Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF 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 must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the 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.

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 to develop a framework for the Title XXI annual reports.

 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.

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OF THE SOCIAL SECURITY ACT

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

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

  (Signature of Agency Head)

SCHIP Program Name(s): Phase 1 Medicaid Expansion; ALL Kids

SCHIP Program Type:
  _____Medicaid SCHIP Expansion Only
  _____Separate SCHIP Program Only
   X   Combination of the above

Reporting Period: Federal Fiscal Year 2001   (10/1/2000-9/30/2001)

Contact Person/Title: Fern M. Shinbaum, R.N., M.S.N., Assistant Director, CHIP

Address: 201 Monroe St., Montgomery, AL 36104

Phone: (334) 206-5568   Fax: (334) 206-6433

Email: fshinbaum@adph.state.al.us
Submission Date: 12/27/01

(Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002) Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This section has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (October 1, 2000 to September 30, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.
Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

A.   Program eligibility
   - *In February 2001 the Program decided to no longer require birth date verification for new applicants.*
   - *In March 2001 the Program adopted the use of certain income disregards. Like Medicaid, certain deductions and disregards will be considered under ALL Kids. Specific amounts will be deducted from gross monthly income when determining ALL Kids financial eligibility. The deductions used will be the standard Medicaid disregards which are: $90 for each working wage earner, up to $50 child support received, up to $200 for child care expenses for a child up to 2 years of age and up to $175 for child care expenses for a child above 2 years of age (or incapacitated adult).*
   - *In March 2001 a Joint Renewal form was developed for use with ALL Kids, SOBRA Medicaid and the Alabama Child Caring Foundation. This will enable children that are determined ineligible at their renewal period to be referred without delay to the appropriate agency for eligibility determination.*

B.   Enrollment process
   - *The ALL Kids Enrollment Unit was transferred from the Alabama State Employees' Insurance Board to the Alabama Department of Public Health. This transition was accomplished in two phases. The first phase took place in June 1, 2001 with the transfer of all eligibility determination functions and most personnel. The second phase took place September 1, 2001 and included transfer of responsibility for the electronic transmission of eligibility data to the appropriate insurance vendor and maintenance of all enrollment databases.*

C.   Presumptive eligibility   *NC*

D.   Continuous eligibility   *NC*

E.   Outreach/marketing campaign
   - *The ALL Kids-Children's Health Insurance Program is dedicated to partnering with County Health Departments, the Covering Alabama Kids project, and all interested civic organizations and associations for the purpose of outreach to families with children and the enrollment of those children in health insurance coverage programs. To that end, the CHIP office continued to develop and pursue all viable avenues of outreach including but not limited to, supporting grassroots community events, school health events, and community outreach projects. Some specialty items were purchased and used to support these efforts. The expanded staff of CHIP Regional directors and coordinators actively initiated contacts on all levels, made presentations to all interested groups, and manned information exhibits in statewide professional conferences and community events to increase public awareness and program education.*

- *School outreach continued throughout FY 2001. In October of 1999 as part of the Statewide Parenting Day, an ALL Kids informational brochure was sent out to every public school student in the state. Posters were also sent to each school to be displayed. The primary statewide outreach effort of FY 2001 was conducted through the public school system. Program flyers/surveys were sent to every public school and were distributed to each student. Over 48,600 application packets were requested during this outreach. Alabama school nurses personally followed up with every family who received an application.*
- *The program intensified outreach efforts through the public school system by exhibiting at regional and annual School Nurse conferences. CHIP coordinators made presentations at the new school nurse orientation and training conferences and to the Department of Education Child Nutrition Directors. CHIP information and specialty items were used to support school-sponsored events. Governor Siegelman designated Labor Day in the state of Alabama as Parenting Day. Many schools chose students' health for their events focus. ALL Kids supported all schools that requested help with these events.*
- *The strong success of outreach through the school system, continues to be evidenced by the percentage of applications that the ALL Kids Enrollment office received citing schools as the source of information (18%) and source of application (48%).*
- *During FY 2001, the Office of Children's Affairs mandated that each county in the state form a Child Policy Council spearheaded by the Office of Juvenile Courts. Each Council had to select areas of focus targeted to improving the health and well being of its children.*
- *In support of the Child Policy Councils, CHIP staff made numerous presentations and conducted numerous trainings to educate Council members on CHIP and how the program can be of benefit to the children in their counties. CHIP staff is initiating contact with each of the counties that selected health or health insurance as one of their priorities. More information about this may be found at the Children's Affair's website...www.DCA .state .al .us*
- *During FY 2001, the most significant new outreach strategy that the program implemented was the establishment of two Regional CHIP Director positions, one in the Northern half of the state and one in the Southern half. These two positions were charged with establishing a more localized CHIP presence. To this end, these two directors began to hire and supervise CHIP Area Coordinators to provide this localization. In addition, staff was employed to target outreach efforts focused on specific populations (Native Americans, Hispanics, small businesses, faith-based entities, adolescents, etc).*
- *CHIP/ALL Kids assisted the Alabama Hospital Association with the development of an internal/external outreach packet for hospitals. Promotional materials and staff training were also provided. The packet was sent to all member hospitals and contained all necessary program materials, suggestions for brochure and poster placement, suggestions for outreach activities, and ALL Kids "faxback" order forms. More than half of the hospitals actively used this packet. East Alabama Medical Center (Lee County) and Huntsville Hospital (Madison County) also added full time children's health insurance outreach and enrollment positions.*
- *The Alabama Pediatric Association Immunization Project continued to provide ALL Kids program promotional material for their field representatives who distribute/re-supply this information, on a constant basis, to pediatricians and their staffs.*
- *CHIP strengthened outreach to hospitals, doctor's offices, and other healthcare providers to encourage them to identify families with uninsured children who use their services. The program trained them to educate caregivers regarding the importance of health insurance and a medical home. CHIP staff attended numerous appropriate association meetings to support this effort.*
- *CHIP continued to support direct program information distribution through the Alabama Department of Human Resources, the Alabama Department of Public Health, Center for Health Statistics, and the Alabama Chapter of the American Lung Association. Over 35,000 ALL Kids brochures have been distributed to families by these programs.*
- *All initiatives developed on national levels, including H&R Block, Wal-Mart, Pampers, the American Academy of Pediatrics, March of Dimes, and the Babies Are Us, were supported with manned informational booths and/or promotional material.*
- *CHIP/ALL Kids responded and maintained active support of all locally organized, grassroots*

coalitions in order to identify and enroll uninsured children in their communities. The program also supported innumerable local community events, health fairs, and application assistance clinics across the state.

- *The growth of partnerships with associations and organizations around the state that have embraced "getting Alabama's children insured" as their mission accelerated tremendously during FY 2001.   There was an increase in in-service trainings to these groups to empower them to successfully implement outreach activities in their communities.*
- *CHIP continued to work with the Alabama Medicaid Agency to streamline and simplify the joint application and the renewal form. CHIP continued to develop an outreach partnership with this agency to support community health fairs and enrollment events throughout the state.*

Advertising and Media

- *An ALL Kids statewide mass media campaign began in April 2001. Using radio and television a saturating number of advertisements ran in the state's four (4) major media markets.   The campaign ran for ten (10) days in each market with a three (3) week delay before rotating to the next market. Advertisements created by the Insure Kids Now program were used and customized for Alabama.*
- *CHIP continued to use press releases and organization and association newsletters for a continual release of program information and updates. The program continued to develop media relations with radio and television talk show participation. This form of media use has always resulted in an increased call volume to the ALL Kids toll-free number.*
- *CHIP implemented a plan to be listed separately in all county telephone book "Yellow Page" listings under "Health Insurance" as well as cross-referencing in the "White Business Page" listings and the "Blue Government Page" listings. The program will also have an advertising link on the "Yellow Page" listing on the internet used by all major search engines. This will be fully implemented in FY 2002.*
- *Program promotional material was revised and website information was updated.*
- *The use of specialty items bearing the ALL Kids toll-free number increased information and application request calls because individuals had access to the toll-free number in a form that remained in the home or office.*
- *During FY 2001, program presence increased at regional and statewide conferences of related agencies and professional groups.*

Hispanic Outreach

- *In February 2001, a six-month run of advertisements and articles began to run in the Hispanic newspaper Employo, in Jefferson County where the Hispanic population concentrations are highest in the state. In addition, CHIP participation in regional Hispanic festivals such as Cinco de Mayo increased during FY 2001.*
- *Based on initial information developed by the Covering Alabama Kids Project, CHIP developed and distributed a culturally sensitive, appropriately translated Spanish application packet that includes an information flyer addressing issues of Public Charge, the INS, and other major concerns of this population. To make it easily distinguishable from the English application packet, the application is printed on aqua paper with a coordinating postage-paid, self-addressed return envelope. The Spanish application was available and printable from the CHIP/ALL Kids website (www.adph.org/allkids).*
- *All response letters generated by the ALL Kids enrollment unit were translated into Spanish.*
- *The ALL Kids enrollment unit continued to employ bilingual staff.*
- *During FY 2001, ALL Kids staff continued to support and coordinate activities with the Covering Alabama Kids Project, Jefferson County site which has a strong focus on Hispanic outreach.*

F. Eligibility determination process
- *See A and B above.*
- *Covering Alabama Kids continues to be a partner in our efforts throughout the state.*
- *Medicaid has continued to pilot various ways of simplifying eligibility. Medicaid has dropped the requirement for birth-date verification and daycare expense verification throughout the state. In addition, the Medicaid Agency has piloted self-declaration of income in Jefferson County. Quality control reviews are ongoing but final assessment of the benefits has not been made.*
- *During FY 2001, ALL Kids continued to monitor its enrollment process with particular attention given to the application processing time. At one point during FY 2001, application processing time reached an all-time high of three months. Program staff found this length of time to be unacceptable and implemented organizational changes to reduce this time. The enrollment unit was organizationally transferred to the ADPH and the unit was restructured to permit greater efficiency. As a result, the application processing time was reduced from three months to less than ten days.*

G. Eligibility redetermination process
- *In March 2001, the ALL Kids Program developed a Joint Renewal Form. For children determined to be ineligible for ALL Kids at renewal, this form is forwarded immediately to the appropriate agency for eligibility determination.*
- *The Medicaid Agency began using this same joint renewal form in November 2001.*

H. Benefit structure
- *Small changes and clarifications in the benefit package of the basic ALL Kids program were made throughout the year in response to needs identified by providers, families, and Blue Cross Blue Shield of Alabama. These changes and clarifications included: providing for annual routine examinations during years 7 and 9, coverage for Prevnar (a new immunization), and coverage for services provided through teleconsultation.*
- *A revised benefit booklet for families and providers was available beginning October 1, 2000.*

I. Cost-sharing policies *NC*

J. Crowd-out policies *NC*

K. Delivery system
- *Small changes were made in the delivery system to broaden the Blue Cross Blue Shield of Alabama networks of providers. Plans were also made to contract with UnitedHealthcare of Alabama as an additional insurance vendor in 14 Alabama counties . This contract began at the beginning of FY 2002. The counties are those in which UnitedHealthcare has an adequate provider network for children and are as follows:*

Autauga	*Chilton*	*Macon*	*Tuscaloosa*
Baldwin	*Cullman*	*Mobile*	*Walker*
Bibb	*Elmore*	*Shelby*	
Blount	*Jefferson*	*Tallapoosa*	

L. Coordination with other programs (especially private insurance and Medicaid)
- *CHIP and the SOBRA Medicaid Program planned and conducted a two-day workshop for the purposes of developing a common vision and identifying any barriers to a smooth working relationship between the two programs. All central office and regional SOBRA Medicaid staff and all central office and regional CHIP staff were included in the workshop.*
- *There is ongoing coordination between Medicaid and ALL Kids. This coordination has resulted in continual refinement of the joint application.*
- *During FY 2001, CHIP and Medicaid developed a common renewal form. This form was developed due to the fact that a large percentage of children in both the ALL Kids Program and SOBRA*

Medicaid are found to be eligible for the other program at the time of renewal. A common renewal form facilitates enrollment of these children in the correct program. The Child Caring Program's name was included on the common renewal form. While the Child Caring Program accepts these renewal forms as applications from both ALL Kids and SOBRA Medicaid, Child Caring has not yet adopted the form as its renewal form.

- *During FY 2001, numerous entities (private and public) participated in the Governor's Task Force on Children's Health Insurance. Recommendations were developed by this task force and presented to the Governor. Periodically, CHIP and Medicaid jointly review the progress made toward fulfilling the recommendations and submit a report on this review to the Governor's office.*

- *The ADPH, Medicaid Agency, and the Alabama Department of Human Resources collaborated on the Robert Wood Johnson "Supporting Families After Welfare Reform" grant.*

- *The ADPH, Medicaid Agency, and the Alabama Department of Human Resources as well as advocacy groups, provider groups, and several other entities partner with the University of Alabama in the implementation of the Robert Wood Johnson "Covering Kids" grant.*

- *During FY 2001, a strong emphasis was placed on communication between CHIP regional coordinators and SOBRA outstationed workers.*

M.   Screen and enroll process
- *No changes except as stated in Section A above.*

N.   Application
- *Culturally sensitive Spanish translations of the application, the large information brochure, the small brochure and the poster were completed. The Spanish application packet and the application itself are a different color than the English version for ease of identification. In cooperation with Covering Alabama Kids, the program developed and began inserting a Spanish/English flyer addressing the Public Charge issues and INS information into every Spanish application packet.*

O.   Other

1.2   Please report how much progress has been made during FFY 2001 in reducing the number of uncovered low-income children.

A.   Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information.
- *CHIP Phase I – Medicaid Expansion began February 2, 1998. As of September 2001 6,161 children were enrolled in CHIP Phase I. This component of Alabama's CHIP will be phased out at the end of FY 2002 because children up to age 19 with family incomes at or below 100% FPL will be covered by SOBRA Medicaid.*
- *CHIP Phase II – ALL Kids coverage began October 1, 1998. As of September 30, 2001, 39,240 children were enrolled in ALL Kids.*
- *Due to the "woodwork effect" of CHIP outreach, it is estimated that at least an additional 50,000 children have been added to the SOBRA Medicaid program.*
- *These enrollment numbers indicate that over 95,000 children who were previously uninsured are currently enrolled in these programs.*
- *In addition to the children enrolled in Phase I, ALL Kids, and SOBRA Medicaid, 7,205 children were enrolled in the Alabama Child Caring Foundation (ACCF) as of September 30, 2001. This is a philanthropic organization that provides outpatient insurance coverage for uninsured children who are not eligible for Medicaid or ALL Kids.*

Data Sources/Methodology:
- *The total number of children enrolled in CHIP Phase I – Medicaid Expansion and the number of additional children enrolled in SOBRA Medicaid are obtained from periodic enrollment reports and estimates provided by the Alabama Medicaid Agency (AMA). These estimates are*

based on current and historic Medicaid enrollment. A review of these numbers yields the information above.

- *The total number of children enrolled in ALL Kids is obtained from the weekly and monthly enrollment reports generated by the CHIP Enrollment Unit. Monthly enrollment reports are also provided by Blue Cross and Blue Shield of Alabama (BCBS), the major insurance vendor, and are used to periodically validate enrollment counts. Reviews of these numbers yield the information above.*
- *Data are periodically reported to the CHIP office from the Alabama Child Caring Foundation.*

B.　How many children 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.

- *Estimated additions of at least 50,000 children have been enrolled in the SOBRA Medicaid Program since the beginning of CHIP outreach. Prior to the initiation of CHIP outreach SOBRA enrollment had remained constant. After the start of CHIP outreach SOBRA enrollment showed a sharp increase and the upward trend has continued.*
- *The Alabama Medicaid Agency, using both current and historical enrollment data, provided this estimate.*

C.　Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

- *The most recent data was presented in the FY 2000 CHIP Annual Report. This data showed that according to the "Snapshots of America's Families II: A View of the Nation and 13 States from the National Survey of America's Families", an Urban Institute Program, the rate of uninsured children in Alabama was reduced from 14.6% to 9%.*

D.　Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

　_X_　No, skip to 1.3

　____　Yes, what is the new baseline?

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

What was the justification for adopting a different methodology?

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

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

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

Column 1:   List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2:   List the performance goals for each strategic objective.
Column 3:   For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator and denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3.*

Because the majority of the objectives in this section have either been accomplished or reflect goals for years prior to FY 2002, it is anticipated that new objectives and performance goals for FY 2002 and beyond will be developed during the first quarter of FY 2002 and reported on in the next annual report.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		
Objective 1 Low-income children who were previously without health insurance coverage will have health insurance coverage through Alabama's Title XXI Program.	*By October 1, 1999, 17,000 previously uninsured low-income children will have or have had health insurance coverage through Phase I CHIP – Medicaid Expansion.*	• *NC This goal has been achieved.*
Objectives Related to SCHIP Enrollment		

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)

Objective 2 Previously uninsured children who may potentially be eligible for Alabama's Title XXI Program will be identified through ongoing outreach activities	*By February 1, 1999, mechanisms to conduct ongoing outreach will have been developed and implemented in the three broad areas (1) an increase in the number of eligibility workers so that at least 14,000 previously uninsured children will be identified as potential Title XXI eligibles in Phase I. (2) update/expansion of existing outreach activities; (3) activities to identify, enroll, and serve Alabama's growing qualified Hispanic population*	*Performance goal #1: NC*
		
		Performance goal #2:
		Data Sources:
		  • *NC*
		Methodology:
		  • *NC*
		Progress Summary:
		  • *Changes include the fact that the faxback form, used by agencies, providers, etc. to order applications and outreach materials, is now available on the ALL Kids website and can be downloaded.*
		  • *The program partnered with Alabama's WIC program to customize a Channing L Bete, Healthy Start booklet that covers many preventive and health promotion practices. The booklet addresses health issues for children birth through adolescence and includes information on hygiene, rest and exercise, nutrition, immunizations, developmental steps, and the importance of a medical home. This booklet is available in English as well as Spanish.*
		  • *CHIP supplied the Department of Education, Child Nutrition Program, with 400 program/update material packets for insertion into the re-certification training materials of all Childcare Directors whose facilities participate in the free and reduced price lunch program. CHIP was scheduled to participate in the in-service trainings to all new Childcare Directors at the four orientation meetings to take place in the fall.*
		  • *Numerous program update presentations were given to Health Department staff including but not limited to Clerical Directors, Social Work Directors, Nursing Directors, Office Managers and their respective field support staff.*
		  • *During FY 2001, CHIP established a toll free telephone number for use by organizations and schools to access administrative information.*

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		• *During FY 2001, the program began to outreach to small businesses that do not offer employee health insurance benefits and outreach to larger companies with large part-time staffs upon request.* *Performance Goal #3* Data Sources: • *NC* Methodology: • *NC* Progress Summary: • *During FY 2001, the Spanish ALL Kids application was re-translated in a culturally sensitive manner. Translations of the large information brochure, the small brochure and the poster were completed.. The Spanish application packet and the application itself are a different color from the English version for ease of identification. A Spanish/English flyer addressing the Public Charge issues and INS information sharing concerns began to be inserted into every Spanish application packet during FY001.* • *The program partnered with Alabama's WIC program to customize a Channing L Bete, Healthy Start booklet that covers many preventive and health promotion practices. The booklet addresses health issues for children birth through adolescence and includes information on hygiene, rest and exercise, nutrition, immunizations, developmental steps, and the importance of a medical home. This booklet is available in English as well as Spanish.*
Objectives Related to Increasing Medicaid Enrollment		
		Data Sources: Methodology: Progress Summary:

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
Objective 3 Children enrolled in Alabama's Title XXI Program will have a usual source of health care.	*By February 1, 1999, 100% of those children enrolled in Alabama's Title XXI Program (except those exempted from participation in managed care such as children in foster care) will have a medical home as evidenced by documented assignment of a provider for Phase I enrollees or a usual source of care for each child enrolled in ALL Kids.*	*Phase I- Medicaid Expansion* • *NC This objective was met during FY 1998 and reported in the Evaluation submitted March 2000.* *Phase II- ALL Kids* Data Sources: • *Enrollment records obtained from ALL Kids and BCBS, University of Alabama at Birmingham School of Public Health (UAB) First Year Retrospective Survey, New Enrollment Survey, Continuous Enrollment Survey, and Disenrollment Survey* Methodology: ▪ *ALL Kids enrollment reports will be used to determine ALL Kids enrollment.* ▪ *UAB's Retrospective Survey, New Enrollment Survey, and Continuous Enrollment Survey, contains questions concerning usual source of care. These surveys will be used to assess usual sources of care for ALL Kids enrollees.* Progress Summary: ▪ *(1) The UAB Access to Care/ First Year Retrospective Survey began September 1999 and ended June 2000. This survey was mailed to a random sample (6,200) of the households of the 26,213 children enrolled in ALL Kids from October 1, 1998 to September 30, 1999. The primary purpose of this first year survey was to determine the difference in access to care before the child was enrolled in ALL Kids and after the child enrolled in ALL Kids. 60% of the surveys were returned. (2) In addition, the New Enrollment Survey began with children newly enrolled in October 1999 and is on going. This survey is sent to all children (one per household) as they enter the ALL Kids Program. The primary purpose of this survey is to determine the type of health care children received prior to enrollment in ALL*

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		Kids. The return rate is approximately 60%. (3) The Continuous Enrollment Survey also began in October 1999 with those children who re-enrolled after the first year. It is mailed to all children (one per household) after they have been in the program for more than 12 months. The primary purpose for this survey is to determine access, utilization, and satisfaction with health care after being enrolled in ALL Kids. The Continuous Survey return rate is 53%. The methodology used in collecting all data includes: 1) mailing of an initial survey 2) mailing of a post card reminder 3) mailing of a second survey 4) telephone follow up.
		▪ *The Retrospective Survey results indicate that the number of children who have a usual source of care increased after enrollment in ALL Kids. Parents reported that before ALL Kids, 32% of children did not have a personal doctor or group of doctors they saw when sick. After enrolling in ALL Kids, only 9% did not have a personal doctor. When asked if the children had a usual source of care for vaccinations or routine care, 32% did not have a usual source for routine care before ALL Kids as opposed to 8% after enrolling in ALL Kids. 19% of respondents said it was a big problem to get a personal doctor before enrolling in ALL Kids. After enrolling in ALL Kids only 7% said it was a big problem. 16% said they did not get a personal doctor for their child before ALL Kids; only 5% did not get a personal doctor or nurse after enrolling in ALL Kids. Likewise, the New Enrollment Survey results show that before enrolling in ALL Kids, 23% of respondents did not have a personal doctor. 15% said it was a big problem to get a personal doctor. Over 28% said there was a time when the child needed medical care but could not get care, and 41% said they had to wait longer than they should to get care for the child. Results from the Continuous Enrollment Survey indicate that 92% of children have one doctor they see for routine care and sick care. Less than 1% said it was a big problem to get a doctor since being enrolled in ALL*

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		Kids. 5% said there was a time the child needed medical care but could not get care, and 11% said they had to wait longer than they should to get care for the child.

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

Objective 4 *Alabama's title XXI Program will improve the health status of children enrolled in the program as well as improve the overall health care system accessed through the program.*	*By February 1, 1999, the following health status and health care system measures for Alabama's Title XXI Program will show acceptable incremental improvements for at least the following data elements: immunization status, adolescent well visits, satisfaction with care*	*Immunization Status* Data Sources: • *ALL Kids enrollment database, the ADPH Immunization Registry, Immunization data provided by the ADPH Immunization Division.* Methodology: • *Two random samples, one of the 13 month old and one of the 24-month-old children will be drawn from the ALL Kids enrollment database. These samples will be matched against the Immunization Registry (maintained by the ADPH) to determine immunization status of these children.* Progress Summary: • *Staff are in the process of validating and evaluating the results on the sampling.* *Adolescent Well Child Visits* Data Sources: • *UAB's Access to Care/First Year Retrospective Survey, New Enrollment Survey, and Continuous Enrollment Survey* Methodology: • *Methodology: UAB's Access to Care/First Year Retrospective Survey contains questions concerning well doctor visits, both before and after ALL Kids. The New Enrollment Survey asks questions concerning well visits before care and the Continuous Enrollment Survey determines care after the child is enrolled in the program. This information will be used to assess the rate of adolescent well visits before and after ALL Kids coverage.* Progress Summary: • *Progress Summary: UAB's Access to Care/First Year Retrospective Survey (described in objective 4) indicates that the adolescents (13-18 years of age) that were enrolled in ALL Kids between October 1, 1998 and September 30, 1999 received more adequate well visit care after enrolling in ALL Kids. Before enrolling in ALL Kids,*

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)

		only 30% of adolescents received routine preventive care as soon as the parent wanted. However, that number increased to 82% after enrolling in ALL Kids. Before enrolling in ALL Kids, 40% of adolescents did not have a primary health care provider. After enrolling in ALL Kids, only 18% of adolescents did not have a primary health care provider. The New Enrollment Survey indicates that before enrolling in ALL Kids, 37% of adolescents needed medical care but could not get it, and 47% waited longer than they should to receive medical care. 28% did not have a personal doctor. The Continuous Enrollment Survey shows that while enrolled in ALL Kids, 94% of adolescents received medical care when needed. Since enrolling in ALL Kids, 90% have a primary provider for routine health care.
		
		Satisfaction with Care
		Data Sources:
		    • *UAB's Continuous Enrollment Survey and Disenrollment Survey*
		Methodology:
		    • *Data obtained through the UAB Continuous Enrollment and Disenrollment Surveys will be used to evaluate the ALL Kids enrollee's satisfaction with care while enrolled in the ALL Kids program.*
		Progress Summary:
		    ▪ *Most participants showed a high level of satisfaction with the ALL Kids program. The following table lists usage and satisfaction with various aspects of the program.*

Type of service	Used at least once	Satisfied a great deal or somewhat
Preventive care	*69%*	*97%*
Emergency room	*43%*	*90%*
Dental	*70%*	*93%*
Vision	*42%*	*93%*
Care for special health needs	*23%*	*90%*
Prescriptions	*82%*	*96%*

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		▪ *In addition to their level of satisfaction, most (94%) respondents did not have any communication problems with the insurance companies and 92% said they did receive information explaining the insurance plan. Overall, the majority (89%) said they were satisfied 'a great deal' with the ALL Kids Program. Less than 2% said they were 'not at all' satisfied with the program.* ▪ *60% of the UAB Access to care/First Year Retrospective Survey were completed and returned. Likewise, about 55% of the New Enrollment Surveys, and close to 60% of the Continuous Enrollment Surveys are returned. This is a higher percentage than would be expected with this type survey. This large return rate suggests satisfaction with the ALL Kids program.* ▪ *As part of this survey, respondents were given the opportunity to voice their concerns or express their thoughts on the ALL Kids program. 38% of those returning the surveys made a comment. Of those that responded, almost 18% expressed a sense of relief or security since their child has been enrolled in ALL Kids. Over one third expressed praise or thanks for the program. 5% thought their child received better care since being enrolled in ALL Kids. 3% had questions about ALL Kids coverage. Few expressed complaints about the coverage or the program in general. Overall, ALL Kids received overwhelmingly positive responses from those surveyed.*
Other Objectives		

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objective 5 *The infrastructure of the Alabama Department of Public Health (ADPH) and the Alabama Medicaid Agency will be able to accommodate all critical facets of Phase I of Alabama's Title XXI Program. (Phase I is defined as expanding Medicaid Program eligibility to uninsured children who are less than 19 years of age, born on or before September 30, 1983, and who have incomes equal to or less than 100% of the FPL.)*	*By February 1, 1998, the capacity within the Alabama Medicaid Agency, in the following critical areas, will be appropriately expanded to meet the target of enrolling approximately 12,000 children in Year I of Alabama's title XXI Program: (1) data systems with regard to eligibility determination, enrollment, participant information, health service utilization, billing, health status, provider information, etc.: (2) personnel (eligibility workers, administrative staff, and support staff), (3) staff training, (4) publications/documents including program manuals, literature for program personnel, consumers and providers, etc.*	Data Sources: • *NC* Methodology: • *NC* Progress Summary: • *NC*
Objective 6 *Health care coverage will be expanded as quickly as possible to children between 100% and 200% of the federal poverty level.*	*1. By May 1998, a plan to expand health care coverage to children between 100 and 200% of the federal poverty level will have been submitted to HCFA.* *2. By August 1, 1998, health care coverage will be expanded to offer coverage for children between 100 and 200% of the federal poverty level in at least 1/3 of the counties in the state.* *3. By April 1, 1999, a plan to insure access to specific services for children with special health care needs will have been developed. One reason the HMO with the largest commercial enrollment in the state was selected as the benchmark coverage is the numerous aspects within the package which will be advantageous to children with special health care needs such as rehabilitation services, home health services, durable medical equipment, skilled nursing care services and others. The Department has already begun working with other State agencies*	Data Sources: • *NC* Methodology: • *NC* Progress Summary: • *NC*

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objective 7 *ALL Kids enrollees who have special conditions/needs will have sources for coordinated services to meet those conditions/needs.*	*and members of the CHIP Advisory Council to identify funds and services that could be included in a wrap around (plus) package for children with special health care needs. The Department anticipates a future plan amendment to add this feature.* *(4) By October 1, 1999, 20,000 previously uninsured low-income children will have or have had health insurance coverage through ALL Kids.* *1. By September 30, 2000, 100% of children currently receiving ALL Kids Plus services will have one designated case manager.* *2. During FY 2000, 50% of children identified with special health care conditions/need will receive ALL Kids Plus services to meet those needs*	Data Sources: *NC* Methodology: *NC* Progress Summary: *This entire objective pertains to actions within FY 2000. Because of this and due to a slower than anticipated full implementation of ALL Kids PLUS, a new objective and new performance goals will be developed during the first half of FY 2002 and reported on in the next annual report.*

1.4   If any performance goals have not been met, indicate the barriers or constraints to meeting them.

- *The program is in the process of validating and evaluating the data obtained in the sampling for Objective 4, Performance Goal #1.*

1.5   Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

- *Not Applicable*

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

- *Because the majority of the above objectives have either been accomplished or reflect goals for years prior to FY 2002, it is anticipated that new objectives and performance goals for FY 2002 and beyond will be developed during the first quarter of FY 2002 and reported on in the next annual report.*

1.7 Please attach any 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.

- *ALL Kids Application Packet – Spanish*
- *Fax-back Order Form*
- *Healthy Start -- Your child's early years – A health information booklet, English and Spanish*
- *Governor's Task Force on Children's Health Insurance Report*

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1   Family coverage:
A.   If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.
- *Not Applicable*

B.   How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)?

_____Number of adults
_____Number of children

C.   How do you monitor cost-effectiveness of family coverage?

2.2   Employer-sponsored insurance buy-in:
A.   If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).
- *Not Applicable*

B.   How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001?

_____Number of adults
_____Number of children

2.3   Crowd-out:
A.   How do you define crowd-out in your SCHIP program?
- *Voluntarily termination of private group insurance to enroll in ALL Kids.*

B.   How do you monitor and measure whether crowd-out is occurring?
- *As a means of measuring crowd-out, questions are asked on the application and on the renewal form about the current insurance status of the child for whom application is being made. At initial application and at renewal, the Blue Cross Blue Shield (BCBS) system is checked to ascertain whether or not the child is currently enrolled in another BCBS program. If found to be currently covered under BCBS, the child is not enrolled in ALL Kids. In addition, if insurance coverage has been voluntarily dropped, the child cannot be enrolled in ALL Kids prior to a 90-day waiting period.*

C.   What have been the results of your analyses? Please summarize and attach any available reports or other documentation.
- *Based on results from the UAB New-enrollee Survey, crowd out does not appear to be a problem. When asked why the child did not have insurance, less than 3% of respondents said that they dropped insurance coverage to enroll in ALL Kids.*

D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

- *Questions on the application, the ability to check the BCBS enrollment system and the three-month waiting period have all been quite effective. In Alabama approximately 85% of all privately insured individuals are insured with BCBS. Having the ability to check the BCBS enrollment system prior to a child's is enrollment or renewal in ALL Kids allows for quite a bit of security in knowing that the child is not enrolled in private insurance. The three-month waiting period is also an effective tool in preventing crowd out. Based on phone conversations with parents of potential ALL Kids enrollees, most parents who are faced with the decision of their children going three months without coverage choose to continue private insurance coverage.*

2.4 Outreach:

A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

- *In the UAB Access to Care/First Year's Retrospective Survey, the respondents were asked where they first learned about the ALL Kids program. Schools (40%), Health Departments (17%), and friends and relatives (10%) were the most common responses. When asked where they obtained their ALL Kids application, most also said they got them from schools (41%) and 28% said Health Departments.*
- *According to the UAB New Enrollee Survey, 28% said they first learned of ALL Kids from the Health Departments and 18% said schools. When asked where they obtained the ALL Kids application, the most frequent responses were: Health Departments (48%) schools (11%), doctor/dentist offices (9%), and hospitals (6%).*

B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

- *In FY 2001, CHIP continued to develop partnerships with the Alabama Department of Education for the purpose of providing continuing education, outreach, and enrollment. The primary statewide outreach effort for 2001 was conducted through the public school systems. Program flyers/surveys were sent to every public school and were distributed to each student. Over 48,600 application packets were requested during this outreach. Alabama school nurses personally followed up with every family who received an application.*

C. Which methods best reached which populations? How have you measured effectiveness?

- *Without question, the above cited outreach effort has proven to be the best method for reaching all populations.*

2.5 Retention:

A. What steps is your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

- *For a child whose ALL Kids coverage is coming up for renewal, a postcard is sent to the family approximately ten weeks prior to the renewal date alerting them to the fact that they will be receiving an ALL Kids renewal form in two weeks.*
- *Approximately eight weeks prior to the renewal date a joint ALL Kids-SOBRA Medicaid renewal form is mailed to the family.*
- *Approximately six weeks prior to the renewal date, a second postcard is mailed to the family reminding them to submit the renewal form.*
- *When review of a joint renewal form shows that a child is no longer eligible for ALL Kids or SOBRA Medicaid, the joint renewal form is sent to the appropriate one of the following three*

programs: ALL Kids, SOBRA Medicaid, Alabama Child Caring Foundation. All three agencies accept the renewal form as an application.

- *During FY 2001, ALL Kids implemented a pilot retention project in which families who did not return the renewal form were contacted by telephone to determine why they didn't return the form. As a result of the project, many children were able to maintain their ALL Kids coverage who otherwise would have been dropped from the program. The pilot was successful and ALL Kids plans to incorporate this activity as a routine process in the future as staffing permits.*
- *The ALL Kids Program is part of a seven-state National Academy for State Health Policy Renewal/Retention SWOT Team that is studying retention rates. Specifically, the study is concentrating on disenrollment for preventable reasons. Final analysis is being made on the focus groups conducted in 3 states and phone surveys conducted in all 7 states participating in the study.*

B.   What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

        Follow-up by caseworkers/outreach workers
  X   Renewal reminder notices to all families
        Targeted mailing to selected populations, specify population
  X   Information campaigns
  X   Simplification of re-enrollment process, please describe

- *The re-enrollment form is mailed to the family with a pre-addressed, postage-paid envelope.*
- *No documentation is required for re-enrollment.*

        Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe

- *The University of Alabama at Birmingham School of Public Health (UAB) has been contracted by the ALL Kids program to conduct a Disenrollee Survey.*
- *The Disenrollment Survey began in October 1999. This survey is ongoing and is sent to all children (one per household) as they disenrolled from ALL Kids. From October 1999 to present, 12,919 surveys have been mailed. The response rate is 25%.*
- *The methodology used in collecting the data includes: 1) mailing of an initial survey, 2) mailing of a post card reminder, 3) mailing of a second survey, 4) telephone follow up. This survey is a tool that is helpful in determining utilization of services and satisfaction with those services.*
- *The majority of respondents are the mother (88%) or the father (6%). Over 80% of respondents have at least a high school education. 47% of the children disenrolling are 13 and older. 38% are in the 6 – 12 years age group.*
- *Responses showed that 42% of those disenrolled left the program because they were over or under the income limit. 11% aged out of the program.*

        Other, please explain

C.   Are the same measures being used in Medicaid as well? If not, please describe the differences.

- *In most counties, SOBRA Medicaid requires verification of income. Two reminder notices are mailed to families during the renewal process.*

D.   Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

- *A rigorous evaluation of the effectiveness of the different measures has not been undertaken. All of the above measures are felt to be very successful.*

E.   What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

- *The University of Alabama at Birmingham School of Public Health (UAB) has been contracted by the ALL Kids program to conduct a Disenrollee Survey.*

- *The Disenrollment Survey began in October 1999. This survey is ongoing and is sent to all children (one per household) as they disenrolled from ALL Kids. From October 1999 to present, 12,919 surveys have been mailed. The response rate is 25%.*
- *The methodology used in collecting the data includes: 1) mailing of an initial survey, 2) mailing of a post card reminder, 3) mailing of a second survey, 4) telephone follow up. This survey is a tool that is helpful in determining utilization of services and satisfaction with those services.*
- *The majority of respondents are the mother (88%) or the father (6%). Over 80% of respondents have at least a high school education. 47% of the children disenrolling are 13 and older. 38% are in the 6 – 12 years age group.*
- *The majority (91%) of respondents rated their children's health as good, very good, or excellent.*
- *Those disenrolled were asked if they had insurance at the time they were surveyed. 52% said they did not have insurance at the time of survey. Disenrollees are surveyed within 2-6 months of disenrollment date. Of the 48% that said they were insured, 39% said the child is now enrolled in Medicaid and almost 5% said the child was enrolled in BCBS Caring Program. 42% of those disenrolled left the program because they were over or under the income limit. 11% aged out of the program.*
- *The information obtained from the Alabama data collected in the National Academy of State Health Policy SWOT Team report will be used to further evaluate disenrollment.*

2.6   Coordination between SCHIP and Medicaid:

A.   Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

- *Both programs use joint application and renewal forms*
- *Requirements with regard to interviews and verifications are different between the two programs. ALL Kids requires no verifications or interviews at initial application or renewal. However, at initial application, SOBRA Medicaid does require income verification and an interview (either face to face or by telephone) in most counties. At renewal, SOBRA Medicaid requires income verification in most counties but does not require an interview.*

B.   Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.

- *At annual renewal in both ALL Kids and SOBRA Medicaid, when a child is found to be ineligible for the program in which he/she is currently enrolled but is found to be potentially eligible for the other program, the renewal form is sent to the other program that accepts the form as an initial application.   A letter reflecting this transfer of application is sent to the family.*
- *If, through this transfer process, a child is enrolled in the "other program," coverage begins in the "new program" on the day after coverage ended in the "old program" so that the child does not experience any lapse in coverage.*

C.   Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

- *No   Medicaid and ALL Kids do not use the same provider network. Medicaid has its own provider network and fee schedule. During FY 2001 ALL Kids utilized the BCBS Preferred Provider Network and fee schedule. Some providers may have been enrolled in both networks. Beginning FY 2002, ALL Kids will also use the UnitedHealthcare network and fee schedule.*

2.7   Cost Sharing:

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

- *In the first year, 35% of ALL Kids families were required to pay a fee. The make up of FY 2001 fee versus no-fee disenrollees is very similar to the first year participants. Of those disenrollees surveyed, 36% were required to pay a fee. The most common reason for disenrollment for those who paid a fee was 'over income limit' (21%).   11% was disenrolled for 'non-payment of premiums'. For those who did not pay a fee, the most common reason for disenrollment was 'under the income limit' (25%).*

B.   Has your State undertaken any assessment of the effects of cost sharing on utilization of health service under SCHIP? If so, what have you found?

Utilization broken down by fee and no-fee:

SERVICE	% OF NO-FEE THAT USED SERVICE AT LEAST ONCE	% OF FEE THAT USED SERVICE AT LEAST ONCE
Routine care	80%	75%
Emergency room	46%	43%
Dental	74%	68%
Vision	44%	39%
Care for Special health needs	23%	22%
Prescriptions	83%	82%

2.8   Assessment and Monitoring of Quality of Care:

A.   What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

Quality of Care (self-reporting from Disenrollment and Continuous Enrollment Surveys)
- *Most participants showed a high level of satisfaction with the ALL Kids program. The following table lists usage and satisfaction with various aspects of the program.*

Type of service	Used at least once	Satisfied a great deal or somewhat
Preventive care	*78%*	*97%*
Counseling	*14%*	*--*
Emergency room	*43%*	*90%*
Dental	*70%*	*93%*
Vision	*42%*	*93%*
Care for special health needs	*23%*	*90%*
Prescriptions	*82%*	*98%*

- *In addition to their level of satisfaction, most (94%) respondents did not have any communication problems with the insurance company and 90% said they received information explaining the insurance plan. Overall, the majority (89%) said they were satisfied 'a great deal' with the ALL Kids Program. Less than 2% said they were 'not at all' satisfied with the program. When asked to rate their personal doctor on a scale from 0 to 10 (0 worst, 10 best), 84% rated their doctor between 8 and 10. Furthermore, 96% rated their child's health care between 8 and 10.*

B.   What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?
- *At this time, a Disenrollment survey is sent to every home, as children are disenrolled. They are asked how satisfied they were with services covered by ALL Kids such as: routine care, dental care, and vision care. In addition, the Continuous Enrollment Survey, which is also sent to every home as children re-enroll, will assess quality of care including mental health and substance abuse for adolescents.*

C.   What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?
- *Continuation of the Disenrollment, Continuous Enrollment, and New Enrollment Surveys. Likewise, data will continue to be collected on adolescents.*

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1   Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

A.   Eligibility
- *During FY 2001, the requirement for date-of-birth verification, which had proven to be a barrier in the past, was dropped.*

B.   Outreach
- *Outreach efforts in Alabama that have proven to be the most effective are those which focus on the grassroots, community initiatives, and those which foster ownership of the program by healthcare providers. Successful outreach in Alabama has been accomplished by partnering with the School Nurses in the public school systems. These professional workers identify uninsured children in their schools and assist families in the filing of the application. Outreach is conducted through faith communities, Vacation Bible Schools, the American Lung Association-Alabama Chapter, which screens students in public school systems, the Alabama Department of Public Health – Center for Health Statistics, which includes a brochure with every birth certificate sent to parents, schools and exhibitions at community health fairs across the state.*
- *Of the outreach techniques that have been used, the most effective avenue to reach low-income, uninsured children is through the public school system. An overwhelming percentage of applications received by the ALL Kids Enrollment Unit lists the public school as the place where information about the program and applications are obtained.*
- *The program provided outreach and support items to entities that have direct contact with families in an effort to reduce some of the informational barriers.*
- *The most significant outreach barrier faced by Alabama's CHIP in FY 2001 was awareness of the program. A large percentage of potentially eligible families still were not familiar of the program or if they had heard of it, misunderstood it and the eligibility requirements. Continuous outreach education and training on a community level was effective. The training of all agency staffs, school system staffs, (school nurses, coaches, guidance counselors etc.), childcare providers, local health care providers and community and civic organizations and associations has engendered a greater knowledge and confidence in the program.*
- *Low functional literacy levels and application complexity is also a barrier. To combat this, the ADPH partnered with the Alabama Medicaid Agency to provide application assistance training. This training is now included in the orientation presentations ALL Kids makes to most groups and has been taped for statewide distribution. ALL Kids worked with Medicaid to lower the language levels and simplify the verification and interview process while maintaining application and enrollment integrity.*
- *During FY 2001, CHIP began to hire regional directors and coordinators in an effort make information about the program more accessible. An initial evaluation of this effort has shown it to be successful.*
- *CHIP continues to support and partner with Covering Alabama Kids to further broaden outreach.*

C. Enrollment
- *During FY 2001, work flow and organization within the ALL Kids enrollment unit were restructured which resulted in a more efficient unit, decreased application processing times, and increased staff job satisfaction.*
- *Moving the ALL Kids Enrollment Unit from an outside contractor to the ADPH CHIP unit has proven to be very successful in that it has increased efficiency within the entire program.*
- *Efficiency within the program also dramatically increased with the implementation of a much improved enrollment data system.*

D. Retention/disenrollment
- *As cited previously, the program conducted a pilot retention project in which families who did not return the renewal form were contacted by telephone to determine why they didn't return the form. As a result of the project, many children were able to maintain their ALL Kids coverage who otherwise would have been dropped from the program. The pilot was successful and ALL Kids plans to incorporate this activity as a routine process in the future as staffing permits.*
- *A joint renewal form for ALL Kids and SOBRA Medicaid was developed and implemented which resulted in a faster and more effective referral of children between the two programs*
- *ALL Kids began sending a "pre-reminder" postcard to families ten weeks prior to their children's renewal date.*

E. Benefit structure
- *During FY 2001, the benefit package was periodically updated based on recommendations from providers, new medical developments, and feedback from enrollees' families.*
- *ALL Kids placed an emphasis on being responsive to the needs of children and providers and to this end, the ALL Kids Social Work Consultant, an MSW, continuously monitors any difficulties and suggestions put forth from families and providers.*

F. Cost-sharing

G. Delivery system
- *During FY 2001, the ALL Kids insurance vendor/claims administrator contract was successfully re-bid and negotiations proceeded for contracts to be let with two contractors (Blue Cross Blue Shield of Alabama and Unitedhealthcare) beginning October 1, 2001.*
- *ALL Kids placed an emphasis on being responsive to the needs of children and providers and to this end, the ALL Kids Social Work Consultant, an MSW, continuously monitors any difficulties and suggestions put forth from families and providers.*

H. Coordination with other programs

I. Crowd-out

J. Other

SECTION 4: PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 **Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002-projected budget. Please describe in narrative any details of your planned use of funds.**

Note: Federal Fiscal Year 2001 starts 10/1/00 and ends 9/30/01).

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments			
Managed care			
per member/per month rate X # of eligibles			
Fee for Service	51,907,558	68,661,354	81,681,920
Total Benefit Costs	51,907,558	68,661,354	81,681,920
(Offsetting beneficiary cost sharing payments)	486,303	909,900	909,900
Net Benefit Costs	51,421,255	67,751,454	80,772,020
Administration Costs			
Personnel	626,804	2,538,513	2,792,364
General administration	444,447	1,431,068	1,090,575
Contractors/Brokers (e.g., enrollment contractors)	1,701,783	1,428,769	1,310,000
Claims Processing			
Outreach/marketing costs	1,115,000	2,025,000	2,025,000
Other			
Total Administration Costs	3,888,034	7,423,350	7,217,939
10% Administrative Cost Ceiling	5,713,473	7,527,939	8,974,669
Federal Share (multiplied by enhanced FMAP rate)	43,688,807	59,628,655	69,793,635
State Share	11,620,482	15,546,149	18,196,324
TOTAL PROGRAM COSTS	55,309,289	75,174,804	87,989,959

4.2   Please identify the total State expenditures for family coverage during Federal fiscal year 2001.

4.3   What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?
  _X_ State appropriations
  _____ County/local funds
  _____ Employer contributions
  _____ Foundation grants
  _____ Private donations (such as United Way, sponsorship)
  _____ Other (specify)

   A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures?
- *No*

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 **To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information**. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name	*Phase I – Medicaid Expansion for 14-19 year olds*	*ALL Kids*
Provides presumptive eligibility for children	__X__ No _____ Yes, for whom and how long?	_X_____ No _____ Yes, for whom and how long?
Provides retroactive eligibility	_____ No __X__ Yes, for whom and how long? *Up to 3 months*	_____ No __X__ Yes, for whom and how long? *Retroactive coverage is available for newborns only, if the ALL Kids enrollment unit receives the application within 60 days after the birth.*
Makes eligibility determination	__X__ State Medicaid eligibility staff _____ Contractor _____ Community-based organizations _____ Insurance agents _____ MCO staff _____ Other *(specify)*	_____ State Medicaid eligibility staff _____ Contractor _____ Community-based organizations _____ Insurance agents _____ MCO staff __X__ Other *(specify)* *State based enrollment unit*
Average length of stay on program	Specify months *Data not available*	Specify months *Data not available*
Has joint application for Medicaid and SCHIP	_____ No __X__ Yes	_____ No __X__ Yes
Has a mail-in application	_____ No __X__ Yes	_____ No __X__ Yes
Can apply for program over phone	__X__ No _____ Yes	_X_____ No _____ Yes
Can apply for program over internet	__X__ No *Application can be printed from internet but must be mailed in.* _____ Yes	_X_____ No *Application can be printed from internet but must be mailed in* _____ Yes
Requires face-to-face interview during initial application	_____ No __X*_ Yes ** In some counties, SOBRA Medicaid is piloting an initiative in which an interview is not required. In counties in which an interview is required, it can be done by telephone.*	_X_____ No _____ Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	_X_____ No _____ Yes, specify number of months What exemptions do you provide?	_____ No __X__ Yes, specify number of months *3* What exemptions do you provide? *The 3-month waiting period is only applied if other insurance coverage (with the*

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
		exception of Medicaid) was dropped voluntarily.
Provides period of continuous coverage <u>regardless of income changes</u>	_____No __X__ Yes, specify number of months __12_____ Explain circumstances when a child would lose eligibility during the time period*. Coverage would be terminated if requested by the parent or if the child becomes 19 years of age.*	_____No __X__Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period*. Coverage would be terminated if requested by the parent or if the child becomes 19 years of age.*
Imposes premiums or enrollment fees	__X__No _____Yes, how much? Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)	_____No __X__Yes, how much? ? *For children whose family income is between 100 and 150 % FPL there is no premium. For children who's family income is above 150 up to 200% FPL there is a $50.00 per year per child premium with a maximum of $150.00 per year per family* Who Can Pay? _X_ Employer _X_ Family _X_ Absent parent _X_ Private donations/sponsorship ___ Other (specify)
Imposes copayments or coinsurance	__X__No *There are some co-payments for 18 year olds* _____Yes	_____No _X__Yes *For children whose family income is between 100 and 150 % FPL there are no co-payments. For children whose family income is above 150% up to 200% co-payments range from $1 - $5.00 on some services. There are no co-payments for preventive services.*

Provides preprinted redetermination process	__X__ No
	_____ Yes, we send out form to family with their information precompleted and:
	   ___ Ask for a signed confirmation that information is still correct
	   ___ Do not request response unless income or other circumstances have changed
		__X__ No
		_____ Yes, we send out form to family with their information and:
		   ___ Ask for a signed confirmation that information is still correct
		   ___ Do not request response unless income or other circumstances have changed

5.2   **Please explain how the redetermination process differs from the initial application process.**

- *Initial applications are acquired by applicants from a variety of sources. Renewal forms are mailed to enrollees' families from the program offices (ALL Kids and Medicaid). Other than this, the process is identical for ALL Kids. With regard to SOBRA Medicaid, while an interview is required for initial application (in some counties), no interview is required at renewal.*

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1   As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or
Section 1931-whichever category is higher

_133%of FPL for children under age _6 years_
_100% of FPL for children aged _6 through 18 years born after 9/30/83_
____% of FPL for children aged _____

Medicaid SCHIP Expansion

_100% of FPL for children aged _6 through 18 years born before or after 9/30/83_
____% of FPL for children aged _____

Separate SCHIP Program

>133% of FPL for children aged _birth through 5 years_
>100% of FPL for children aged _6 though 18 years ___
____% of FPL for children aged_____

6.2   As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)

____ Yes   _X__ No
If yes, please report rules for applicants (initial enrollment).

Table 6.2

	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	*$90.00***	*$90.00***	*$90.00*
Self-employment expenses	*$90.00+Operating*	*$90.00+Operating*	*$90.00+Operating*
Alimony payments Received	*$ Not Applicable*	*$ Not Applicable*	*$ Not Applicable*
Paid	*$ Not Applicable*	*$ Not Applicable*	*$ Not Applicable*
Child support payments Received	*$50.00 per family*	*$50.00 per family*	*$50.00 per family*
Paid	*$ Not Applicable*	*$ Not Applicable*	*$ Not Applicable*
Child care expenses	*$200 <2 years $175 2 years+*	*$200 <2 years $175 2 years+*	*$200 <2 years $175 2 years+*
Medical care expenses	*$ Not Applicable*	*$ Not Applicable*	*$ Not Applicable*
Gifts	*$ 30 per person per quarter*	*$ 30 per person per quarter*	*$ Not Applicable*
Other types of disregards/deductions (specify)	*$All funds excluded by federal law or regulation*	*$ All funds excluded by federal law or regulation*	*$ Not Applicable*

Some clients eligible for 30 & 1/3 disregards

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

    _**X**_ No ___Yes, specify countable or allowable level of asset test_____

Medicaid SCHIP Expansion program

    __**X**_ No____Yes, specify countable or allowable level of asset test_____

Separate SCHIP program

    _**X**_ No____Yes, specify countable or allowable level of asset test_____

Other SCHIP program_____

    __**X**_ No____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2001?
 _**X**_ Yes   ___ No

SOBRA Medicaid and CHIP-Medicaid Expansion
    Effective 4/1/01
-     *Declaration of income was accepted in Coosa and Jefferson Counties*
    Effective 5/1/01
-     *Age verification was no longer required*
-     *Verification of "Day Care Expenses" was no longer required*
-     *Verification of application for "Other Benefits" was no longer required*

ALL Kids
    Effective 6/2001

- *Verification of age was no longer required*

Effective 8/6/01
- *Income disregards (child support received, day care expenses, employment) to match SOBRA Medicaid's disregards were established*

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2002 (10/1/01 through 9/30/02)? Please comment on why the changes are planned.

A. Family coverage ***Not anticipated for the near future.***

B. Employer sponsored insurance buy-in ***Not anticipated for the near future.***

C. 1115 waiver ***Not anticipated for the near future.***

D. Eligibility including presumptive and continuous eligibility
- ***During FY 2001, the Governor's Task Force on Children's Health Insurance presented a number of recommendations to the Governor (see attachment), some of which deal with eligibility. Both Medicaid and ALL Kids are working on them***.

E. Outreach
- ***During FY 2001, the Governor's Task Force on Children's Health Insurance presented a number of recommendations to the Governor (see attachment), some of which deal with outreach. Both Medicaid and ALL Kids are working on them***.
- ***During FY 2001 and continuing into FY 2002, CHIP added a decentralized outreach component. To this end, a number of positions have been established and several have been filled. These positions include two Regional CHIP Directors (one for the northern half of the state and one for the southern half) and a number of Regional CHIP Coordinators (who have multi-county responsibilities). Also, during FY 2001 and continuing into FY2002, CHIP began to contract with outreach consultants to focus on hard-to-reach or specialized populations. These populations include: adolescents, Native Americans, faith-based groups.***
- ***A statewide mass media campaign is planned for FY 2002.***

F. Enrollment/redetermination process
- ***During FY 2001, the Governor's Task Force on Children's Health Insurance presented a number of recommendations to the Governor (see attachment), some of which deal with enrollment. Both Medicaid and ALL Kids are working on them***.
- ***An overhaul of the ALL Kids data system within the enrollment unit will continue into FY 2002. It is anticipated that this overhaul will include a rules-based engine, pre-printed renewal forms, a pilot web-based application, electronic transmittal of information to Medicaid. Implementation of the first phase of the new design is planned for April, 2002.***

G. Contracting
- ***As of October 1, 2001 CHIP began new contracts with Blue Cross Blue Shield of Alabama and UnitedHealthcare for provision of benefits. Within the contract with Blue Cross Blue Shield of Alabama, changes were made to allow for additional care management activities beginning in FY 2002. It is anticipated that the contract with Blue Cross Blue Shield of Alabama will allow for or be amended to encompass changes in the mental health network.***

H.   Other