

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

Preamble

Section 2108(a) of the Act provides that the State and Territories *must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

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

The framework is designed to:

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

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

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

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

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

Signature: _____
Fern M. Shinbaum

SCHIP Program Name(s): All, All kids

SCHIP Program Type:

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

Reporting Period: 2007 *Note: Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07.*

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Submission Date: 12/27/2007

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

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

		SCHIP Medicaid Expansion Program				Separate Child Health Program				
* Upper % of FPL are defined as <u>Up to and Including</u>										
Eligibility					From		% of FPL conception to birth		% of FPL *	
	From		% of FPL for infants		% of FPL *	From	134	% of FPL for infants	200	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From	134	% of FPL for children ages 1 through 5	200	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From	101	% of FPL for children ages 6 through 16	200	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From	101	% of FPL for children ages 17 and 18	200	% of FPL *

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

Is retroactive eligibility	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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available?	<input type="checkbox"/>	Yes, for whom and how long?	<input checked="" type="checkbox"/>	Yes, for whom and how long? If a parent submits an application for an eligible newborn within 60 days after the birth, coverage can be retroactive to the date of birth
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

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

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

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

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

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

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
			If yes, what database? [1000] Blue Cross Blue Shield of Alabama	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
Yearly cap		Yearly cap		

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

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

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

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

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
			Three disregards are applied to the monthly family income when applicable: (1)\$90 for each working adult applied to earned income; (2) up to \$50 of child support payments received; and, (3) up to \$200 and \$175 for each child or dependent adult in day care for ages 0-23 months and 2 years and over, respectively.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

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

Enter any Narrative text below. [7500]

Comments on Responses in Table:

2. Is there an assets test for children in your Medicaid program? Yes No N/A
3. Is it different from the assets test in your separate child health program? If yes, please describe in the narrative section below the asset test in your program. Yes No N/A
4. Are there income disregards for your Medicaid program? Yes No N/A
5. Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program. Yes No N/A
6. Is a joint application used for your Medicaid and separate child health program? Yes No N/A

7. Indicate what documentation is required at initial application

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

8. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Benefit structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Prenatal Eligibility expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t) Other – please specify						
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<p>a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)</p>	
<p>b) Application</p>	<p>CMS has instituted enrollment verification changes in Medicaid with respect to citizenship and identity. In partnership with Medicaid, the application was revised to allow a parent to establish the identity of children under age 16 via an affidavit.</p>
<p>c) Application documentation requirements</p>	
<p>d) Benefit structure</p>	<p>1. Children with a cystic fibrosis diagnosis may now get over the counter ADEK vitamins. 2. We now provide for 3 inpatient substance abuse rehabilitation days. 3. We now offer 90 visits for substance abuse in an Intensive Outpatient Program, Substance Abuse Day Treatment and/or Substance Abuse Partial Hospitalization Program (only 20 of which may be used for the Partial Hospitalization Program).</p>
<p>e) Cost sharing (including amounts, populations, & collection process)</p>	
<p>f) Crowd out policies</p>	
<p>g) Delivery system</p>	
<p>h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)</p>	
<p>i) Eligibility levels / target population</p>	
<p>j) Assets test in Medicaid and/or SCHIP</p>	
<p>k) Income disregards in Medicaid and/or SCHIP</p>	
<p>l) Eligibility redetermination process</p>	
<p>m) Enrollment process for health plan selection</p>	

n) Family coverage	
o) Outreach	ALL Kids staff refocused and intensified outreach strategies aimed at low-literacy English speaking populations, non-English speaking Hispanic populations, families who reside in rural areas, low income families, and working families with uninsured children.
p) Premium assistance	
q) Prenatal Eligibility Expansion	
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. [7500]

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

- Population not covered: Check this box if your program does not cover the population included in the measure.
- Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:

Please indicate the status of the data you are reporting, as follows:

- Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
- Final: Check this box if the data you are reporting are considered final for FFY 2007.

- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

Definition of Population included in the Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

MEASURE: Well Child Visits in the First 15 Months of Life

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2005</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2006</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2007</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators are calculated corresponding to the number of members who had received: zero, one, two, three, four, five, six or more well child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators are calculated corresponding to the number of members who had received: zero, one, two, three, four, five, six or more well child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators are calculated corresponding to the number of members who had received: zero, one, two, three, four, five, six or more well child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 4 visits Denominator: 21 Rate: 6</p> <p><u>1 visit</u> Numerator: 5 visits Denominator: 23 Rate: 11</p> <p><u>2 visits</u> Numerator: 6+ visits Denominator: 14 Rate: 14</p> <p><u>3 visits</u> Numerator: 11 Denominator: 11 Rate: 11</p> <p>Additional notes on measure: 94.2% of ALL Kids enrollees had a well child visit within the first 15 months of life.</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 7 Denominator: 215 Rate: 3.3</p> <p><u>1 visit</u> Numerator: 9 Denominator: 215 Rate: 4.2</p> <p><u>2 visits</u> Numerator: 15 Denominator: 215 Rate: 7</p> <p><u>3 visits</u> Numerator: 26 Denominator: 215 Rate: 12.1</p> <p>Additional notes on measure: 96.7% of CHIP enrollees (who meet the HEDIS definition for this measure) had a well child visit within the first 15 months of life.</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 12 Denominator: 225 Rate: 5.3</p> <p><u>1 visit</u> Numerator: 9 Denominator: 225 Rate: 4</p> <p><u>2 visits</u> Numerator: 15 Denominator: 225 Rate: 6.7</p> <p><u>3 visits</u> Numerator: 14 Denominator: 225 Rate: 6.2</p> <p>Additional notes on measure: 94.7% of CHIP enrollees (who met the HEDIS definition for this measure) had a well child visit within the first 15 months of life.</p>
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? While the percentage of children who had 6 or more visits within the first 15 months of life increased 0.4 percentage points (from 30.7% to 31.1%), there was an increase of 6.7 percentage points (from 23.3% to 30.0%) in the percentage of children who had 5 visits during the first 15 months of life.

Are there any quality improvement activities that contribute to your progress? No

Annual Performance Objective for FFY 2008: Increase to 32%, the percentage of children who receive 6 or more visits in the first 15 months of life.

Annual Performance Objective for FFY 2009: Increase to 32%, the percentage of children who receive 6 or more visits in the first 15 months of life.

Annual Performance Objective for FFY 2010: Increase to 32%, the percentage of children who receive 6 or more visits in the first 15 months of life.

Explain how these objectives were set: These levels were derived by looking at the previous 3 years data for this objective.

Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2005</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2006</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2007</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the enrollee 1691.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the enrollee.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the enrollee.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 1691</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 1899</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 1927</p>

FFY 2005	FFY 2006	FFY 2007
Denominator: 4895 Rate: 34.5	Denominator: 5232 Rate: 36.3	Denominator: 5242 Rate: 36.8
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The percentage of children who received 1 or more well-child visits between 3 and 6 years increased from 36.3% to 36.8%.</p> <p>Are there any quality improvement activities that contribute to your progress? No</p> <p>Annual Performance Objective for FFY 2008: At least 37% of CHIP enrollees (who meet the HEDIS definition) will have at least 1 well-child visit with a PCP during the measurement year.</p> <p>Annual Performance Objective for FFY 2009: At least 37% of CHIP enrollees (who meet the HEDIS definition) will have at least 1 well-child visit with a PCP during the measurement year.</p> <p>Annual Performance Objective for FFY 2010: At least 37% of CHIP enrollees (who meet the HEDIS definition) will have at least 1 well-child visit with a PCP during the measurement year.</p> <p><i>Explain how these objectives were set:</i> These levels were based on data from the previous 3 years.</p>		
<p>Other Comments on Measure:</p>		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Hedis Version 2005</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2006</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2007</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For each enrollee in the denominator, those who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and, leukotriene modifiers, or methylxanthines in the measurement year. The list of NDCs provided at the http://www.ncqa.org was used to identify appropriate prescriptions.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For each enrollee in the denominator, those who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and, leukotriene modifiers, or methylxanthines, in the measurement year. The list of NDCs provided a the http://www.ncqa.org was used to identify appropriate prescriptions.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For each enrollee in the denominator, those who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and, leukotriene modifiers, or methylxanthines, in the measurement year. The list of NDCs provided a the http://www.ncqa.org was used to identify appropriate prescriptions.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 255 Denominator: 322 Rate: 79.2</p> <p><u>10-17 years</u> Numerator: 544 Denominator: 724 Rate: 75.1</p> <p><u>Combined rate (5-17 years)</u> Numerator: 799 Denominator: 1046 Rate: 76.4</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 225 Denominator: 237 Rate: 94.9</p> <p><u>10-17 years</u> Numerator: 426 Denominator: 450 Rate: 94.7</p> <p><u>Combined rate (5-17 years)</u> Numerator: 651 Denominator: 687 Rate: 94.8</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 276 Denominator: 287 Rate: 96.2</p> <p><u>10-17 years</u> Numerator: 529 Denominator: 563 Rate: 94</p> <p><u>Combined rate (5-17 years)</u> Numerator: 805 Denominator: 850 Rate: 94.7</p> <p>Additional notes on measure: The denominators reflect the number of children in the eligible population excluding 3 children who had contraindications for the medications.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Ther percentages for both 2006 and 2007 were excellent. The rate for children 5-9 years of age was 1.27 percentage points higher, while the rate for children 10-17 years of age was 0.74 percentage points lower. In comparing the combined rates, there was only a 0.1 percent decrease from 2006 to 2007.

Are there any quality improvement activities that contribute to your progress? During the year, a case management project for children with asthma was piloted in three (3) counties in an effort to increase the rate of children who use asthma medications appropriately. The results of the study will be reported in next year's annual report.

Annual Performance Objective for FFY 2008: The percentage of children enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and, leukotriene modifiers, or methylxanthines, in the measurement year will be at least 95%.

Annual Performance Objective for FFY 2009: The percentage of children enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and, leukotriene modifiers, or methylxanthines, in the measurement year will be at least 95%.

Annual Performance Objective for FFY 2010: The percentage of children enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and, leukotriene modifiers, or methylxanthines, in the measurement year will be at least 95%.

Explain how these objectives were set: The objectives were based on historical data for this measure.

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
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<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2005</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2006</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2007</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
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<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>

FFY 2005	FFY 2006	FFY 2007																																																
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FFY 2005	FFY 2006	FFY 2007																								
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? In all age groups except the 12-24 month group, the rates improved. In the 12-24 month group, the difference was only a 0.1 percentage point decline.</p> <p>Are there any quality improvement activities that contribute to your progress? No</p> <p>Annual Performance Objective for FFY 2008: Percent with a PCP visit:</p> <table data-bbox="163 438 886 495"> <tr> <td>12 - 24 months</td> <td>7 - 11 years</td> </tr> <tr> <td>Rate: 96%</td> <td>Rate: 92%</td> </tr> </table> <table data-bbox="163 519 886 576"> <tr> <td>25 months - 6 years</td> <td>12 - 19 years</td> </tr> <tr> <td>Rate: 88%</td> <td>Rate: 89%</td> </tr> </table> <p>Annual Performance Objective for FFY 2009: Percent with a PCP visit:</p> <table data-bbox="163 657 886 714"> <tr> <td>12 - 24 months</td> <td>7 - 11 years</td> </tr> <tr> <td>Rate: 96%</td> <td>Rate: 93%</td> </tr> </table> <table data-bbox="163 738 886 795"> <tr> <td>25 months - 6 years</td> <td>12 - 19 years</td> </tr> <tr> <td>Rate: 90%</td> <td>Rate: 90%</td> </tr> </table> <p>Annual Performance Objective for FFY 2010: Percent with a PCP visit:</p> <table data-bbox="163 876 886 933"> <tr> <td>12 - 24 months</td> <td>7 - 11 years</td> </tr> <tr> <td>Rate: 96%</td> <td>Rate: 94%</td> </tr> </table> <table data-bbox="163 958 886 1015"> <tr> <td>25 months - 6 years</td> <td>12 - 19 years</td> </tr> <tr> <td>Rate: 91%</td> <td>Rate: 91%</td> </tr> </table> <p><i>Explain how these objectives were set:</i> These objectives were based on historical data for this measurement.</p>			12 - 24 months	7 - 11 years	Rate: 96%	Rate: 92%	25 months - 6 years	12 - 19 years	Rate: 88%	Rate: 89%	12 - 24 months	7 - 11 years	Rate: 96%	Rate: 93%	25 months - 6 years	12 - 19 years	Rate: 90%	Rate: 90%	12 - 24 months	7 - 11 years	Rate: 96%	Rate: 94%	25 months - 6 years	12 - 19 years	Rate: 91%	Rate: 91%
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SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	84257	106691	26.63

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

Good coordination with Medicaid

Efforts by the SCHIP Regional Coordinators

Publicity in the media about ALL Kids

Attention in the media regarding reauthorization

2. The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	115	22.4	10.5	2.0
1998 - 2000	86	19.1	7.5	1.6
2000 - 2002	82	14.3	6.9	1.2
2002 - 2004	66	12.9	5.7	1.1

2003 - 2005	48	11.4	4.2	1.0
2004 - 2006	46	11.0	4.0	1.0
Percent change 1996-1998 vs. 2004-2006	-60.0%	NA	-61.9%	NA

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

The decreases in the number of uninsured, low income children is likely due to the extensive collaboration among Medicaid, CHIP, and the Alabama Child Caring Foundation. The 3 programs have ongoing dialogue to increase simplification of the enrollment process, coordination, and outreach. In addition, CHIP staff based in key locations around the state identify and train community partners who assist in outreach and enrollment.

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

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

Yes (please report your data in the table below)

No (skip to Question #4)

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

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

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

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

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

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

4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

Since the implementation of CHIP, Phase I in Feb. 1998, it is estimated that SOBRA Medicaid has seen a net increase of approximately 101,087 enrollees. The data were derived from SOBRA Medicaid children's enrollment data shared quarterly with CHIP and the Alabama Child Caring Foundation. This number has been estimated using the knowledge that SOBRA Medicaid enrollment was essentially flat prior to CHIP.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- SCHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:

Please indicate the status of the data you are reporting for each goal, as follows:

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
- Final: Check this box if the data you are reporting are considered final for FFY 2007.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care, please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is no larger than 10% of the children in the state</p>	<p>Goal #1 (Describe) The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state.</p>	<p>Goal #1 (Describe) The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income uninsured children is equal to or less than 5% of children in the state.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revise. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The end target for this goal was reduced from equal to or less than 10% to equal to or less than 5% because the target had been reached at least since FY 2004. While the same numerator and denominator are being used, the explanation of these numbers has been revised to better explain the definitions.</p>	<p>Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CPS Data</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CPS Report Analysis 3 year averages.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CPS Report Analysis 3 year averages (2005-2007)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of the denominator: Total children under 19 years of age. Definition of numerator: Definition of the numerator # of children at or less than 200% FPL who are insured.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The number of children, less than 19 years of age. Definition of numerator: Children, under 19 years of age, at or below 200% FPL who are uninsured.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The number of children, less than 19 years of age in AL (the CPS "Persons in Poverty Universe" data). Definition of numerator: The number of children, less than 19 years of age, at or below 200% FPL who are uninsured.</p>
<p>Year of Data:</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>Performance Measurement Data: Described what is being measured: The data is 2002-2004 data Numerator: 66000 Denominator: 1156000 Rate: 5.7</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: 48000 Denominator: 1141000 Rate: 4.2</p>	<p>Performance Measurement Data: Described what is being measured: The rate of decrease in the number of low-income uninsured children who are potentially eligible for AL SCHIP or Medicaid. Numerator: 46000 Denominator: 1152000</p>

FFY 2005	FFY 2006	FFY 2007
Additional notes on measure:	Additional notes on measure:	Rate: 4 Additional notes on measure:
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Our goal to reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state was achieved in FY2006 and maintained in FY 2007.</p> <p>Are there any quality improvement activities that contribute to your progress? Greater efficiency in application processing time and new program implementation activities which allow greater opportunity for application submissions.</p>
	<p>Annual Performance Objective for FFY 2007: The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state.</p> <p>Annual Performance Objective for FFY 2008: The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state.</p> <p>Annual Performance Objective for FFY 2009: The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state.</p> <p><i>Explain how these objectives were set:</i> The objectives were set based on the FY 2006 objective.</p>	<p>Annual Performance Objective for FFY 2008: To reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state</p> <p>Annual Performance Objective for FFY 2009: To reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state</p> <p>Annual Performance Objective for FFY 2010: To reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state</p> <p><i>Explain how these objectives were set:</i> The objectives were based on historical data.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) A tracking system will be established by April 2004, which will track applicants referred among ALL Kids, SOBRA Medicaid, and the Alabama Child Caring Foundation.</p>	<p>Goal #2 (Describe) A sampling methodology will be established that will allow ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, to be tracked to ascertain whether or not those applicants were ultimately enrolled in Medicaid.</p>	<p>Goal #2 (Describe) Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The goal was revised to (1)remove a 2004 date of completion, (2) to remove the Alabama Child Caring Foundation (ACCF) as part of the tracking system, and (3) better articulate the goal. ACCF was removed because its waiting list situation would make tracking too cumbersome.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The process for obtaining this data was set up in FY 2006 so that we could report this data beginning FY 2007.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative files.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> A sample of applicants which were referred to Medicaid was reviewed to determine how many were subsequently enrolled in Medicaid.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> A sample of applicants that were referred to Medicaid was reviewed to determine how many were subsequently enrolled in Medicaid. The data in the sample reflect a 3 month lag period from the month the sample is drawn. For example, for the October 2006 file, data reflect July 2006. Therefore, data prepared for this report reflect a sample period from July 2006 to June 2007.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of the denominator: Referrals of new applications and renewal from ALL Kids to SOBRA Medicaid. Definition of numerator: # of children referred from ALL Kids to Medicaid who subsequently became enrolled in Medicaid.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The number of applicants (pulled for this sample) which were referred/sent to Medicaid from ALL Kids. Definition of numerator: Out of the sample of applicants referred from ALL Kids to Medicaid, the number of applicants which were subsequently enrolled in Medicaid (as determined by the disposition of the application within the Medicaid system).</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The denominator represents the number of applicants in annual sample who were referred to Medicaid. (150 applicants x 12 months = 1800 applicants) Definition of numerator: The numerator represents the number of applicants in annual sample referred to Medicaid that enrolled in the program.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>Performance Measurement Data:</p>	<p>Performance Measurement Data:</p>	<p>Performance Measurement Data:</p>

FFY 2005	FFY 2006	FFY 2007
<p>Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: In 2005 this could not be quantified in numbers.</p>	<p>Described what is being measured: This goal will measure the degree to which referrals made by the ALL Kids eligibility staff to the Medicaid Agency are ultimately enrolled in Medicaid.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: This goal was revised at the end of FY 2006 and tracking began in late FY 2006 No data for FY 2006 is yet available. Data will be reported beginning in FY 2007.</p>	<p>Described what is being measured: The degree to which referrals made by the ALL Kids eligibility staff to the Medicaid Agency are ultimately enrolled in Medicaid.</p> <p>Numerator: 809 Denominator: 1800 Rate: 44.9</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The data in 2007 establish the baseline for this objective.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: Based on the data observed during FY 2006, future goals will be set in FY 2007.</p> <p>Annual Performance Objective for FFY 2008: Based on the data observed during FY 2006, future goals will be set in FY 2007.</p> <p>Annual Performance Objective for FFY 2009: Based on the data observed during FY 2006, future goals will be set in FY 2007.</p> <p><i>Explain how these objectives were set:</i> Because of the lack of baseline data, setting future goals for this area is being deferred until FY 2007.</p>	<p>Annual Performance Objective for FFY 2008: Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%.</p> <p>Annual Performance Objective for FFY 2009: Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%.</p> <p>Annual Performance Objective for FFY 2010: Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%.</p> <p><i>Explain how these objectives were set:</i> Based on baseline data.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Comments on Measure: In 2005, the program built a reporting mechanism to track applications between Medicaid and ALL Kids, as well as an interface with the Alabama Child Caring Foundation. The system has since identified the need for further enhancements in order to improve data reporting accuracy. These enhancements are still ongoing as our CHIP computer systems continue to be refined by the Health Department's Computer Systems Center.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p style="text-align: center;">How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p>	<p>Goal #1 (Describe) The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p>	<p>Goal #1 (Describe) The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The goal, itself, was not revised but the definition of the numerator was refined.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The goal itself was revised to accurately depict the data collection methodology.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative data</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative data</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative data</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Enrollees who did not renew due to non-payment of premium.</p> <p>Definition of numerator: The number of ALL Kids enrollees who disenrolled for non-payment of premium.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of ALL Kids enrollees who were due to renew.</p> <p>Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids but who disenrolled for non-payment of premium.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of ALL Kids enrollees who were due to renew.</p> <p>Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids but who disenrolled for non-payment of premium.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>Performance Measurement Data: Described what is being measured: The impact of premiums on renewal.</p> <p>Numerator: 1821 Denominator: 58584 Rate: 3.1</p> <p>Additional notes on measure: The denominator is the number of enrollees who were due to renew in FY 2005.</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: 1974 Denominator: 61800 Rate: 3.2</p> <p>Additional notes on measure: See notes in FY 2005.</p>	<p>Performance Measurement Data: Described what is being measured: (See description of Goal #1)</p> <p>Numerator: 2066 Denominator: 64104 Rate: 3.2</p> <p>Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Performance remained the same.</p> <p>Are there any quality improvement activities that contribute to your progress? No</p>
	<p>Annual Performance Objective for FFY 2007: The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p>Annual Performance Objective for FFY 2008: The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p>Annual Performance Objective for FFY 2009: The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p><i>Explain how these objectives were set:</i> Because this goal has not been met since FY 2004, the target percentage of "not more than 3%," was kept the same as in previous years.</p>	<p>Annual Performance Objective for FFY 2008: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %.</p> <p>Annual Performance Objective for FFY 2009: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %.</p> <p>Annual Performance Objective for FFY 2010: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %.</p> <p><i>Explain how these objectives were set:</i> Based on historical data</p>
<p>Other Comments on Measure: The PaySmart payment system encouraged premiums to be paid in installments, and provided budget management assistance to ALL Kids families. The ability to pay premiums on-line was also made available. A workgroup was put into place to review reasons for the increase in disenrollees, & to help design strategies to return the number of disenrollees due to non-payment of premiums to <3% annually. It should be noted that a greater portion of enrollees now pay a premium.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.</p>	<p>Goal #2 (Describe) A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.</p>	<p>Goal #2 (Describe) A higher percentage of families with ALL Kids enrolled child(ren) report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Enrollees who completed the applicable questions on the New Enrollees Survey and the Continuous Enrollees Survey.</p> <p>Definition of numerator: The number of families with ALL Kids enrolled children who report financial barriers to accessing care since enrollment in ALL Kids.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Enrollees who completed the applicable questions on the New Enrollees Survey and Continuous Enrollees Survey.</p> <p>Definition of numerator: The number of families with ALL Kids enrolled children who report on the New Enrollees survey and on Continuous Enrollees survey financial barriers to accessing care since enrollment in ALL Kids.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Enrollees who completed the applicable questions on the New Enrollees Survey and Continuous Enrollees Survey</p> <p>Definition of numerator: Enrollee who report on the New Enrollees Survey and on the Continuous Enrollees Survey financial barriers to accessing care since enrollment in ALL Kids</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>

FFY 2005	FFY 2006	FFY 2007
<p>Performance Measurement Data: Described what is being measured: The number of families with ALL Kids enroled children who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Before enrollment, 21% of the families reported that they could not afford care. After enrollment only 2.7% reported that they could not afford care.</p>	<p>Performance Measurement Data: Described what is being measured: The number of families with ALL Kids enrolled children who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Before enrollment, 20% of the families reported that they could not afford care. After enrollment only 2.7% reported that they could not afford care.</p>	<p>Performance Measurement Data: Described what is being measured: The number of enrollees who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Before enrollment, 20% of the families reported that they could not afford care. After enrollment only 1.8% reported that they could not afford care. This reflects an 18.2% improvement in affordability of health care.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The percentage of families with ALL Kids enrolled children who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment was reduced further in 2007 than in 2006.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2008: A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.</p>	<p>Annual Performance Objective for FFY 2008: A higher percentage of families with ALL Kids enrolled child(ren) report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2009: A higher percentage of families with ALL Kids enrolled child(ren) report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2009: A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.</p> <p><i>Explain how these objectives were set:</i> This measure has been continually met in FY 2004 and FY 2005 and seemed appropriate to the objective.</p>	<p>Annual Performance Objective for FFY 2010: A higher percentage of families with ALL Kids enrolled child(ren) report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) There will be a maintenance of effort or an increase, on the part of CHIP, to decrease the # of uninsured, low-income (Medicaid eligible) children as evidenced by at the least the following: (a) Continued use of a joint applications form. (b) Continued use of a joint renewal form. (c) Continued referral, without any barriers, of applications & renewals between CHIP and Medicaid.</p>	<p>Goal #1 (Describe) The percentage of Medicaid eligible but uninsured children will be less than 5%.</p>	<p>Goal #1 (Describe) The percentage of Medicaid eligible but uninsured children will be less than 5%.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> In addition to the above evidence (a-c), there will be evidence of the following: (d) Continued outreach efforts by CHIP staff for network building with community groups, professionals (individually & in groups), child care providers, schools, etc. (e) Continued evaluation & monitoring of the application transfer/referral process between CHIP and Medicaid. (f) Continued computer enhancements to improve the ecommunication with other agencies & current potential CHIP enrollees.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The goal was revised to make it more quantifiable.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Medicaid enrollment data, administrative files, evidence of use of a joint application and renewal forms.</p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Medicaid eligibility data as well as CPS data were used.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Medicaid data; CPS Data Report 3 year analysis (2005-2007_</p>
<p>Definition of Population Included in the Measure: Definition of denominator: N/A A review of administrative files and forms used for application and renewal forms was done. Definition of numerator: N/A see above.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The number of Medicaid eligible children in the state. Definition of numerator: The number of Medicaid eligible children who are uninsured.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The number of children, less than 19 years of age in the "Persons in Poverty Universe" in CPS data. Definition of numerator: The number of uninsured children under 19 years of age who are at or below 100% FPL.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Year of Data: 2005</p> <p>Performance Measurement Data: Described what is being measured: This goal attempts to measure coordination and simplification among the ALL Kids, Medicaid, and Alabama Child Caring Foundation.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: SOBRA Medicaid enrollment during FY 2005 ws at least 300,000. At the end of FY 2005, SOBRA Medicaid enrollment was 316,748.</p>	<p>Year of Data: 2006</p> <p>Performance Measurement Data: Described what is being measured: The measure captures the number of children who are potentially eligible for Medicaid insurance but who are uninsured.</p> <p>Numerator: 29000 Denominator: 316202 Rate: 9.2</p> <p>Additional notes on measure: Since this is the first year that these data were reviewed, it is not known if the target of "less than 5%" is appropriate. This measure will be reviewed annually and the target percentage may be revised in the future.</p>	<p>Year of Data: 2007</p> <p>Performance Measurement Data: Described what is being measured: The number of children who are potentially eligible for Medicaid insurance but who are uninsured.</p> <p>Numerator: 30000 Denominator: 1152000 Rate: 2.6</p> <p>Additional notes on measure: As stated last year, the measure will be reviewed annually and that the target percentage may be revised.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? A comparison cannot be made because a different methodology was used.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p>Annual Performance Objective for FFY 2008: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p>Annual Performance Objective for FFY 2009: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p><i>Explain how these objectives were set:</i> The goal seemed appropriate to the objective. Because no baseline data were available, the target of 5% appeared to be a good beginning point. This target may be revised in the future based on the coming years' data.</p>	<p>Annual Performance Objective for FFY 2008: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p>Annual Performance Objective for FFY 2009: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p>Annual Performance Objective for FFY 2010: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Comments on Measure: (a-b) Joint application & renewal forms continued to be used and refined.</p> <p>(c) Referral between the 2 programs continued with minimal barriers. Barriers were addressed at monthly meetings. (d) Outreach activities continued. Regional staff also focus on decreasing the number of uninsured children through outreach, coordination between Medicaid & CHIP & simplification of enrollment processes.</p> <p>(e) see c above.</p> <p>(f) CHIP & Medicaid continue to use the Automated Data Integration (ADI) system.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 237">Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p data-bbox="751 293 1226 318">Annual Performance Objective for FFY 2009:</p> <p data-bbox="751 347 1125 371"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 237">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1373 293 1848 318">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1373 347 1747 371"><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p style="text-align: center;">How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p style="text-align: center;">Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 233">Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p data-bbox="751 305 1226 329">Annual Performance Objective for FFY 2009:</p> <p data-bbox="751 358 1125 383"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 233">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1373 305 1848 329">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1373 358 1747 383"><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #1 (Describe) A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #1 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state defined goal.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state defined objective</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state-defined goal.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the New Enrollee survey with answers on the Continuous enrollee survey.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the New Enrollee survey with answers on the Continuous Enrollee survey.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the New Enrollee survey with answers on the Continuous Enrollee survey.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure: The results of the New Enrollees Survey show that before enrollment in ALL Kids, 81% of the enrollees/families said that the child had 1 provider that was usually seen for routine care. According to the Continuous Enrollees Survey, after enrollment in ALL Kids, 94% of the enrollees/families said that the child had 1 provider that was usually seen for routine care.</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure: The results of the New Enrollees Survey show that before enrollment in ALL Kids, 79% of the children/families said that the child had 1 provider that was usually seen for routine care. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, 94% of the children/families said that the child had 1 provider that was usually seen for routing care.</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure: The results of the New Enrollees Survey show that before enrollment in ALL Kids, 80% of the children/families said that the child had one provider that was usually seen for routine care. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, 91% of the children/families said that the child had one provider that was usually seen for routine care.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2008: A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2009: A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p><i>Explain how these objectives were set:</i> The measure seemed appropriate to the objective.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? In comparison to 2006, there was less of an improvement observed. However, survey data in 2007 did show that a higher number of new enrollees had a usual source of care prior to enrolling in ALL Kids.</p> <p>Are there any quality improvement activities that contribute to your progress? No</p> <p>Annual Performance Objective for FFY 2008: A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids</p> <p>Annual Performance Objective for FFY 2009: A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids</p> <p>Annual Performance Objective for FFY 2010: A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids</p> <p><i>Explain how these objectives were set:</i> Historical data</p>

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #2 (Describe) A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #2 (Describe) A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state defined goal.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state defined objective.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state-defined objective.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of enrollees/families that completed the appropriate question on the Continuous enrollee survey.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: N/A</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who complete the appropriate question on the Continuous Enrollee Survey.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: According to the survey in the 12 months prior to ALL Kids enrollment, 47% of the enrollees had had an ER visit. After enrollment in ALL Kids, in the most recent 12 months only 27% of the enrollees had used the ER.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: According to the New Enrollees Survey, in the 12 months prior to ALL Kids, 39% of the children had had an ER visit. According to the Continuous Enrollees Survey, after enrollment in ALL Kids, in the most recent 12 months only 30% of the children had used the ER.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: According to the New Enrollees Survey, in the 12 months prior to ALL Kids, 37% of the children had had an ER visit. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, in the most recent 12 months only 31% of the children had used the ER.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2008: A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2009: A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p><i>Explain how these objectives were set:</i> The measure seemed appropriate to the objective.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? In comparison to 2006, there was less of an improvement observed. However, as more children remain insured in the state system (either in Medicaid or ALL Kids), this decrease is appropriate.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2009: A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2010: A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) Contracts with state agencies which serve children with special health care needs will be maintained for the purpose of providing specialty services beyond the basic ALL Kids coverage package for these children.</p>	<p>Goal #3 (Describe) Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs.</p>	<p>Goal #3 (Describe) Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This goal streamlined to conform with this report format.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This goal was streamlined to accomodate this report format.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state defined goal.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state defined goal.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state-defined objective.</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> The sources for the measurement of this goal are administrative files showing contracts with other state agencies for specialty services for children with special health care needs.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> The sources for the measurement of this goal are administrative files showing contracts (for the provision of specialty services) between the ADPH (for ALL Kids) other state agencies which provide specialty services for children with special health care needs, claims data, and provider reimbursement data.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> The sources for the measurement of this goal are administrative files showing contracts (for the provision of specialty services) between the ADPH (for ALL Kids) and other state agencies which provide specialty services for children with special health care needs, claims data, and provider reimbursement data.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: In FY 2005, all FY 2004 contracts with state agencies which serve children with special health care needs were maintained for the purpose of providing specialty services beyond the basic ALL Kids coverage package for these children.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: During FY 2006, ALL Kids maintained contracts with the Department of Rehabilitation and the Department of Mental Health and Mental Retardation for the provision of services to ALL Kids enrollees with special health care needs.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: During FY 2007, ALL Kids maintained contracts with the Department of Rehabilitation and the Department of Mental Health and Mental Retardation for the provision of services to ALL Kids enrollees with special health care needs.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress? Working with two additional state programs that serve CSHCN to assess the need to add as PLUS partners.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2007: Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p>Annual Performance Objective for FFY 2008: Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p>Annual Performance Objective for FFY 2009: Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p><i>Explain how these objectives were set:</i> The measure seemed appropriate to the objective.</p>	<p>Annual Performance Objective for FFY 2008: Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p>Annual Performance Objective for FFY 2009: Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p>Annual Performance Objective for FFY 2010: Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #1 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #1 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state defined objective.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state defined goal.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state-defined objective.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of children/families who, on the New Enrollee Survey, answered the questions pertaining to this area, indicating that they could/did obtain care compared to the percentage of children/families who, on the Continuous Enrollee Survey, answered questions pertaining to this area indicating that they could/did obtain care.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The measurement is the percentage of enrollees/families who, on the New Enrollee Survey, answered the question pertaining to this area, indicating that they had a well child check-up in the past year compared with the percentage of children/families who, on the Continuous Enrollee Survey (children who had been enrolled at least 12 months), answered this same question since enrollment in ALL Kids.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The measurement is the percentage of enrollees/families who, on the New Enrollee Survey, indicated that they had a well child check-up in the past year, compared with the percentage of children/families who, on the Continuous Enrollee Survey (children who had been enrolled at least 12 months), answered this same question since enrollment in ALL Kids.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Before ALL Kids, 85% said they always or usually got needed routine preventive care. After AL Kids, 96% said they always or usually got needed routing preventive care.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Before ALL Kids, 83% said they always or usually got needed routine preventive care. After ALL Kids, 96% said they always or usually got needed routine preventive care.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2008: A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2009: A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Performance improved.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2009: A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2010: A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Comments on Measure: Before ALL Kids, 73% said they always or usually got routine preventive care. After ALL Kids, 84% said they always or usually got routine preventive care.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a dental visit in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #2 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a dental visit in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Throughout the history of ALL Kids, this goal has been achieved. Therefore, after FY 2005, it was discontinued as a goal so that the program may focus on other yet to be achieved goals.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
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<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
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<p>Year of Data: 2005</p>	<p>Year of Data:</p>	<p>Year of Data:</p>

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Before ALL Kids, 30% said they needed dental care but could not get it and only 54% of the children had had a dental visit in the 12 months prior to enrollment. Since ALL Kids enrollment, only 8% reported that they needed dental care but could not get it and 83% said that they'd had a dental visit in the 12 months prior to the survey.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure: Before ALL Kids, 30% said they needed dental care but could not get it and 54% of the children had had a dental visit in the 12 months prior to the survey. After ALL Kids, 8% reported that they needed dental care but could not get it and 83% said that they'd had a dental a visit in the 12 months prior to the survey.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a vision screening in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #3 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a vision screening in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> Throughout the history of ALL Kids, this goal has been achieved. Therefore, after FY 2005, it was discontinued as a goal so that the program may focus on other yet to be achieved goals.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
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<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
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<p>Year of Data: 2005</p>	<p>Year of Data:</p>	<p>Year of Data:</p>

FFY 2005	FFY 2006	FFY 2007
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<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Before ALL Kids, 12% said that they'd had a need for vision care but could not get it. After ALL Kids, only 3% said that they'd had a need for vision care but could not get it.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure: An additional goal was regarding contracting with other state agencies to provide additional care for children with special health care needs was included and met in FY 2005.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

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

The Continuous Enrollee Survey began in October 1999 and provides ongoing feedback to the program regarding enrollees' access to and utilization of health services. The survey captures data from children who have been enrolled in ALL Kids for at least twelve months. The response rate has averaged 51% over the life of the survey. For FY 2007, Thirty-six percent (36%) of respondents have been on the program twelve to twenty four months, and 64% have been enrolled greater than two years.

Specific questions address the enrollees' access to a medical home. Over 91% of respondents indicate that they have either one provider or group of providers they use for sick or routine health care. Ninety-one percent say that they have no problem finding a doctor that accepts ALL Kids and 94% rate their satisfaction with their child's personal doctor as "high". Similarly, after ALL Kids enrollment, only 14% said they didn't need routine care and of those that did need routine care 96% said they got it always or usually. Eighty percent (80%) reported that they had a dental visit in the 12 months prior to the survey.

Ninety-seven percent report no problems or barriers to obtaining needed prescriptions. Parents also report high levels of access for specialty services. In fact, 98% report that there was no time in the previous twelve months when their child needed specialty care and they could not access these services.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

CHIP is working collaboratively with the current medical insurance vendor to develop an enrollee satisfaction survey that will gather data on the above topic. Baseline data will be collected during Fiscal Year 2008.

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

In addition to studies performed in previous years, during FY 2007, CHIP continued a pilot project in five counties, offering case management to enrollees identified as having asthma. The program objectives include reducing hospital admissions and emergency room visits, increasing the use of controller medications as prescribed, and decreasing the use of rescue medications. The 3 month project start up began July 1, 2006, with implementation October 1, 2006. Close out of the project will be in March 2008 with evaluation to begin April 2008.

The ALL Kids behavioral health vendor has conducted an ADHD Quality Improvement initiative which involves follow-up with and sending resource referral materials to enrollees with an ADHD diagnosis.

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

New Enrollees Survey

Continuous Enrollees Survey

Adolescent-Provider Communication and Enrollment in SCHIP Survey

Behavioral Health Quality Improvement Report

SCHIP Annual Report Template – FFY 2007 69

Findings for these surveys are described below:

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

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

Approximately 49% of the enrollees receiving the continuous enrollee survey also receive a supplemental adolescent survey. All recipients are twelve years of age and older and the survey supplement may be filled out by either the parent, the adolescent or the parent may work in conjunction with their child to answer the survey questions. The majority of surveys are filled out either by the parent or the parent and the adolescent together. However, 29% indicate that the adolescent filled out the survey. The survey focuses on adolescent issues such as emotional and behavioral concerns. To date, there has been a 49% response rate.

The survey results show that 22% of adolescents report calling their health care provider for advice. Of those that did call, 85% said they usually or always got the help or advice that they were seeking. Fifty-four (54%) of adolescents reported that their health care provider has discussed with them taking responsibility for their own health. Similarly, fifty-seven percent (57%) said the provider gave them reassurance and support about taking responsibility for their own health. However, only 40% of adolescents responding to the survey reported having the opportunity to speak with their provider privately.

The Behavioral Health Quality Improvement report states that there have been improvements in post-hospitalization appointments kept.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period? [7500]

CHIP staff refocused and intensified outreach strategies to low-literacy English speaking populations, non-English speaking Hispanic populations, families who reside in rural areas, low income families and working families with uninsured children who may not think they are eligible.

a.) CHIP has intensified outreach strategies to low-literacy English speaking populations and non-English speaking Hispanic populations. In an effort to minimize barriers due to language and literacy, CHIP has entered into a contractual partnership to develop and pilot software which enables Medicaid staff to interview non-English speaking applicants, and allow low literacy and Spanish speaking individuals to make application through the web-based system. This program, called the Audio Visual Application Assistor will be piloted this year in several locations around the state.

b.) In partnership with the Black Belt Commission (appointed by Governor), CHIP participated in the development of a website - healthinsurance.al.gov, designed to reach Alabama's families (especially those who live in underserved counties) with information about health insurance options available in the state.

c.) CHIP conducted a pilot outreach initiative to low income, uninsured children, in partnership with the State Department of Education, Child Nutrition Program, through the free and reduced price lunch program in four school systems.

d.) CHIP developed and aired 2 new television ads and 3 new radio spots, including one in Spanish, to reach working families with uninsured children. The message of the ads focused on the fact that working families can qualify for CHIP.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **Would you consider this a best practice?** [7500]

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

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

partnerships with these entities, assuring that they are equipped with information and applications to assist with outreach.

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

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **[7500]**

CHIP continues to have program information translated for the non English speaking Hispanic population. A full time regional staff person works to assure that materials are translated appropriately and are culturally sensitive. This coordinator has also developed partnerships with Spanish language media outlets, Hispanic coalitions, and Hispanic faith based organizations around the state. In addition, she has been a guest at Latin American Consulate visits where thousands of Alabama's Hispanic residents are reached annually. The effectiveness of these efforts is measured by the increase in the number of Spanish applications CHIP distributes.

CHIP staff participate in the Governor's Black Belt Commission and the Alabama Rural Action Commissions, both of which were established to improve the health, education and welfare of the residents in the under-served, rural counties of Alabama. This has provided opportunities to educate community leaders regarding CHIP as a resource for health coverage for children.

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

Based on CPS data, Alabama's uninsurance rate for children below 200% FPL is 4%. Therefore approximately 96% of the eligibles have been enrolled in either Medicaid or CHIP. We continue to conduct outreach to enroll the remaining 4%.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program up to and including 200% of FPL must complete question 1.

1. Is your state's eligibility level up to and including 200 percent of the FPL?

- Yes
 No
 N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. **[7500]**

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

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

The CHIP eligibility and enrollment data system provides program management with monthly reports on these children as well as those that were exempted from any waiting periods based on program policy.

States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.

2. Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

- Yes
- No
- N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. [7500]

States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.

3. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- Yes
- No
- N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.). [7500]

See #1 above.

All States must complete the following 3 questions

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

See #1 above.

5. At the time of application, what percent of applicants are found to have insurance? [7500]

Of the approximately 149,000 children who applied (new applicants and renewals) for AL CHIP in FY07, an estimated 10,000 (7.0%) were determined to have other insurance coverage. These children were found to be covered on Medicaid, other commercial insurance, State Employee Insurance Board or the Public Education Employee Health Insurance Plan. (estimates may contain applicants who were counted more than once)

6. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

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

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

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

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

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

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

No. Medicaid uses a unique network which the Medicaid Agency manages. For medical services, ALL Kids uses a preferred provider, discounted fee-for-service network developed by Blue Cross Blue Shield of Alabama. For mental health services, ALL Kids uses a provider network developed by United Behavioral Health.

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

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

- Conducts follow-up with clients through caseworkers/outreach workers
- Sends renewal reminder notices to all families
 - How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
Two postcards are sent to each family at ten and six weeks prior to renewal in addition to the pre-printed renewal form itself, which is sent to each family eight weeks prior to renewal.
 - At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**
See above.
- Sends targeted mailings to selected populations
 - Please specify population(s) (e.g., lower income eligibility groups) **[500]**
- Holds information campaigns
- Provides a simplified reenrollment process,

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

The renewal form is partially pre-printed with the enrollee's information. In addition, the form continues to be a joint form which combines application information for Medicaid, CHIP, and the Alabama Child Caring Foundation and can be moved electronically between the agencies.
- Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe: **[500]***
- Other, *please explain: **[500]***

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

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

All of the noted measures above continue to be effective and are continually monitored.

3. What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? **[500]**

For FY2007, approximately 57.5% of the children enrolled in ALL Kids were retained at redetermination, and 42.5% were disenrolled at redetermination.

4. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- Yes
- No
- N/A

When was the monthly report or assessment last conducted? **[7500]**

We have reports that track why they disenroll but not what happens after they disenroll. See detailed information below.

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. **[7500]**.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
30063	8618	29			2254	7	9	0	19182	64

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

CHIP administrative data were obtained from the Eligibility Division's determination processes via incoming telephone requests, paper and web application submissions, income verification, and demographic data. Data were tabulated into CHIP "Cancel Reasons" reports and renewal statistics reports and were used to report the numbers in the above table, as well as the following numbers.

It must be noted that the number under "Obtain other public or private coverage" includes those children who either obtained other insurance (192 or 2%) were found to be already covered under Medicaid (250 or 3%), state employees insurance or state teacher's insurance (128 or 1%) or were deemed under (5,952 or 69%) or over (2,096 or 24%) the ALL Kids income eligibility range. Those who were determined to be under income were referred to Medicaid. Those who were determined to be over income were referred to the Alabama Child Caring Foundation. There is no mechanism in place to track the number of children who remain uninsured once they disenroll from the ALL Kids program.

Also, those in the "Other" category include children who were disenrolled either by request from the parent (553 or 3%), for non-payment of premium (2,066 or 11%), no return of the renewal form from the enrollee (16,558 or 86%), or other reasons (5 or 0%).

COST SHARING

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

No

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? **[7500]**

No

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

NA

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

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

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

Children

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

Adults

- Yes, Check all that apply and complete each question for each authority.
- Family Coverage Waiver under the State Plan
 SCHIP Section 1115 Demonstration
 Health Insurance Flexibility & Accountability Demonstration
 Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)
2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
- Parents and Caretaker Relatives
 Childless Adults
 Pregnant Women
3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**
4. What benefit package does the ESI program use? **[7500]**
5. Are there any minimum coverage requirements for the benefit package? **[7500]**

6. Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**
7. Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

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

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

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

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

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

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

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)** **[7500]**

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

State: _____

Employer: _____

Employee: _____

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

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

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

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

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

1. Does your state have a written plan that has safeguards and establishes methods and procedures for:

(1) prevention

(2) investigation

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

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

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

Maintenance of Network Integrity Unit

Network Integrity Training

Referral to Network Integrity

Collaboration with Law Enforcement

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

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

1 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

7 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP

Medicaid and SCHIP Combined

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

Yes, please answer question below.

No

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

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

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

Blue Cross and Blue Shield of Alabama Anti-fraud Plan

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

- Proactive prevention through education and continuous improvement of strategic corporate defenses;
- Proactive detection through continual analysis and networking relationships;
- Quality investigation through well trained staff and internal/ external partnerships;
- Satisfactory resolution through education, recovery, and support of prosecution of fraud.

Organizational Structure

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

Scope of Activities

The NI department is responsible for fraud and abuse activity involving providers, employer groups, and subscribers. (Employee fraud is addressed through the Internal Audit department and Compliance and Pharmacy Fraud is addressed through a separate Pharmacy Integrity Unit.) Investigative activities may be on a local, state, national or international level. The NI unit works collaboratively with all areas of the company in support of its investigation activities as well as employer groups, subscribers, providers, and investigative and judicial agencies (i.e F.B.I., sheriff's office, Attorney General, U.S. Attorney, District Attorney). The unit also works with professional regulatory agencies and societies such as Medical Associations, Dental Examiners, Psychology Board, Chiropractic Board and the Pharmacy Board.

Summary of Procedures

Prevention

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

Detection

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

Investigation

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

Corrective Action

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

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

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

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED SCHIP PLAN

	2007	2008	2009
Benefit Costs			
Insurance payments			
Managed Care			
Fee for Service	119036016	139144937	162721876
Total Benefit Costs	119036016	139144937	162721876
(Offsetting beneficiary cost sharing payments)	-3630191	-3848991	-4103115
Net Benefit Costs	\$ 115405825	\$ 135295946	\$ 158618761

Administration Costs

Personnel	3667038	4780981	5000000
General Administration	2029370	2617979	2608396
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	1296525	1500000	1650000
Other (e.g., indirect costs) Indirect Costs	380012	735701	741600
Health Services Initiatives			
Total Administration Costs	7372945	9634661	9999996
10% Administrative Cap (net benefit costs ÷ 9)	12822869	15032883	17624307

Federal Title XXI Share	96012998	112074838	130831294
State Share	26765772	32855769	37787463

TOTAL COSTS OF APPROVED SCHIP PLAN	122778770	144930607	168618757
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations
- Tobacco settlement
- Other (specify) [500]

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

No

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

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care		\$		\$		\$
Fee for Service	69076	\$ 148	74301	\$ 161	78546	\$ 177

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

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

- If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

SCHIP Non-HIFA Demonstration Eligibility						HIFA Waiver Demonstration Eligibility				
* Upper % of FPL are defined as Up to and Including										
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

- Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

- What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. **[1000]**

- Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2

(e.g., parents)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3

(e.g., pregnant women)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4

(e.g., childless adults)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs

(Offsetting Beneficiary Cost Sharing Payments)

Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)

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Administration Costs

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

Federal Title XXI Share

State Share

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TOTAL COSTS OF DEMONSTRATION

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

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

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

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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

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

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

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

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

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

Major accomplishments include:

1. Record high enrollment (5.7% higher than the previous high year [FY2006]).
2. Achievement and maintenance of an internally-set application processing goal (ten business days from the date of receipt of the application)
3. Creation of a health insurance web site for businesses and individuals ((<http://healthinsurance.alabama.gov>)).
4. Continuation, beyond grant funding, of the Covering Alabama Kids and Families Project.
5. Extension of the Polyglot Project (gives Medicaid enrollment workers and their applicants access to an audible Spanish translation of the questions on the Medicaid/ALL Kids application form. These audible Spanish and English translations include explanations of the questions and make it easier for the Medicaid Outstationed workers to ask questions and clarify information needed as well as making it easier for the applicant to supply the correct information.)
6. Alabama was selected to participate in a Robert Wood Johnson Foundation SCHIP retention and renewal project.

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

At this time, no changes are planned because of the uncertainty of federal reauthorization

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