Section 9. Strategic Objectives and Performance Goals for the Plan Administration (Section 2107)

9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42 CFR 457.710 (b))

The strategic objectives for the Nevada Check Up program are to:

- 1. Increase the availability of comprehensive low-cost health coverage for children at or below 200% FPL, and not eligible for Medicaid.
- 2. Provide an application and enrollment process which is easy for targeted low income families to understand and use. Improve the health and wellness of Nevada's Medicaid population by increasing access to and the use of preventive services.
- 2.3. Increase the use of preventive care by adolescent well-care visits, immunizations and mental health follow-up.
- 3. Improve accessibility to dental providers for children enrolled in Nevada Check Up.
- 4. Through the administration of the Covering Kids and Families grant, assure the participation of community based organizations in outreach and education activities.
- 5.4. Assure a high degree of participant satisfaction with the Nevada Check Up program.

9.2 Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42 CFR 457.710(c))

The following performance goals and measures will be used to evaluate the program's effectiveness:

- 1.1 Increase the percentage of children enrolled in Nevada Check Up by 5% annually, thus decreasing overall uninsured child rates in Nevada.
- 1.2 Process applications and enroll Nevada Check Up applicants within 30 days from the date the application is received. In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP Program.
- 2.1 Provide timely application completion assistance through dial up telephone support in both English and Spanish. In an effort to increase access to care, our goal is to increase well-child visits 0-15 months (W30-CH) by 5%
- 2.2 Simplify the Nevada Check Up application from a two step to a one step process. In an effort to increase access to care, our goal is to increase well-child visits 15-30 months (W30-CH) by 5%
- 2.3 Create and implement an annual quality improvement review of the Nevada Check Up business processes.
- 3.1 In an effort to increase the use of preventative care, our goal is to increase immunizations for adolescents (IMA-CH) for Meningococcal rate 11th 13th birthday by 5%.
- 3.2 In an effort to increase the use of preventative care, our goal is to increase immunizations for adolescents (IMA-CH) for Tdap rate $10^{th} 13^{th}$ birthday by 5%.
- 3.3 In an effort to increase the use of preventative care, our goal is to increase immunizations for adolescents (IMA-CH) for HPV rate 9th 13th birthday by 5%.
- 3.4 In an effort to increase the use of preventative care, our goal is to increase follow-up after hospitalization for Mental Illness (FUH-CH) ages 6-17 (7 day) by 5%.
- 3.5 In an effort to increase the use of preventative care, our goal is to increase follow-up after hospitalization for Mental Illness (FUH-CH) ages 6-17 (30 day) by 5%.

Achieve year to year improvements in the percentage of targeted low income children that have had a visit with a dental provider during the year.

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- 4.1 Achieve effective outreach and education activities by community-based organizations in collaboration with Covering Kids and Families.
- 4.2 Achieve annual increases in the number of outreach and education activities for Nevada Check Up provided by community-based organizations in collaboration with Covering Kids and Families.
- 4.3 Increase school-based outreach programs in the State of Nevada, resulting in an increase in the number of Nevada Check Up applications submitted that are directly attributable to school based outreach activities.
- 4.15. In an effort to Aachieve a high degree of satisfaction with parents and guardians of Nevada Check Up participants by 5% as measured by an annual survey.

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9.3 Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the state's performance, taking into account suggested performance indicators as specified below or other indicators the state develops: (Section 2107(a)(4)(A), (B)) (42 CFR 457.710 (d))

The primary source for measuring the five performance indicators will be an annual survey of the uninsured. The baseline will be established from a survey recently completed for Great Basin Primary Care Association by Decision Analytics, Inc. Additionally, data from the Bureau of the Census regarding poverty and insurance status, data for the Nevada Division of Insurance on health care covered lives and enrollment data for Medicaid and Nevada Check Up will be used to confirm the established performance indicators.

Check the applicable suggested performance measurements listed below that the state plans to use: (Section 2107(a)(4))

9.3.1.	X	The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.	
9.3.2.	X	The reduction in the percentage of uninsured children.	
9.3.3.		The increase in the percentage of children with a usual source of care.	
9.3.4.		The extent to which outcome measures show progress on one or more of the health problems identified by the state.	
9.3.5.		HEDIS Measurement Set relevant to children and adolescents younger than 19.	
9.3.6.		Other child appropriate measurement set. List or describe the set used.	
9.3.7.	$\boxtimes \Box$	If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:	
		9.3.7.1. ☑☐ Immunizations 9.3.7.2. ☑☐ Well child care 9.3.7.3. ☑☐ Adolescent well visits 9.3.7.4. □ Satisfaction with care 9.3.7.5. ☑☐ Mental health 9.3.7.6. □ Dental care 9.3.7.7. □ Other, please list:	
9.3.8.		Performance measures for special targeted populations.	

9.4

The state assures it will collect all data, maintain records and furnish reports to the Secretary

at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1))

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(42 CFR 457.720)