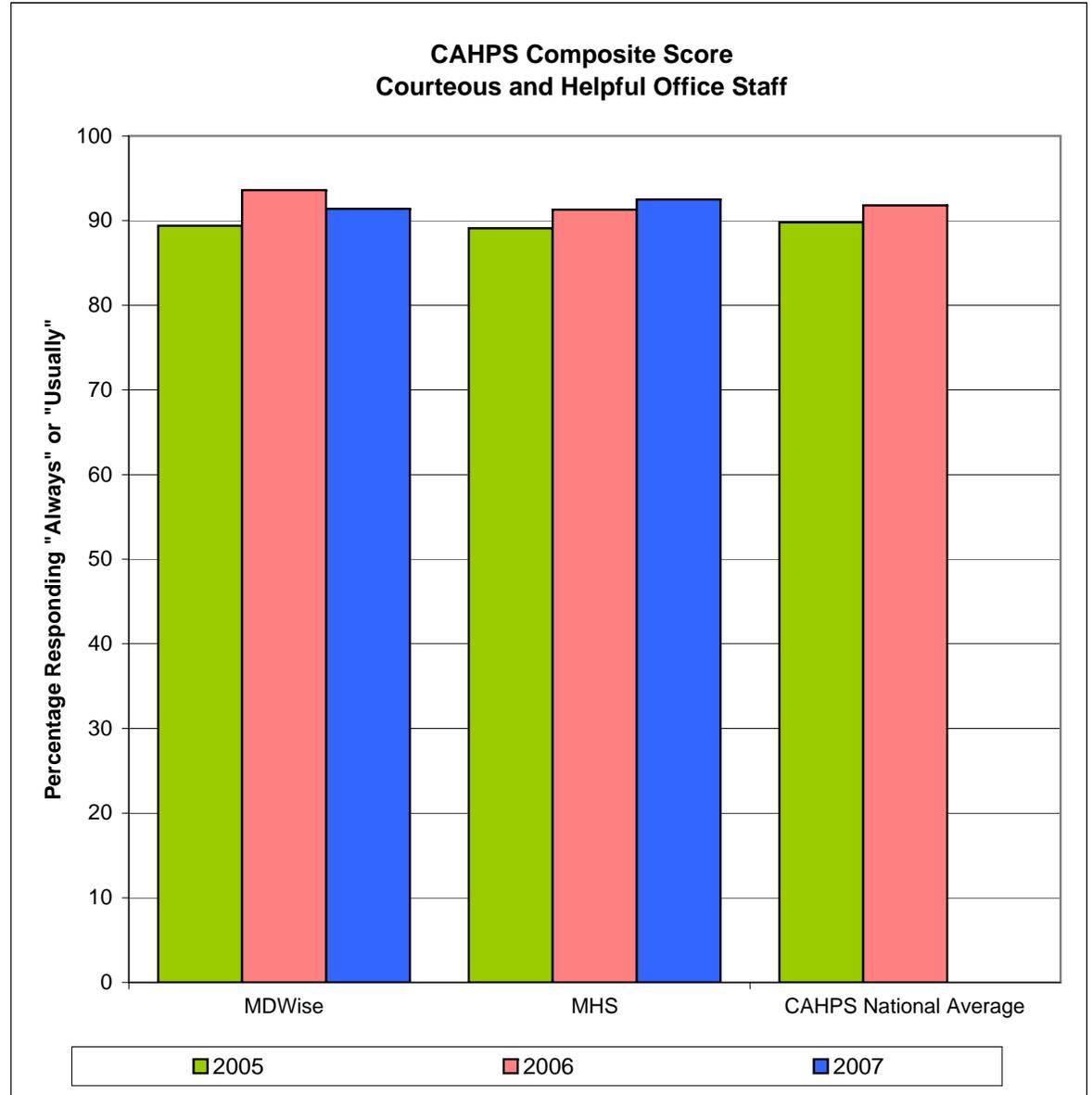
How Well Doctors Communicate measures the percent stating their doctors "always" or "usually" listen, explain, spend enough time with, and show respect for the members.



Report #	VI.B.4
Report Title	CAHPS Medicaid Child Survey- Courteous and Helpful Office Staff
Population	All Hoosier Healthwise Children
Time Period	CY 2005 through CY 2007

Findings	MDWise was slightly greater than the national mean rating for courteous and helpful office staff in 2007.
	MHS saw a slow, steady increase in ratings for courteous and helpful office staff in the last three years.

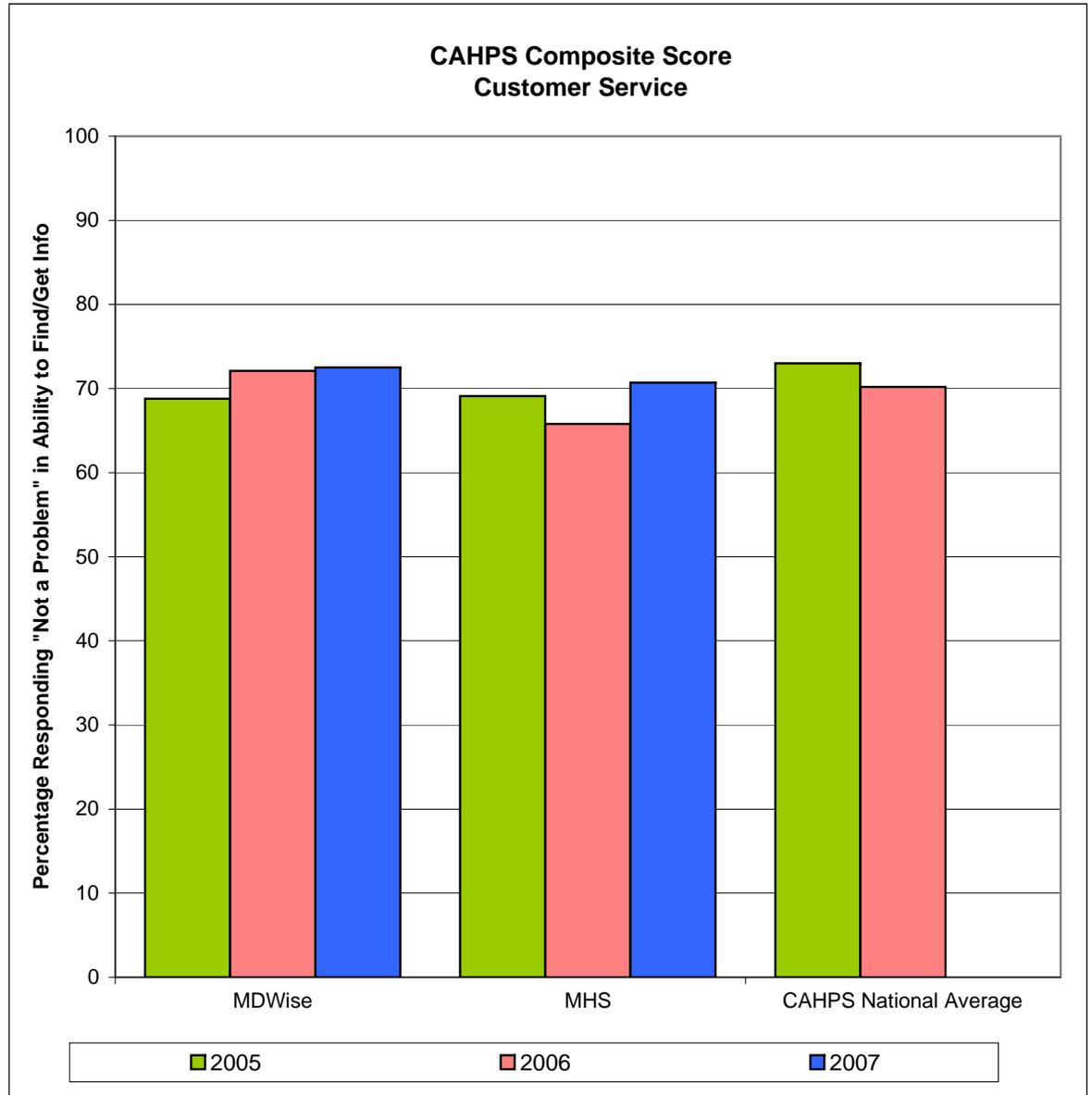
Courteous and Helpful Office Staff measures the percent stating office staff are “always” or “usually” courteous.



Report #	VI.B.5
Report Title	CAHPS Medicaid Child Survey- Customer Service
Population	All Hoosier Healthwise Children
Time Period	CY 2005 through CY 2007

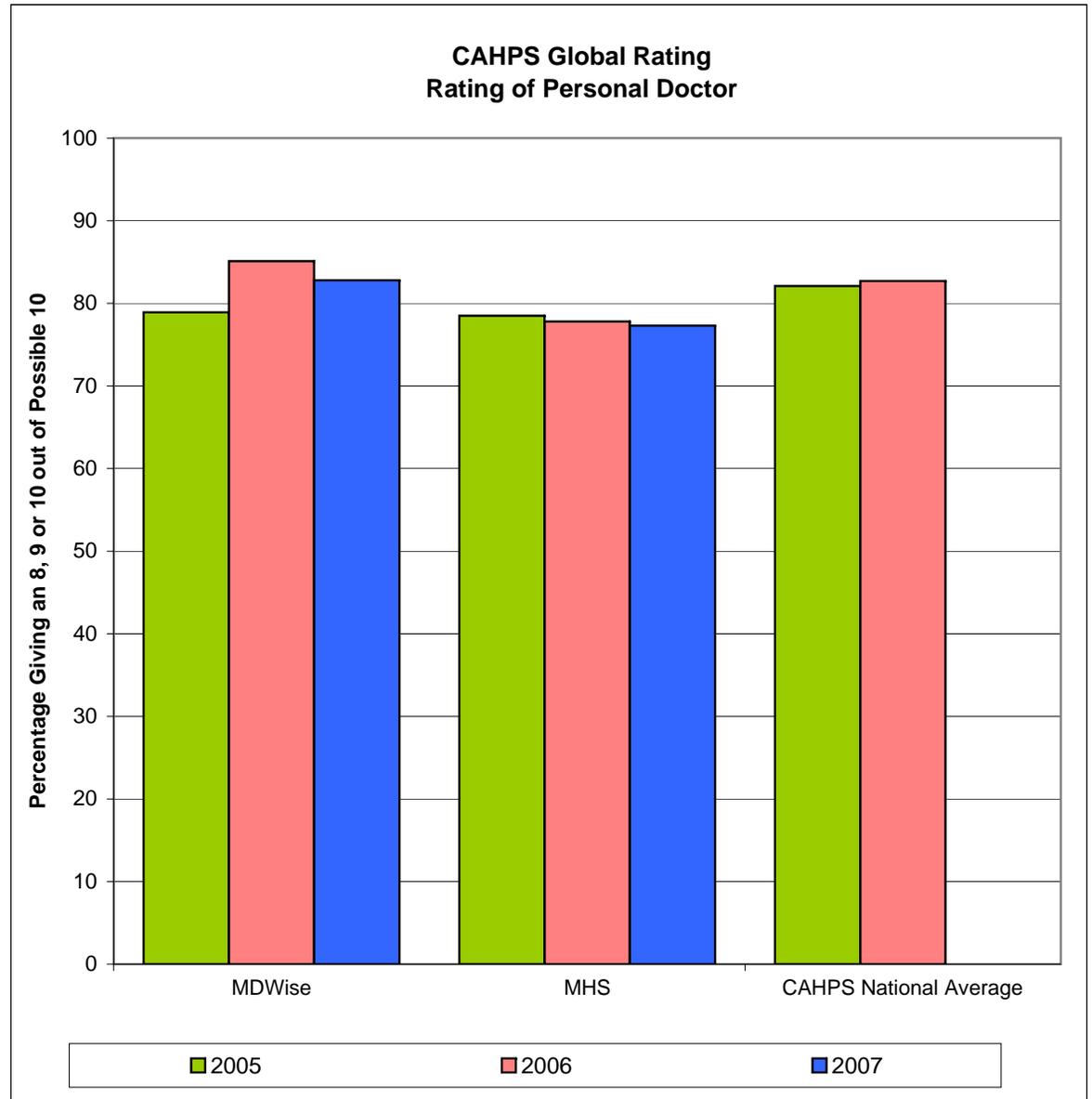
Findings	In 2006, MDWise had a customer service rate at the national average, but MHS was below this benchmark.
	Both MDWise and MHS had their highest rates for customer service over the three years studied in 2007.

Customer Service measures the percent indicating "not a problem" regarding their ability to find/understand information.



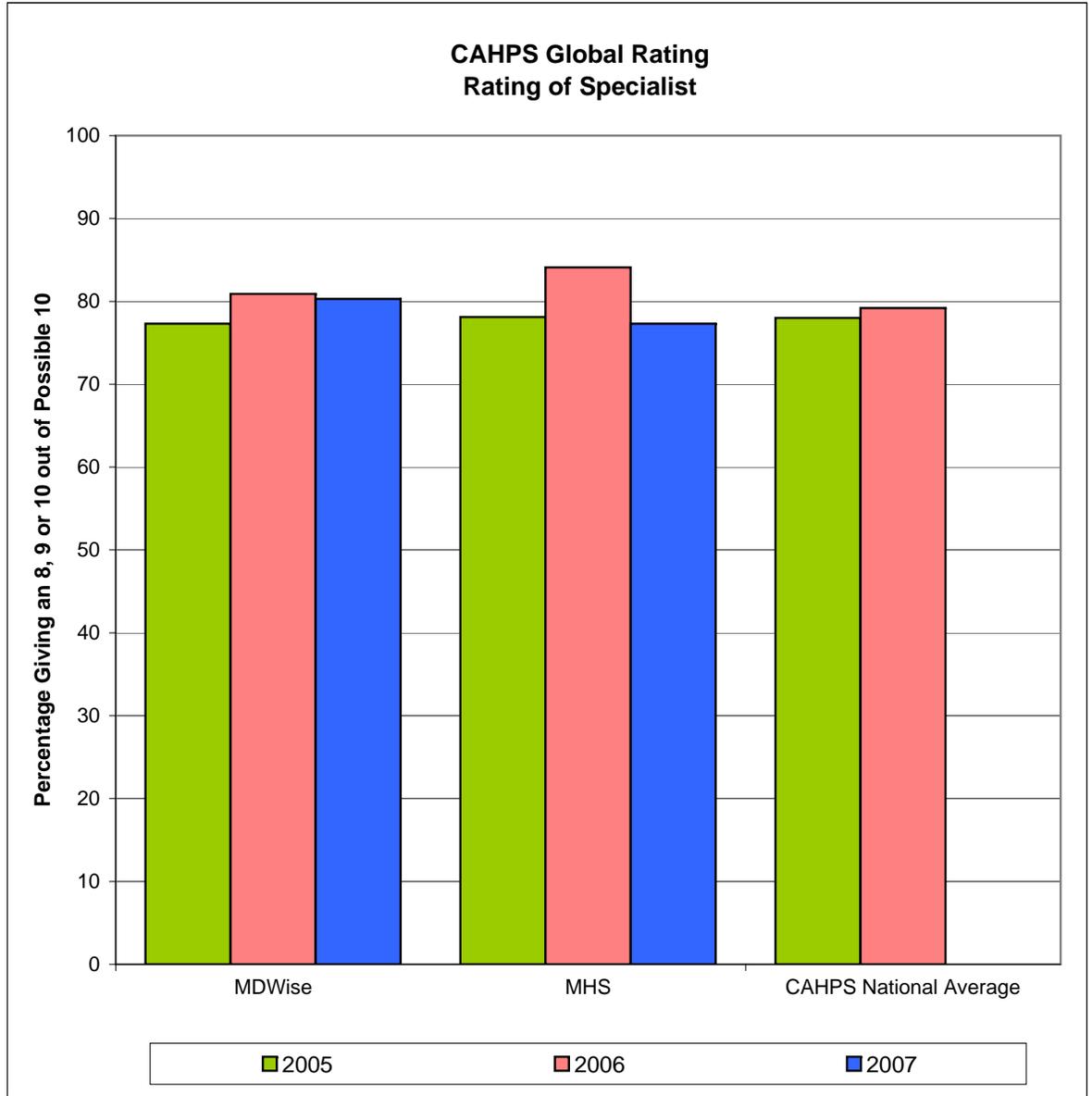
Report #	VI.B.6
Report Title	CAHPS Medicaid Child Survey- Rating of Personal Doctor
Population	All Hoosier Healthwise Children
Time Period	CY 2005 through CY 2007

Findings	The percentage of favorable ratings given for personal doctors declined for between 2006 and 2007 but has been steady for MHS over the years studied.
	MDWise exceeded the national average on this statistics in 2006.



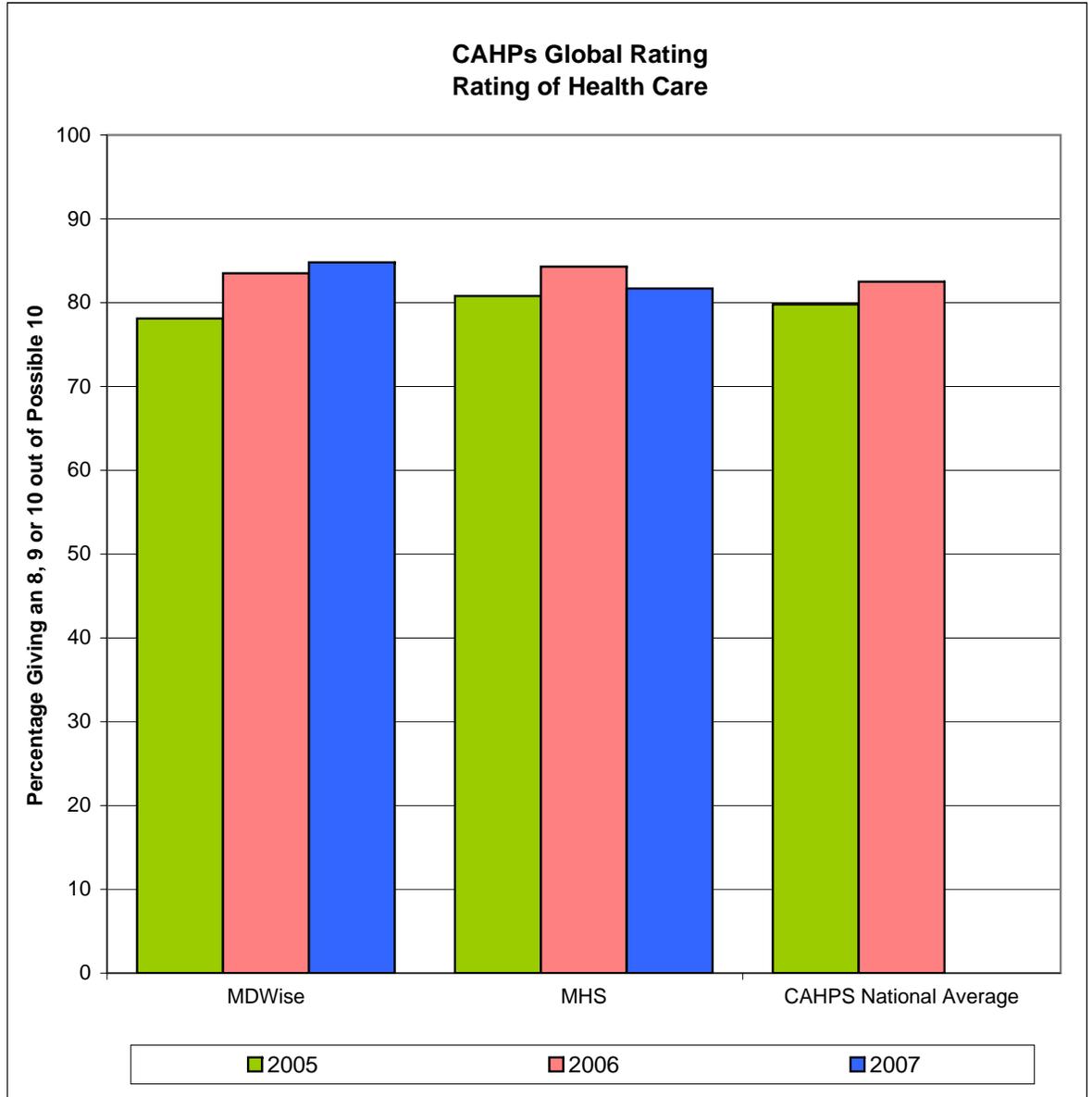
Report #	VI.B.7
Report Title	CAHPS Medicaid Child Survey- Rating of Specialist
Population	All Hoosier Healthwise Children
Time Period	CY 2005 through CY 2007

Findings	In 2006, both MDWise and MHS had a greater favorable rating percentage for specialists than the national average.
	MHS, however, saw a decline in this rating from 84% in 2006 to 77% in 2007.



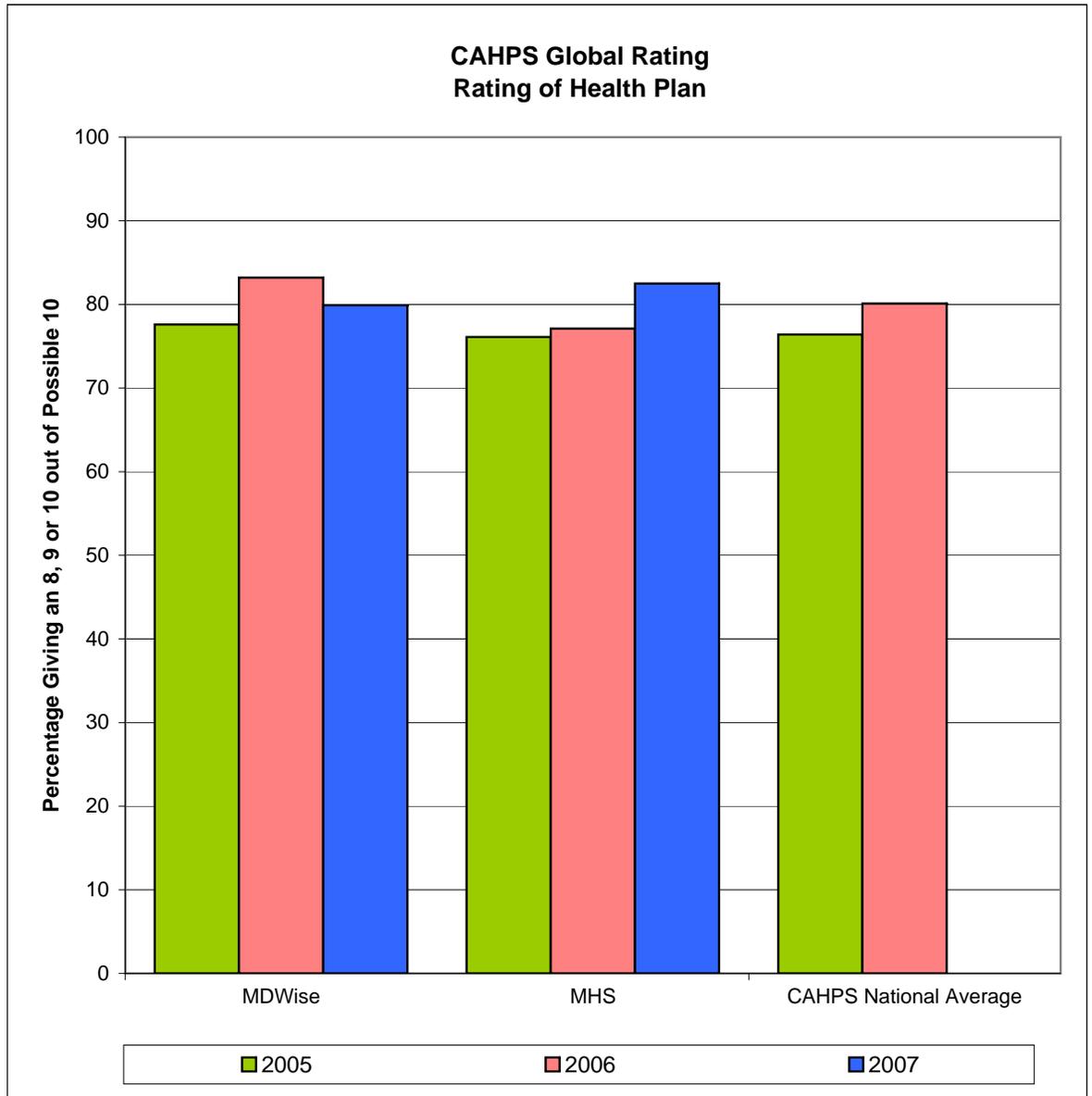
Report #	VI.B.8
Report Title	CAHPS Medicaid Child Survey- Rating of Health Care
Population	All Hoosier Healthwise Children
Time Period	CY 2005 through CY 2007

Findings	In 2006, MDWise and MHS scored ratings of health care similar to the national average.
	MDWise further increased health care ratings in 2007 while MHS ratings fell slightly.



Report #	VI.B.9
Report Title	CAHPS Medicaid Child Survey- Rating of Health Plan
Population	All Hoosier Healthwise Children
Time Period	CY 2005 through CY 2007

Findings	MHS received its highest ratings over the last three years in 2007. MDWise received its highest rating in 2006.
	MDWise and MHS ratings were on par with national ratings of health plans in 2005 and 2006.



Report #	VI.C.1
Report Title	EPSDT Participant Ratios (see charts on following pages)
Population	CHIP C only, all Hoosier Healthwise, and national comparison
Time Period	2005, 2006 and 2007

Report #	VI.C.2
Report Title	EPSDT Screening Ratios (see charts on following pages)
Population	CHIP C only, all Hoosier Healthwise, and national comparison
Time Period	2005, 2006 and 2007

Findings	The participant ratios for CHIP C and Medicaid children have remained steady over the last 3 years for all age groups.
	Participant ratios for Hoosier Healthwise children were higher than the national average for older children, but lower than the national average for younger children.

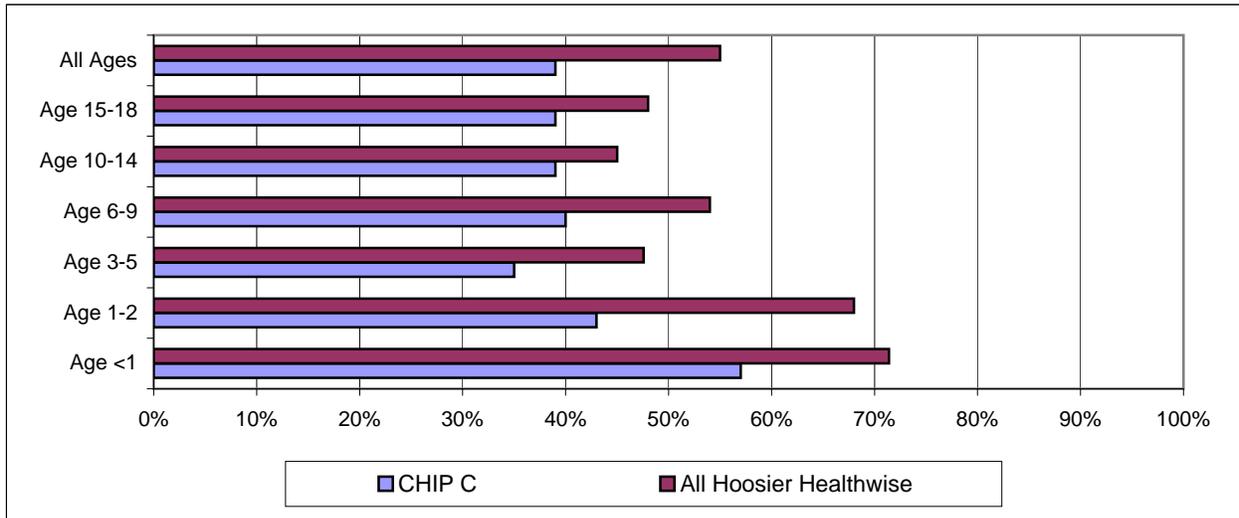
Findings	The screening ratios for CHIP C and Medicaid children have remained steady over the last 3 years for all age groups.
	Screening ratios for Hoosier Healthwise children were higher than the national average for older children and for children age 1-2, but lower than the national average for the age <1, age 3-5, and age 6-9 groups.

The *participant ratio* indicates the extent to which EPSDT eligibles receive any initial and periodic screening services during the year. This is based on a unique count of individuals, regardless of the number of EPSDT services received.

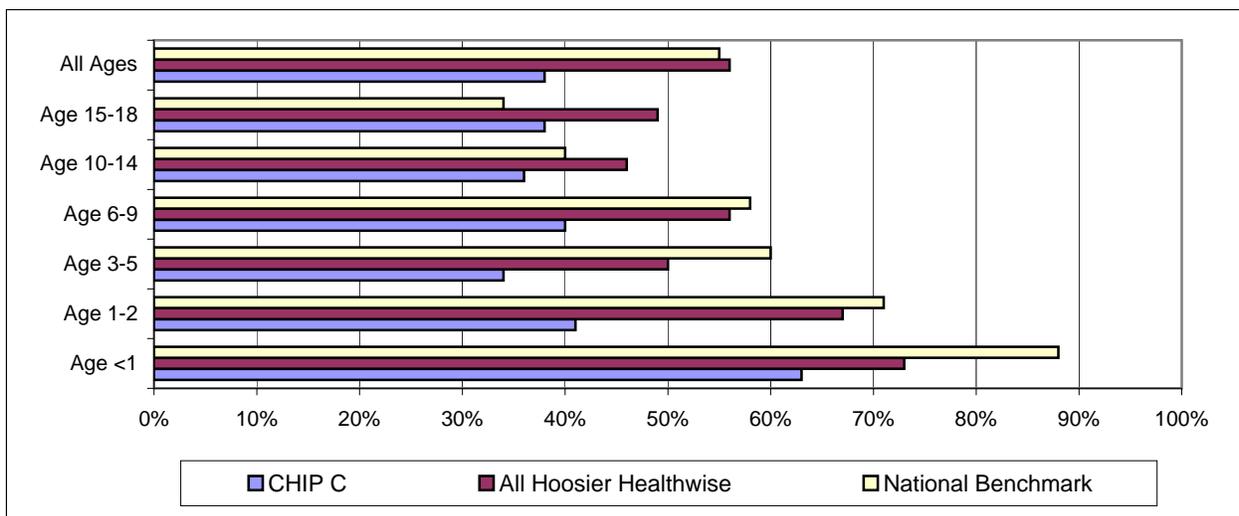
The *screening ratio* indicates the extent to which EPSDT eligibles receive the number of initial and periodic screening services required by Indiana's periodicity schedule, adjusted by the proportion of the year for which they are eligible in the program. In other words, it measures actual screenings as a percentage of expected screenings.

Report VI.C.1: Participant Ratios

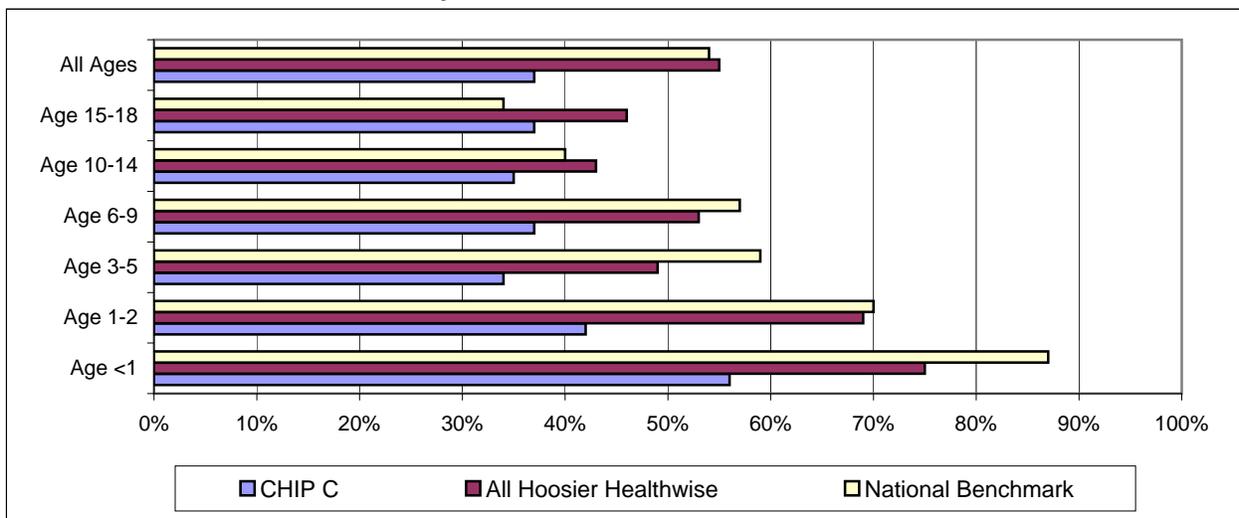
Participant Ratio for EPSDT Services- 2007



Participant Ratio for EPSDT Services- 2006

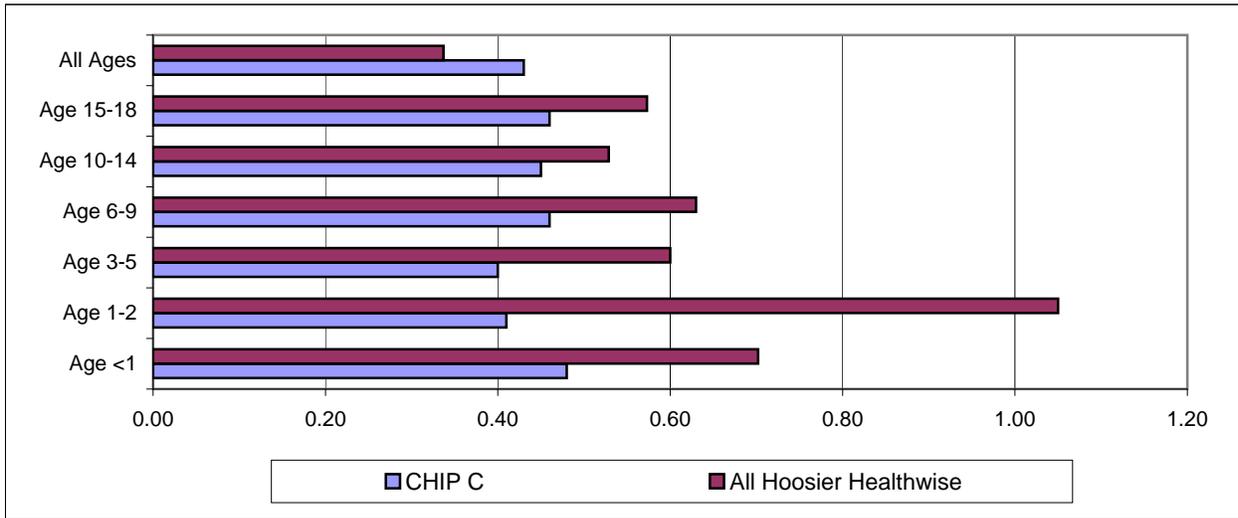


Participant Ratio for EPSDT Services- 2005

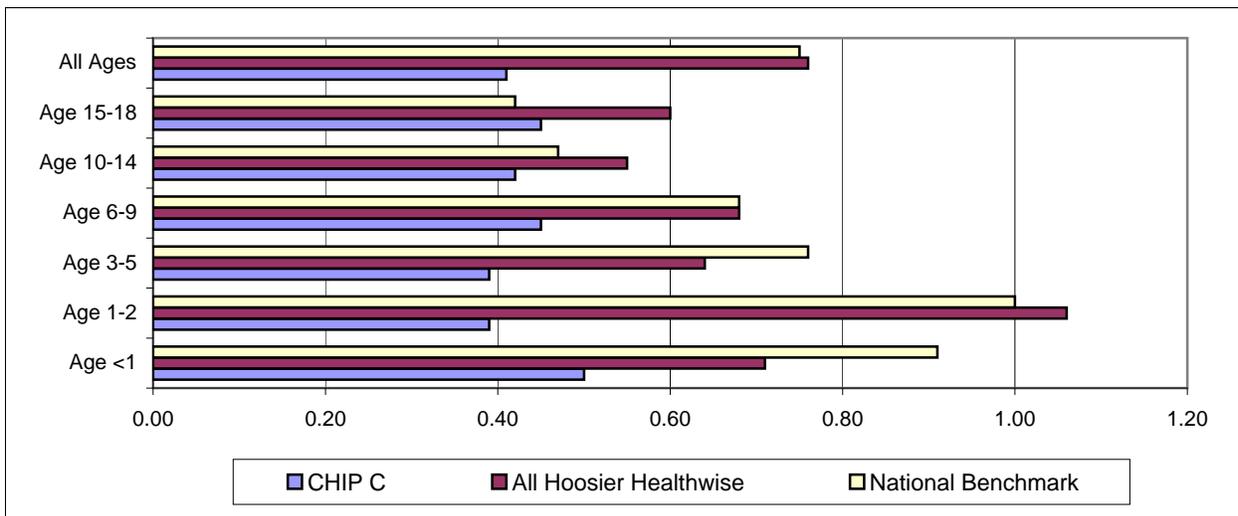


Report VI.C.2: Screening Ratios

Screening Ratio for EPSDT Services- 2007



Screening Ratio for EPSDT Services- 2006



Screening Ratio for EPSDT Services- 2005

