

**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 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.

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

State/Territory: _____
(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): _____

SCHIP Program Type:

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

Reporting Period: **Federal Fiscal Year 2002** *Note: Federal Fiscal Year 2002 starts 10/1/01 and ends 9/30/02.*

Contact Person/Title: _____

Address: _____

Phone: () _____ Fax: () _____

Email: _____

Submission Date: _____

-
*(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)*

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. If you do not have a particular policy in place and would like to comment why, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
	From		% of FPL for infants		% of FPL	From		% of FPL for infants		% of FPL
Eligibility	From		% of FPL for children ages 1 through 5		% of FPL	From		% of FPL for children ages 1 through 5		% of FPL
	From		% of FPL for children ages 6 through 16		% of FPL	From		% of FPL for children ages 6 through 16		% of FPL
	From		% of FPL for children ages 17 and 18		% of FPL	From		% of FPL for children ages 17 and 18		% of FPL
	From					From				
Is presumptive eligibility provided for children?	No_					_ No				
	Yes, for whom and how long?					Yes, for whom and how long?				
Is retroactive eligibility available?	No					No				
	Yes, for whom and how long?					Yes, for whom and how long?				
Does your State Plan contain authority to implement a waiting list?	Not applicable					No_				
						Yes				
Does your program have a mail-in application?	No_					No_				
	Yes					Yes				
Does your program have an application on your website that can be printed, completed and mailed in?	No					No				
	Yes					Yes				
Can an applicant apply for your program over phone?	No_					No_				
	Yes					Yes				
Can an applicant apply for your program on-line?	No					No				
	Yes – please check all that apply					Yes – please check all that apply				
	<input 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"/> Electronic signature is required					<input 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"/> Electronic signature is required <input type="checkbox"/> No Signature is required				

	SCHIP Medicaid Expansion Program		Separate Child Health Program	
Does your program require a face-to-face interview during initial application		No		No
		Yes		Yes

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 Note: this option requires an 1115 waiver Note: Exceptions to waiting period should be listed in Section III, subsection Substitution, question 6	<input type="checkbox"/> Yes Note: Exceptions to waiting period should be listed in Section III, subsection Substitution, question 6
	specify number of months	specify number of months
Does your program provides period of continuous coverage regardless of income changes?	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	specify number of months	specify number of months
	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
Does your program require premiums or an enrollment fee?	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	If yes, briefly explain fee structure in the box below	If yes, briefly explain fee structure in the box below
Does your program impose copayments or coinsurance?	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Does your program require an assets test?	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	If Yes, please describe below	If Yes, please describe below
Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/> No	<input type="checkbox"/> No
	Yes, we send out form to family with their information precompleted and <input type="checkbox"/> ask for confirmation <input type="checkbox"/> do not require a response unless income or other circumstances have changed	Yes, we send out form to family with their information precompleted and <input type="checkbox"/> ask for confirmation <input type="checkbox"/> do not require a response unless income or other circumstances have changed

2. Are the income disregards the same for your Medicaid and SCHIP Programs? Yes No

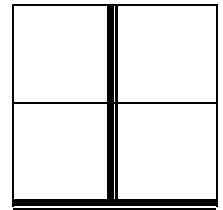
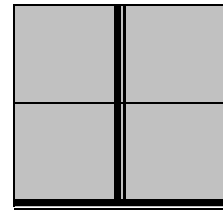
2. Is a joint application used for your Medicaid, Medicaid Expansion and SCHIP Programs? Yes No

4. 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	Yes	No Change
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)				
b) Application				
c) Benefit structure				
d) Cost sharing structure or collection process				
e) Crowd out policies				
f) Delivery system				
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)				
h) Eligibility levels / target population				
i) Eligibility redetermination process				
j) Enrollment process for health plan selection				
k) Family coverage				
l) Outreach				
m) Premium assistance				
n) Waiver populations (funded under title XXI)				
Parents				
Pregnant women				
Childless adults				
a) Other – please specify				
a.				

b.

c.



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

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefit structure	
d) Cost sharing structure or collection process	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
h) Eligibility levels / target population	
i) Eligibility redetermination process	
j) Enrollment process for health plan selection	
k) Family coverage	
l) Outreach	
m) Premium assistance	
n) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
o) Other – please specify	
a.	
b.	
c.	

SECTION II: PROGRAM'S STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

1. In the table below, 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 and if the strategic objective listed is new/revised or continuing.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how performance is being measured and progress toward meeting the goal. Please include the data sources, the methodology and specific measurement approaches (e.g., numerator and denominator). Attach additional narrative if necessary.

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

(1)(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(1) (2) Performance Goals for each Strategic Objective	(1) (3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		
New/revised _____ Continuing _____		Data Sources: Methodology: Progress summary:
New/revised _____ Continuing _____		Data Sources: Methodology: Progress summary:
Objectives Related to SCHIP Enrollment		
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
Objectives Related to Increasing Medicaid Enrollment		

(1)(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(1) (2) Performance Goals for each Strategic Objective	(1) (3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:
Other Objectives		
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary

(1)(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(1) (2) Performance Goals for each Strategic Objective	(1) (3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:

2. How are you measuring the access to, or the quality or outcomes of care received by your SCHIP population? What have you found?
3. What plans does your SCHIP program have for future measurement of the access to, or the quality or outcomes of care received by your SCHIP population? When will data be available?
4. 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?
5. 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 and summarize findings.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

ENROLLMENT

1. Please provide the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the reporting period. 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).

_____ SCHIP Medicaid Expansion Program
(SEDS form 64.21E)

_____ Separate Child Health Program
(SEDS form 21E)

2. Please report any evidence of change in the number or rate of uninsured, low-income children in your State that has occurred during the reporting period. Describe the data source and method used to derive this information.

(States with only a SCHIP Medicaid Expansion Program, please skip to #4)

3. 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.

4. Has your State changed its baseline of uncovered, low-income children from the number reported in your previously submitted Annual Report?

Note: The baseline is the initial estimate of the number of low-income uninsured children in the State against which the State's progress toward covering the uninsured is measured. Examples of why a State may want to change the baseline include if CPS estimate of the number of uninsured at the start of the program changes or if the program eligibility levels used to determine the baseline have changed.

_____ No, skip to the Outreach subsection, below

_____ Yes, please provide your new baseline _____ And continue on to question 5

5. On which source does your State currently base its baseline estimate of uninsured children?

_____ The March supplement to the Current Population Survey (CPS)

_____ A State-specific survey

_____ A statistically adjusted CPS

_____ Another appropriate source

- A. What was the justification for adopting a different methodology?

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

OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period?
2. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?
3. 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?

SUBSTITUTION OF COVERAGE (CROWD-OUT)

All States must complete the following 3 questions

1. Describe how substitution of coverage is monitored and measured.
2. Describe the effectiveness of your substitution policies and the incidence of substitution. What percent of applicants, if any, drop group health plan coverage to enroll in SCHIP?
3. At the time of application, what percent of applicants are found to have insurance?

States with separate child health programs over 200% of FPL must complete question 4

4. Identify your substitution prevention provisions (waiting periods, etc.).

States with a separate child health program between 201% of FFP and 250% of FPL must complete question 5.

5. Identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

States with waiting period requirements must complete question 6. (This includes states with SCHIP Medicaid expansion programs with section 1115 demonstrations that allow the State to impose a waiting period.)

6. Identify any exceptions to your waiting period requirement.

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.
2. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes. Have you identified any challenges? If so, please explain.
3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures are being taken to retain eligible children in SCHIP? *Check all that apply.*

Follow-up by caseworkers/outreach workers

Renewal reminder notices to all families, *specify how many notices and when notified*

Targeted mailing to selected populations, *specify population* _____

Information campaigns

Simplification of re-enrollment process, *please describe*

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

describe _____

Other, *please explain* _____

2. Which of the above measures have been effective? Describe the data source and method used to derive this information.

3. Has your State undertaken an assessment of those 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, or how many move?) If so, describe the data source and method used to derive this information.

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?

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?

FAMILY COVERAGE PROGRAM UNDER TITLE XXI

1. Does your State offer family coverage through a family coverage waiver as described in 42 CFR §457.1010?

Yes, briefly describe program below and continue on to question 2.

No, skip to the Premium Assistance Subsection.

2. Identify the total State expenditures for family coverage during the reporting period.

3. Identify the total number of children and adults covered by family coverage during the reporting period. (Note: If adults are covered incidentally they should not be included in this data.)

Number of adults ever enrolled during the reporting period

Number of children ever enrolled during the reporting period

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. *Note: This reporting period = Federal Fiscal Year 2002 starts 10/1/01 and ends 9/30/02). 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

Benefit Costs	Reporting Period	Next Fiscal Year	Following Fiscal Year
Insurance payments			
Managed Care			
Per member/Per month rate @ # of eligibles			
Fee for Service			
Total Benefit Costs			
<i>(Offsetting beneficiary cost sharing payments)</i>			
Net Benefit Costs	\$	\$	\$

Administration Costs

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

Federal Title XXI Share			
State Share			

TOTAL COSTS OF APPROVED SCHIP PLAN			
---	--	--	--

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 (such as United Way, sponsorship)
- _____ Other (specify)

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

1. 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				
	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Children										
Parents										
Childless Adults										
Pregnant Women										

2. Identify the total number of children and adults ever enrolled your demonstration SCHIP program 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

3. What do you estimate is the impact of your State's SCHIP section 1115 demonstration waiver is on enrollment, retention, and access to care of children?

4. Please complete the following table to provide budget information. Please describe in narrative any details of your planned use of funds. *Note: This reporting period (Federal Fiscal Year 2002 starts 10/1/01 and ends 9/30/02).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	Reporting Period	Next Fiscal Year	Following Fiscal Year
Benefit Costs for Demonstration Population #1 (e.g., children)			
Insurance Payments			
Managed care			
per member/per month rate @ # of eligibles			
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 @ # of eligibles			
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 @ # of eligibles			
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)			
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			
TOTAL COSTS OF DEMONSTRATION			

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. Please provide an overview of what happened in your State during the reporting period as it relates to health care for low income, uninsured children and families. Include a description of the political and fiscal environment in which your State operated.
2. During the reporting period, what has been the greatest challenge your program has experienced?
3. During the reporting period, what accomplishments have been achieved in your program?