

**ILLINOIS TITLE XXI PROGRAM
FACT SHEET**

Name of Plan:	All Kids
Date Plan Submitted:	January 5, 1998
Date Plan Approved:	April 1, 1998
Effective Date of Plan:	January 5, 1998
Date Amendment #1 Submitted:	November 10, 1998
Date Amendment #1 Approved:	March 30, 2000
Date Amendment #1 Effective:	August 12, 1998
Date Amendment #2 Submitted:	June 26, 2002
Date Amendment #2 Approved:	September 19, 2002
Date Amendment #2 Effective:	July 1, 2002
Date Amendment #3 Submitted:	March 31, 2003
Date Amendment #3 Approved:	June 11, 2003
Date Amendment #3 Effective:	January 1, 2003
Date Amendment #4 Submitted:	June 3, 2003
Date Amendment #4 Approved:	August 28, 2003
Date Amendment #4 Effective:	July 1, 2003
Date Amendment #5 Submitted:	February 23, 2003
Date Amendment #5 Approved:	May 21, 2004
Date Amendment #5 Effective:	April 19, 2004
Date Amendment #6 Submitted:	June 29, 2005
Date Amendment #6 Approved:	Withdrawn February 15, 2007
Date Amendment #6 Effective:	
Date Amendment #7 Submitted:	September 1, 2005
Date Amendment #7 Approved:	Withdrawn February 15, 2007
Date Amendment #7 Effective:	
Date Amendment #8 Submitted:	<i>March 31, 2009</i>
Date Amendment #8 Approved:	
Date Amendment #8 Effective:	<i>February 4, 2009</i>

Background

On January 5, 1998, Illinois submitted a Title XXI Plan to provide extended benefits under the State's Medicaid Title XIX Plan. The Plan expanded eligibility to children ages 6 through 18 with family incomes above the March 31, 1997, Medicaid eligibility standard and at or below 133 percent of the Federal Poverty Level (FPL).

Amendments

- On November 10, 1998, the State submitted an amendment to its approved Title XXI plan to create a separate child health program, All Kids, which expanded coverage to children under 19 years of age with family incomes above 133 and at or below 185 percent of the FPL. The separate child health program, All Kids, includes the following plans:
 - All Kids Share - This plan provides benefits for children with family income above 133 and at or below 150 percent of the FPL.
 - All Kids Premium - All Kids Premium provides benefits for children with family income above 150 percent and at or below 185 percent of the FPL
- Illinois' submitted its second amendment on June 26, 2002, to update the CHIP State Plan to indicate compliance with the final SCHIP regulations and to eliminate the 3-month waiting period for All Kids Share applicants.
- On March 31, 2003, Illinois submitted its third amendment to add coverage for unborn children with family incomes at or below 200 percent of the FPL and not eligible for Medicaid. Coverage is under a separate child health program and will begin at confirmation of pregnancy and continue for 12 months. Benefits will include prenatal care and associated health services for children.
- On June 3, 2003, Illinois submitted its fourth amendment to expand coverage for children enrolled in All Kids Premium by raising the upper income eligibility limit from 185 percent of the FPL and at or below 200 percent of the FPL.
- Illinois' submitted its fifth amendment on February 23, 2004, to implement presumptive eligibility for children who appear eligible for All Kids and a health services initiative to cover the costs of coverage for children who appear eligible for All Kids during the period after an application has been submitted but prior to the determination of presumptive eligibility.
- Illinois submitted its sixth amendment on June 29, 2005 to implement a dental varnish program. The State withdrew this amendment on February 15, 2007.

- Illinois submitted its seventh amendment on September 1, 2005 to rescind unborn coverage. The State withdrew this amendment on February 15, 2007.
- Illinois submitted its eighth amendment on March 31, 2009 to increase the income limit to 500 percent of the FPL and provide coverage to immigrant children who do not meet the 5-year bar.

Children Covered Under Program

In FFY 2009, the State reported that 376,618 children were ever enrolled in its CHIP program.

Administration

The Illinois Department of Public Aid administers the program.

Health Care Delivery System

Children receive health care services through fee for service and prepaid providers included in the current Medicaid Program.

Benefit Package

Under All Kids Share and All Kids Premium, the State provides a benchmark equivalent coverage. The coverage is equivalent to the State employee health plan.

Cost Sharing

- Premiums are not imposed for families at or below 150 percent of the FPL (All Kids Share). For families between 150 percent and 200 percent (All Kids Premium) with one child, premiums are \$15 per month, with two children \$25 per month, and \$30 per month for three or more children. *For families between 200 percent and 300 percent (All Kids Premium level 2) with one child, premiums are \$40 per month, with two or more children \$80 per month. For families between 300 percent and 400 percent (All Kids Premium level 3) with one child, premiums are \$70 per month, with two or more children \$140 per month. For families between 400 percent and 500 percent (All Kids Premium level 4) with one child, premiums are \$100 per month, with two or more children \$200 per month.*
- A family with an income above 133 percent and below 150 percent of the FPL (All Kids Share) has a \$2 copayment for medical visits and prescriptions, and non-emergency use of the emergency room. Cost-sharing cap is \$100 per family. A family with an income above 150 percent through 200 percent of the FPL (All Kids Premium) has a \$5 copayment for medical visits, a \$3 copayment for generic and \$5 copayment for brand-name prescriptions and a \$25 copayment for non-emergency use of the emergency room. Cost-sharing cap is \$500 per child. *A family with an income above 200 percent through 300 percent of the FPL (All Kids*

Premium level 2) has a \$10 copayment for medical visits, a \$3 copayment for generic and \$7 copayment for brand-name prescriptions and a \$100 copayment per inpatient hospital admission, \$30 per emergency room visit and 5 percent of the All Kids payment rate for outpatient hospital services. A family with an income above 300 percent through 400 percent of the FPL (All Kids Premium level 3) has a \$15 copayment for medical visits, a \$6 copayment for generic and \$14 copayment for brand-name prescriptions and a \$150 copayment per inpatient hospital admission, \$50 per emergency room visit and 10 percent of the All Kids payment rate for outpatient hospital services. The cost-sharing cap is \$750 per child. A family with an income above 400 percent through 500 percent of the FPL (All Kids Premium level 4) has a \$20 copayment for medical visits, a \$9 copayment for generic and \$21 copayment for brand-name prescriptions and a \$200 copayment per inpatient hospital admission, \$75 per emergency room visit and 15 percent of the All Kids payment rate for outpatient hospital services. The cost-sharing cap is \$1,000 per child.

- The State has adopted the "shoe-box" approach to reimburse families who exceed the copayment limit. The State updates the medical card to reflect that they have reached the limit. Designations are made in data systems to reflect that the maximum has been met.
- Unborn children are exempt from cost sharing.

Coordination Between CHIP and Medicaid

The State uses a joint application for all All Kids programs. The simplified applications are screened for Medicaid eligibility and the presence of health insurance coverage. If the applicant is not Medicaid eligible, All Kids Share or All Kids Premium eligibility is determined.

Crowd-Out Strategy

The State will monitor the effect of All Kids on private insurers and modify the program if it appears that, because of availability of All Kids Share and All Kids Premium, persons or employers are inappropriately dropping privately funded coverage.

Outreach

- The State utilizes various measures to encourage eligible children to enroll, utilize and stay in the program. These measures include media campaigns involving radio, print and promotional advertising; establish educational partnerships, especially with Chicago Public Schools, to assist in promoting public awareness and assist with enrollment; establish strong community outreach through employers, churches and other community-based organizations.
- In addition to the above outreach efforts, the Department contracts with All Kids Application Agents statewide to perform the following functions:

- Collaborate with other community groups such as schools, social services agencies and churches to promote All Kids.
 - Identify families with children who are likely to be eligible for All Kids.
 - Assist families to complete applications, including assembling required documentation.
 - Submit completed applications for determination of eligibility.
- The State reimburses the All Kids Agents a \$50 Technical Assistance Payment for each complete All Kids application submitted that results in enrollment in All Kids.

Financial Information

Total FFY '10 CHIP Allotment -- \$360,716,517
FFY '10 Enhanced Federal Matching Rate – 65.12%

Date Last Updated: August 18, 2010