

**ALABAMA TITLE XXI PROGRAM
FACT SHEET**

Name of Plan: ALL Kids

Date Plan Submitted: November 3, 1997
Date Plan Approved: January 30, 1998
Date Plan Effective: February 1, 1998

Date Amendment #1 Submitted: May 21, 1998
Date Amendment #1 Approved: August 18, 1998
Date Amendment #1 Effective: October 1, 1998

Date Amendment #2 Submitted: July 1, 1999
Date Amendment #2 Approved: September 28, 1999
Date Amendment #2 Effective: October 1, 1999

Date Amendment #3 Submitted: September 27, 2001
Date Amendment #3 Approved: December 21, 2001
Date Amendment #3 Effective: June 1, 2001

Date Amendment #4 Submitted: December 18, 2002
Date Amendment #4 Approved: March 3, 2003

Date Amendment #5 Submitted: October 30, 2003
Date Amendment #5 Approved: January 16, 2004
Date Amendment #5 Effective: October 1, 2003

Date Amendment #6 Submitted: November 23, 2004
Date Amendment #6 Approved: February 18, 2005
Date Amendment #6 Effective: August 23, 2004

Date Amendment #7 Submitted: August 12, 2009
Date Amendment #7 Approved: October 21, 2009
Date Amendment #7 Effective: October 1, 2009

Date Amendment #8 Submitted: October 27, 2009
Date Amendment #8 Approved: December 3, 2009
Date Amendment #8 Effective: October 22, 2009

Date Amendment #9 Submitted: September 22, 2010
Date Amendment #9 Approved: November 19, 2010
Date Amendment #9 Effective: October 1, 2009

Date Amendment #10 Submitted: December 10, 2010

Date Amendment #10 Approved: January 20, 2011

Date Amendment #10 Effective: January 1, 2011

Date Amendment #11 Submitted: June 8, 2011

Date Amendment #11 Approved: June 15, 2011

Date Amendment #11 Effective: April 15, 2011

Background

- Implementation of Phase I of Alabama's CHIP plan began on February 1, 1998, with a Medicaid expansion of coverage for targeted low-income children under age 19, whose family income is below 100 percent of the Federal Poverty Level (FPL). This component of the CHIP program was phased out at the end of fiscal year 2002.

Amendments

- Alabama's first amendment was submitted on May 21, 1998. This amendment created a separate child health program known as Phase II, ALL Kids, for children under age 19 in families with incomes up to 200 percent of the FPL, and who are not eligible for Medicaid.
- Alabama's second amendment was submitted on July 1, 1999. This amendment created Phase III of Alabama's CHIP program, known as ALL Kids Plus. ALL Kids Plus amended Alabama's separate child health program and provides an enhanced health benefits coverage package for children with special health care needs/conditions who are enrolled in ALL Kids. It was projected that 9 percent of the children enrolled in ALL Kids also would receive at least one service under ALL Kids Plus.
- Alabama's third amendment was submitted on September 27, 2001. This amendment allows self-declaration of age on the CHIP application, incorporates some of the Medicaid income disregards, and makes cost sharing premium amounts equal between those who choose to pay in one lump sum and those who choose to pay in monthly installments.
- Alabama's fourth amendment was submitted December 18, 2002. This amendment updates and amends the CHIP State plan to indicate the State's compliance with the final CHIP regulation.
- Alabama's fifth amendment was submitted October 30, 2003. This amendment institutes a waiting list, increases annual premiums from \$50 to \$100 per child for families with income above 150 percent of the FPL, imposes new annual premiums of \$50 per child for families with income from 100 through 150 percent of the FPL, imposes copayments on nonpreventive services for enrollees with family income below 150 percent of the FPL, and raises copayments for enrollees with family income above 150 percent of the FPL. In addition, the amendment enhances certain

services in the benefit plan, including an increase in covered days for inpatient substance abuse facilities, and updates source of State funds to indicate that the State is receiving an approvable grant from the Robert Wood Johnson Foundation.

- Alabama submitted its sixth amendment November 23, 2004, to reopen enrollment in the ALL Kids program. This amendment also provides Alabama with general authority under the state plan to implement an enrollment cap in the future when funds are projected to be depleted before the end of the fiscal year.
- The State submitted its seventh amendment August 12, 2009. This amendment permits Alabama to expand the income eligibility level for children from its current income level up to 300 percent of the Federal poverty level (FPL). Additionally, this SPA will allow Alabama to apply cost-sharing requirements to children in this new expansion group. Premium amounts for this group will be \$100 per year per child up to a family maximum of \$300 per year. This SPA will also allow Alabama to apply copayments to health care services for children in families with incomes above 200 percent of the FPL, not to exceed \$15 except the copayment for non-emergency use of the emergency room which will be \$20. Additionally, this SPA modifies Alabama's notification procedures for its premium grace period to come into compliance with the new requirements of section 504 of the CHIPRA. This amendment has an effective date of October 1, 2009.
- Alabama submitted its eighth amendment on October 27, 2009. This amendment includes a private foundation grant as an additional source of State funding. State General Fund appropriations, Tobacco Settlement funds, and a private grant. A Robert Wood Johnson Foundation (RWJF) grant was awarded to Alabama to increase enrollment and retention of eligible children in Alabama's health insurance programs, known as ALL Kids and SOBRA Medicaid (the Alabama Medicaid program for pregnant women and children). The grant is for \$994,883 and the award dates are February 15, 2009 - February 14, 2013. Amendment eight has an effective date of October 22, 2009.
- The State's ninth CHIP amendment was submitted on September 22, 2010. This amendment has a retroactive effective date of October 1, 2009, for the establishment of a prospective payment system for federally qualified health centers and rural health clinics. This amendment also establishes that Alabama's Title XXI dental benefits are compliant with Section 501 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).
- The State's tenth CHIP amendment was submitted on December 10, 2010 and was approved on January 20, 2011. This amendment has a retroactive effective date of January 1, 2011, to extend CHIP eligibility to children of employees of public agencies who are otherwise eligible under the State plan. The State will provide this coverage in accordance with the maintenance of effort (MOE) exception to the

exclusion of employees of a public agency of a State, in accordance with section 10203 of the Affordable Care Act of 2010.

- Alabama's eleventh CHIP amendment was submitted on June 8, 2011, and approved on June 15, 2011. This amendment provides temporary adjustments to the State's enrollment and redetermination policies, and cost sharing requirements for families impacted by disaster events. Through this SPA, the State can provide families with additional time to complete the renewal process, and has the flexibility to waive outstanding premium balances for families living and or working in FEMA or Governor declared disaster counties. This amendment, as it applies to the April 2011 tornadoes that devastated the northern half of Alabama, has a retroactive effective date of April 15, 2011, and a duration of 6 months. In the event of a future natural disaster, this SPA provides Alabama with the authority to implement the aforementioned temporary policy adjustments by notifying CMS of its intent, the effective date and duration of the provision, and a list of the FEMA or Governor declared disaster areas that are applicable. Although the State must provide notice to CMS, this is less administratively burdensome than repeating the SPA process during times of disaster recovery.

Children Covered Under Program

- The State reported that 137,545 children were ever enrolled in CHIP in Federal fiscal year 2010.

Administration

- The Alabama Department of Public Health (ADPH) administers ALL Kids and ALL Kids Plus.

Health Care Delivery System

- Services are provided through self-insured plans that are reimbursed on a fee-for-service basis. Currently, the only ALL Kids vendor for the above services is Blue Cross Blue Shield of Alabama, which provides services statewide.
- The exception to the fee-for-service payment system is the method of reimbursement to federally qualified health centers (FQHCs) and rural health clinics (RHCs) based on a prospective payment system (PPS). ALL Kids has elected to adopt the Medicaid PPS Rates effective October 1, 2009.
- ALL Kids Plus services are authorized through the Alabama Department of Mental Health and Mental Retardation, the Alabama Department of Rehabilitation Services, and the University of Alabama at Birmingham Sparks Center. Services may be provided through public, private, non-profit, individuals and organizations that have contracts with one of the authorizing agencies.

Benefit Package

- Initially, the State used the benefit package of the HMO with the State's largest non-Medicaid enrollment as the benchmark for ALL Kids, but the State has made several benefit additions and enhancements to the package. Children enrolled in ALL Kids Plus receive additional services that are developmentally or physically necessary.

Cost Sharing

- There are three (3) categories of enrollees: No Fee (Native Americans and Alaskan Natives).; Low-Fee (children with family incomes from the base through 150% FPL); and Fee (children with family incomes from 151% FPL through 300% FPL). There is no cost sharing for children in the No Fee group. There is a \$50 premium per child, per year for children in the Low-Fee group. There is a \$100 premium per child, per year for children in the Fee group. Premiums can be paid in one payment or in periodic payments (weekly, monthly, or quarterly) throughout the year. A family's total premium payments cannot exceed three times the individual premium rate (i.e. \$150 or \$300 depending upon the income level of the family). Enrollment data systems do not allow for a family to be billed in excess of these amounts.
- ALL Kids enrollees are required to pay copayments for nonpreventive services. Copayment amounts depend on family income.

Service	Family Income < or = 150% of FPL	Family Income > 150% of FPL
Dental	\$3 per visit	\$5 per visit
Doctor office	\$3 per visit	\$5 per visit
ER services	\$5 facility charge	\$15 facility charge
Inpatient services	\$5 per confinement	\$10 per confinement
Non-emergency ER	\$10 per visit	\$20 per visit
Allergy testing	\$5 per lab visit	\$10 per lab visit
Allergy treatment	\$3 per visit	\$5 per visit
Ambulance	\$5 per occurrence	\$10 per occurrence
Mental and nervous inpatient	\$5 per confinement	\$10 per confinement
Outpatient surgical facility	\$5 per visit	\$10 per visit
Substance abuse inpatient	\$5 per confinement	\$10 per confinement
X-ray	\$3 per visit	\$5 per visit
Generic prescriptions	\$1	\$2
Preferred prescriptions	\$3	\$5
Non-preferred prescriptions	\$5	\$10

State Action to Avoid Crowd-Out

- Alabama has a 3-month waiting period for enrollment in ALL Kids for families that currently have, or have voluntarily dropped, health insurance coverage. The application includes a question asking if the child currently is insured or if insurance coverage has been terminated in the last 3 months.
- In addition to self-declaration of insurance status, all enrollments are matched against the BCBS system to determine if the child is currently insured or if coverage has been dropped within the last three months.

Coordination Between CHIP and Medicaid

- A common application form is used for both title XXI and title XIX eligibility. When an ALL Kids outreach worker identifies a child potentially eligible for Medicaid, the completed application will be sent to Medicaid. Medicaid will process the application and contact the family for any additional verification or documentation.

Outreach Activities

- Outreach is conducted through statewide efforts and local partnerships. These efforts consist of a statewide media campaign, outreach conducted by trained workers, and outreach conducted through existing programs and agencies.

Financial Information

Total FFY 2011 CHIP Allotment -- \$135,448,405
FFY 2011 Enhanced Federal Matching Rate – 77.98

Date last updated: CMS, CMSO, FCHPG, DSCHI: June 16, 2011