



Alabama CARTS FY2022 Report

Welcome!

We already have some information about your state from our records.
If any information is incorrect, please contact the [CARTS Help Desk](#).

1. State or territory name:

Alabama

2. Program type:

- ☒ Both Medicaid Expansion CHIP and Separate CHIP
- ☐ Medicaid Expansion CHIP only
- ☐ Separate CHIP only

3. CHIP program name(s):

ALL Kids - Separate CHIP

Who should we contact if we have any questions about your report?

4. Contact name:

Wanda Davis

5. Job title:

Deputy Director

6. Email:

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7. Full mailing address:

Include city, state, and zip code.

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Alabama 36130

8. Phone number:

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PRA Disclosure Statement.

This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather all data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems

1. Does your program charge an enrollment fee?

☐

Yes

☒

No

2. Does your program charge premiums?

☐ Yes

☒ No

3. Is the maximum premium a family would be charged each year tiered by FPL?

☐ Yes

☒ No

3b. What's the maximum premium a family would be charged each year?

\$

4. Do premiums differ for different Medicaid Expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

5. Which delivery system(s) do you use?

Select all that apply.

☐ Managed Care

☒ Primary Care Case Management

☐ Fee for Service

6. Which delivery system(s) are available to which Medicaid Expansion CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

N/A

Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems

1. Does your program charge an enrollment fee?

☐ Yes

☒ No

2. Does your program charge premiums?

☒ Yes

2a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

☒ Yes

☐ No

2b. Indicate the range of premiums and corresponding FPL ranges for one child.

Premiums for one child, tiered by FPL

FPL starts at

141.0



FPL ends at

312.0

Premium starts at

\$ 52



Premium ends at

\$ 104

☐ No

3. Is the maximum premium a family would be charged each year tiered by FPL?

☒ Yes

3a. Indicate the range of premiums and corresponding FPL for a family.

Maximum premiums for a family, tiered by FPL

FPL starts at

141.0



FPL ends at

312.0

Premium starts at

\$ 156



Premium ends at

\$ 312

☐ No

4. Do your premiums differ for different CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

Yes. No premiums were charged for the Conception to Birth (also called ALL Babies) enrollees. *Premiums are annual.

5. Which delivery system(s) do you use?

Select all that apply.

☐ Managed Care

☐ Primary Care Case Management

☒ Fee for Service

6. Which delivery system(s) are available to which CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

N/A

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Indicate any changes you've made to your Medicaid Expansion CHIP program policies in the past federal fiscal year.

1. Have you made any changes to the eligibility determination process?

☐ Yes

☒ No

☐ N/A

2. Have you made any changes to the eligibility redetermination process?

☐ Yes

☒ No

☐ N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

☐ Yes

☒ No

☐ N/A

4. Have you made any changes to the benefits available to enrollees?
For example: adding benefits or removing benefit limits.

☐ Yes

☒ No

☐ N/A

5. Have you made any changes to the single streamlined application?

☐ Yes

☒ No

☐ N/A

6. Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

☐ Yes

☐ No

☒ N/A

7. Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Medicaid Expansion CHIP populations.

☐ Yes

☒ No

☐ N/A

8. Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

☐ Yes

☒ No

☐ N/A

9. Have you made any changes to the substitution of coverage policies?

For example: removing a waiting period.

☐ Yes

☒ No

☐ N/A

10. Have you made any changes to the enrollment process for health plan selection?

☐ Yes

☐ No

☒ N/A

11. Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

☐ Yes

☒ No

☐ N/A

12. Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

☐ Yes

☐ No

☒ N/A

13. Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

☐ Yes

☒ No

☐ N/A

14. Have you made any changes to eligibility for "lawfully residing" pregnant individuals?

☐ Yes

☐ No

☒ N/A

15. Have you made any changes to eligibility for "lawfully residing" children?

- ☐ Yes
- ☐ No
- ☒ N/A

16. Have you made changes to any other policy or program areas?

- ☐ Yes
- ☒ No
- ☐ N/A

17. Briefly describe why you made these changes to your Medicaid Expansion CHIP program.

N/A

18. Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

- ☐ Yes
- ☐ No
- ☒ N/A

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year.

1. Have you made any changes to the eligibility determination process?

☐ Yes

☒ No

☐ N/A

2. Have you made any changes to the eligibility redetermination process?

☐ Yes

☒ No

☐ N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

☐ Yes

☒ No

☐ N/A

4. Have you made any changes to the benefits available to enrollees?

For example: adding benefits or removing benefit limits.

☐ Yes

☒ No

☐ N/A

5. Have you made any changes to the single streamlined application?

☐ Yes

☒ No

☐ N/A

6. Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

☒ Yes

☐ No

☐ N/A

7. Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Separate CHIP populations.

☐ Yes

☒ No

☐ N/A

8. Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

☐ Yes

☒ No

☐ N/A

9. Have you made any changes to substitution of coverage policies?

For example: removing a waiting period.

☐ Yes

☒ No

☐ N/A

10. Have you made any changes to an enrollment freeze and/or enrollment cap?

☐ Yes

☒ No

☐ N/A

11. Have you made any changes to the enrollment process for health plan selection?

☐ Yes

☒ No

☐ N/A

12. Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

☐ Yes

☒ No

☐ N/A

13. Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

☐ Yes

☒ No

☐ N/A

14. Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

☐ Yes

☒ No

☐ N/A

15. Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?

For example: expanding eligibility or changing this population's benefit package.

☐ Yes

☒ No

☐ N/A

16. Have you made any changes to coverage for your CHIP pregnant individuals eligibility group?

For example: expanding eligibility or changing this population's benefit package.

☐ Yes

☒ No

☐ N/A

17. Have you made any changes to eligibility for "lawfully residing" pregnant individuals?

☐ Yes

☒ No

☐ N/A

18. Have you made any changes to eligibility for "lawfully residing" children?

☐ Yes

☒ No

☐ N/A

19. Have you made changes to any other policy or program areas?

☐ Yes

☒ No

☐ N/A

20. Briefly describe why you made these changes to your Separate CHIP program.

ALL Kids utilized additional marketing campaigns than the previous year. (i.e. billboards, social media, etc.). We also increased our presence at community events, schools, and conferences.

21. Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

☐ Yes

☒ No

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7: "Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2021	Number of children enrolled in FFY 2022	Percent change
Medicaid Expansion CHIP	105,390	106,466	1.021%
Separate CHIP	99,306	95,403	-3.93%

1. If you had more than a 3% percent change from last year, what are some possible reasons why your enrollment numbers changed?

Due to the COVID Public Health Emergency (PHE), Medicaid did not cancel enrollees' coverage. This reduced the number of enrollees that would migrate from Medicaid unless by request, move out of state, or death.

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey. Due to the impacts of the COVID-19 PHE on collection of ACS data, the Census Bureau did not release standard one-year ACS estimates in 2020 and that row is intentionally left blank.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2013	Not Available	Not Available	Not Available	Not Available
2014	Not Available	Not Available	Not Available	Not Available
2015	24,000	4,000	2.1%	0.3%
2016	20,000	3,000	1.7%	0.3%
2017	21,000	4,000	1.8%	0.3%
2018	25,000	4,000	2.2%	0.4%
2019	22,000	3,000	2%	0.3%
2020	Not Available	Not Available	Not Available	Not Available
2021	26,000	4,000	2.2%	0.4%

Percent change between 2019 and 2021
10.00%

1. What are some reasons why the number and/or percent of uninsured children has changed?

CHIP does not know the reason, but will focus outreach efforts in uninsured counties in order to address this concern.

2. Are there any reasons why the American Community Survey estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

☐ Yes

☒ No

3. Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

☐ Yes

☒ No

4. Is there anything else you'd like to add about your enrollment and uninsured data?

No.

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

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Program Outreach

1. Have you changed your outreach methods in the last federal fiscal year?

☒ Yes

1a. What are you doing differently?

ALL Kids contracted with a local marketing firm to conduct a media campaign in FY2022. The campaign utilized digital marketing strategies including targeted display ads, geofencing, and Facebook social media. Efforts of the campaign were aimed at targeting the uninsured, parents of children ages 0 - 18, and those within specified geographic locations who electronically searched key terms such as insurance or healthcare coverage. Effectiveness of the digital campaign was measured by the click through rate of the ads served to the target audience. Other FY22 outreach efforts include two billboard campaigns in February and July in some of the larger cities in Alabama. Because of COVID restrictions of in-person events, outreach workers launched a mass email campaign with the goal of reaching schools across the state to offer program brochures, posters, and applications. This partnership with school personnel, including a focus on coaches and athletic personnel within the schools, enables school systems to educate parents and caregivers about the importance of insurance coverage for children. This campaign resulted in a mass mailout of program materials statewide. The school systems are now better equipped on assisting parents and caregivers on how to apply for and utilize coverage for their children's healthcare needs. ALL Kids also began creating and posting time sensitive and topic content information quarterly on Facebook. Some of the relevant topics posted include back to school messages, messages related to cold and flu season, and other common healthcare needs of children under age 19. This Facebook link was emailed to schools across the state and the program requested they share the posts on their schools Facebook page. Posts were shared not only by the school contacts as requested but also by school counselors and even one town mayor. Outreach staff resumed attending in-person events in March 2022 and have diligently worked to provide coverage of children oriented events, such as school and agency health fairs/ conferences to provide education to our partners and communities in areas in proximity of their base locations. State level outreach staff has resumed representing ALL Kids at professional association conferences. One very fruitful conference was the MEGA Conference conducted by the Alabama Department of Education. 3,000 plus Alabama educators attend

this event annually. ALL Kids made great contacts at this event and has mailed out thousands of brochures to school contacts who have passed them on to families in Alabama.

☐ No

2. Are you targeting specific populations in your outreach efforts?
For example: minorities, immigrants, or children living in rural areas.

☒ Yes

2a. Have these efforts been successful? How have you measured the effectiveness of your outreach efforts?

Yes, as mentioned above, methods used in the marketing campaign were targeting the uninsured, parents of kids ages 0-18, those who searched health insurance, etc. The target area strategy each month was 100 schools and other attractions in Alabama that target the aforementioned populations. The target population focus was on counties with higher median incomes that are in range to qualify for ALL Kids. Effectiveness was measured by the "click through" rate. ALL Kids outreach workers targeted staff in school systems in the email campaign and began attending in-person events held by schools and other agencies that provide services to children aged 0-18 in Alabama. We do feel these efforts have been successful just by the response of Alabama educators in the school email campaign. While some didn't respond, many did. The email campaign by outreach workers resulted in a significant mail out to schools who, as a result of having received the email, requested brochures, posters and applications to give to their school families. There has also been a very good response by schools of sharing ALL Kids Facebook posts. We are not able to measure effectiveness of the campaign by gauging enrollment, as the Public Health Emergency has kept some who now may qualify for ALL Kids on Medicaid. For the unborn coverage program, targeted outreach was conducted to reach those who are otherwise ineligible for coverage by utilizing enrollee health messaging specific to trimester pregnancy needs, worked with community partners, and provided provider education. As a result, the program has experienced better than expected enrollment and utilization of benefits.

☐ No

3. What methods have been most effective in reaching low-income, uninsured children?

For example: TV, school outreach, or word of mouth.

We are unsure which method has been the most effective as we are unable to measure increased enrollment rates due to the ongoing Public Health Emergency. We can state that the email campaign by outreach workers and in-person conference attendance resulted in a significant number of requests for brochures, posters and applications. There has also been a very good response by schools in sharing the quarterly ALL Kids Facebook posts and some have put ALL Kids information on their websites. Our unborn coverage program, ALL Babies has seen an increase in enrollment due to word of mouth among our members and community partners.

4. Is there anything else you'd like to add about your outreach efforts?

The past year has been a very exciting time for outreach and education at ALL Kids. There has been no formal marketing campaign at ALL Kids in many years, and outreach workers have only been brought back into the program in the last few years. The marketing campaign offered a different approach. We are extremely pleased to know digital ads are being delivered to our targeted audience on their phones and other devices. We look forward to building on this campaign in the future. Outreach workers made great strides in increasing awareness of the program, even in the throes of the COVID pandemic. During this time, we strategized and came up with ways to get our message out via email and social media.

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

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Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1. Do you track the number of CHIP enrollees who have access to private insurance?

☐ Yes

☒ No

☐ N/A

2. Do you match prospective CHIP enrollees to a database that details private insurance status?

☒ Yes

2a. Which database do you use?

BCBS of AL enrollment database

☐ No

☐ N/A

3. What percent of applicants screened for CHIP eligibility cannot be enrolled because they have group health plan coverage?

3.99

%

4. If you have a Separate CHIP program, do you require individuals to be uninsured for a minimum amount of time before enrollment ("the waiting period")?

☐ Yes

☒ No

☐ N/A

5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting these data?

No.

6. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1. Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

☐ Yes

☒ No

☐ N/A

2. In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

☐ Yes

☒ No

3. Do you send renewal reminder notices to families?

☒ Yes

3a. How many notices do you send to families before disenrolling a child from the program?

2

3b. How many days before the end of the eligibility period did you send reminder notices to families?

At 60 days before the renewal date and again at 30 days

☐ No

4. What else have you done to simplify the eligibility renewal process for families?

In addition to mailing pre-printed renewals, families have the option to renew online, by phone or by fax. AL uses the RRV automated renewal process using federal HUB data for renewals. The state also accepts determinations from the Federally Facilitated Exchange (FFE) for renewals. AL uses the no wrong door approach in that staff at the Alabama Medicaid Agency or Alabama Department of Public Health can process a renewal application and award ALL Kids or Medicaid.

5. Which retention strategies have you found to be most effective?

While ALL Kids has not conducted an evaluation to determine which strategy is the most effective, implementation of the automated redetermination process (RRV) is likely the most effective retention strategy employed by our state. Anecdotal information shows that offering families the option to pay ALL Kids premiums at anytime during the coverage period is also effective. The online application is also a convenient method for completing renewals.

6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?

ALL Kids has not conducted an evaluation to measure the effectiveness of a retention strategy.

7. Is there anything else you'd like to add that wasn't already covered?

No

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2022?

Don't include applicants being considered for redetermination - these data will be collected in Part 3.

4816

2. How many applicants were denied CHIP coverage for procedural reasons?

For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

241

3. How many applicants were denied CHIP coverage for eligibility reasons?
For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.

4575

3a. How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

517

4. How many applicants were denied CHIP coverage for other reasons?

0

5. Did you have any limitations in collecting these data?

Alabama uses the single streamlined application and therefore is not able to report denials for other reasons.

Table: CHIP Eligibility Denials (Not Redetermination)

This table is auto-populated with the data you entered above.

	Percent
Total denials	100%
Denied for procedural reasons	5%
Denied for eligibility reasons	95%
Denials for other reasons	0%

Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1. How many children were eligible for redetermination in CHIP in FFY 2022?

134104

2. Of the eligible children, how many were then screened for redetermination?

122600

3. How many children were retained in CHIP after redetermination?

107339

4. How many children were disenrolled in CHIP after the redetermination process?
This number should be equal to the total of 4a, 4b, and 4c below.

15255

4a. How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

1396

4b. How many children were disenrolled for eligibility reasons?

This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

13259

4c. How many children were disenrolled for other reasons?

600

5. Did you have any limitations in collecting these data?

No.

Table: Redetermination in CHIP

These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	87.55%
Children disenrolled after redetermination	12.44%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	9.15%
Children disenrolled for eligibility reasons	86.92%
Children disenrolled for other reasons	3.93%

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year

changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1. How many children were eligible for redetermination in Medicaid in FFY 2022?

403984

2. Of the eligible children, how many were then screened for redetermination?

395406

3. How many children were retained in Medicaid after redetermination?

372087

4. How many children were disenrolled in Medicaid after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

23319

4a. How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

<11

4b. How many children were disenrolled for eligibility reasons?

This could be due to an income that was too high and/or eligibility in CHIP instead.

23218

4c. How many children were disenrolled for other reasons?

91

5. Did you have any limitations in collecting these data?

Part 4 Question 4: The data indicates the children remained enrolled in coverage but under a different funding source.

Table: Redetermination in Medicaid

These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	94.1%
Children disenrolled after redetermination	5.9%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	0.4%
Children disenrolled for eligibility reasons	99.57%
Children disenrolled for other reasons	0.39%

Part 5: Tracking a CHIP cohort over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2022 (the second quarter of FFY 2022). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of

the 18-month tracking period.

You'll identify a new cohort every two years. This year you'll report on the number of children at the start of the cohort (Jan - Mar 2022) and six months later (July - Sept 2022). Next year you'll report numbers for the same cohort at 12 months (Jan - Mar 2023) and 18 months later (July - Sept 2023). If data are unknown or unavailable, leave it blank - don't enter a zero unless these data are known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2022. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2022 must be born after January 2006. Similarly, children who are newly enrolled in February 2022 must be born after February 2006, and children newly enrolled in March 2022 must be born after March 2006.

1. How does your state define "newly enrolled" for this cohort?

☒ Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in CHIP in December 2021.

☐ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in CHIP or Medicaid in December 2021.

2. Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

☒ Yes

☐ No

January - March 2022 (start of the cohort)

3. How many children were newly enrolled in CHIP between January and March 2022?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

908

1636

4521

4204

July - September 2022 (6 months later)

4. How many children were continuously enrolled in CHIP six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

896

1611

4337

3870

5. How many children had a break in CHIP coverage but were re-enrolled in CHIP six months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

<11

<11

132

269

6. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

0

0

<11

7. How many children were no longer enrolled in CHIP six months later?

Possible reasons for no longer being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

11

25

184

333

8. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid six months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

<11

114

60

9. Is there anything else you'd like to add about your data?

No.

January - March 2023 (12 months later): to be completed next year
Next year you'll report data about your cohort for this section.

10. How many children were continuously enrolled in CHIP 12 months later?
Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

11. How many children had a break in CHIP coverage but were re-enrolled in CHIP 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

12. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

13. How many children were no longer enrolled in CHIP 12 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

14. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2023 (18 months later): to be completed next year

Next year you'll report data about your cohort for this section.

15. How many children were continuously enrolled in CHIP 18 months later?
Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

16. How many children had a break in CHIP coverage but were re-enrolled in CHIP 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

17. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

18. How many children were no longer enrolled in CHIP 18 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

19. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

20. Is there anything else you'd like to add about your data?

No.

Part 6: Tracking a Medicaid Cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2022 (the second quarter of FFY 2022). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This year you'll report the number of children identified at the start of the cohort (Jan-Mar 2022) and six months later (July-Sept 2022). Next year you'll report numbers for the same cohort at 12 months (Jan-Mar 2023) and 18 months later (July-Sept 2023). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2022. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2022 must be born after January 2006. Similarly, children who are newly enrolled in February 2022 must be born after February 2006, and children newly enrolled in March 2022 must be born after March 2006.

1. How does your state define "newly enrolled" for this cohort?

☒ Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in Medicaid in December 2021.

☐ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in CHIP or Medicaid in December 2021.

2. Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

☒ Yes

☐ No

January - March 2022 (start of the cohort)

3. How many children were newly enrolled in Medicaid between January and March 2022?

Ages 0-1

10133

Ages 1-5

2764

Ages 6-12

3392

Ages 13-16

1620

July - September 2022 (6 months later)

4. How many children were continuously enrolled in Medicaid six months later? Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1

9839

Ages 1-5

2652

Ages 6-12

3265

Ages 13-16

1343

5. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid six months later?

Ages 0-1

265

Ages 1-5

97

Ages 6-12

108

Ages 13-16

231

6. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

47

<11

<11

<11

7. How many children were no longer enrolled in Medicaid six months later?

Possible reasons for no longer being enrolled:

- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

247

104

124

275

8. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP six months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

<11

34

32

9. Is there anything else you'd like to add about your data?

No.

January - March 2023 (12 months later): to be completed next year
Next year, you'll report data about your cohort for this section.

10. How many children were continuously enrolled in Medicaid 12 months later?
Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

11. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

12. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

13. How many children were no longer enrolled in Medicaid 12 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

14. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2023 (18 months later): to be completed next year
Next year you'll report data about your cohort for this section.

15. How many children were continuously enrolled in Medicaid 18 months later?
Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

16. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

17. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

18. How many children were no longer enrolled in Medicaid 18 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

19. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

20. Is there anything else you'd like to add about your data?

No.

Cost Sharing (Out-of-Pocket Costs)

States can choose whether or not to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles, coinsurance, and copayments.

1. Does your state require cost sharing?

☒

Yes

☐

No

2. Who tracks cost sharing to ensure families don't pay more than the 5% aggregate household income in a year?

☒ Families ("the shoebox method")

2a. What information or tools do you provide families with so they can track cost sharing?

Families are informed at enrollment that they have an out-of-pocket maximum of 5% of the family income as reported on the most recent application. The family is advised that should the annual out of pocket expenses approach this maximum, receipts for expenses should be sent to ALL Kids administrative office.

☐ Health plans

☐ States

☐ Third party administrator

☐ Other

3. How are healthcare providers notified that they shouldn't charge families once families have reached the 5% cap?

Providers may access online benefit information for enrollees to obtain cost-sharing information. Additionally, enrollees who meet the out-of-pocket expense maximum are issued new insurance cards on which the words "No-Fee" are printed.

4. Approximately how many families exceeded the 5% cap in the last federal fiscal year?

0

5. Have you assessed the effects of charging premiums and enrollment fees on whether eligible families enroll in CHIP?

☐ Yes

☒ No

6. Have you assessed the effects of charging copayments and other out-of-pocket fees on whether enrolled families use CHIP services?

☐ Yes

☒ No

8. Is there anything else you'd like to add that wasn't already covered?

No

9. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Employer Sponsored Insurance and Premium Assistance

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1. Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

☐ Yes

☒ No

Program Integrity

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1. Do you have a written plan with safeguards and procedures in place for the prevention of fraud and abuse cases?

☒ Yes

☐ No

2. Do you have a written plan with safeguards and procedures in place for the investigation of fraud and abuse cases?

☒ Yes

☐ No

3. Do you have a written plan with safeguards and procedures in place for the referral of fraud and abuse cases?

☒ Yes

☐ No

4. What safeguards and procedures are in place for the prevention, investigation, and referral of fraud and abuse cases?

Complaints of fraud and abuse in the applicant enrollment process are addressed on a case by case basis, as these occur very infrequently and usually each case has its own unique circumstances. When a case is referred to ALL Kids, the complaint is received and initial, internal research on the applicant or enrollee is conducted by the ALL Kids Program Operations Unit. This research is conducted within a ten business day time period. Some suspected fraud and abuse cases are subject to a committee type review by the Director of Program Operations and Professional Services Division, Director of Program Services, and/or the Deputy Director. The office of ADPH General Counsel is involved as needed.

5. Do the Managed Care plans contracted by your Separate CHIP program have written plans with safeguards and procedures in place?

☐ Yes

☐ No

☒ N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2022?

0

7. How many cases have been found in favor of the beneficiary in FFY 2022?

0

8. How many cases related to provider credentialing were investigated in FFY 2022?

0

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2022?

0

10. How many cases related to provider billing were investigated in FFY 2022?

13

11. How many cases were referred to appropriate law enforcement officials in FFY 2022?

0

12. How many cases related to beneficiary eligibility were investigated in FFY 2022?

0

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2022?

0

14. Does your data for Questions 8-13 include cases for CHIP only or for Medicaid and CHIP combined?

☒ CHIP only

☐ Medicaid and CHIP combined

15. Do you rely on contractors for the prevention, investigation, and referral of fraud and abuse cases?

☒ Yes

15a. How do you provide oversight of the contractors?

Written complaints of fraud and abuse in the applicant enrollment process are addressed by the ALL Kids Program Operations Unit. However, for the provider sector, ALL Kids contracts with BCBS AL, its sole health plan administrator, to prevent fraud and abuse, and investigate cases of suspected fraud and abuse. Monthly meetings are held with the contractor where issues are discussed.

☐ No

16. Do you contract with Managed Care health plans and/or a third party contractor to provide this oversight?

☐ Yes

☒ No

17. Is there anything else you'd like to add that wasn't already covered?

No.

18. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Dental Benefits

Tell us about the children receiving dental benefits in your Separate CHIP program. Include children who are receiving full benefits and those who are only receiving supplemental dental benefits. Include the unduplicated number of children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Note on age groups

Children should be in age groups based on their age on September 30th, the end of the federal fiscal year (FFY). For example, if a child turns three years old on September 15th, the child should be included in the "ages 3-5" group. Even if the child received dental services on September 1st while they were still two years old, all dental services should be counted as their age at the end of the FFY.

1. Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-18 years) instead.

☒

Yes

☐

No

2. How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2022?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
2342	7151	12606	18322	23281	18233

3. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2022?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
49	2049	8034	13757	16640	11351

Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

4. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2022?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
40	1860	7896	13671	16557	11279

Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim. All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

5. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2022?

This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
32	99	1816	5989	5954	4946

Dental treatment service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6. How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2022?

3769

Sealant codes and definitions

The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7. Do you provide supplemental dental coverage?

☐

Yes

☒

No

8. Is there anything else you'd like to add about your dental benefits? If you weren't able to provide data, let us know why.

No

9. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction. For the 2022 CARTS report, the only option for reporting CAHPS results will be through the submission of raw data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database.

1. Did you collect the CAHPS survey?

☒ Yes

1a. Did you submit your CAHPS raw data to the AHRQ CAHPS database?
Please note this is a requirement for FFY 2022.

☒ Yes

☐ No

☐ No

Part 2: You didn't collect the CAHPS survey

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section.
States can use up to 10% of the total computable amount of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act, 42 CFR 457.10 and 457.618.] States may only claim HSI expenditures after funding other costs to administer their CHIP State Plan.

1. Does your state operate Health Services Initiatives using CHIP (Title XXI) funds?
Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

☒ Yes

☐ No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

Reducing Infant Mortality Health Services Initiative

2. Are you currently operating the HSI program, or plan to in the future?

☒ Yes

☐ No

3. Which populations does the HSI program serve?

High risk pregnant and post-delivery women as well as unborn babies in the three-county area of Macon, Montgomery, and Russell counties.

4. How many children do you estimate are being served by the HSI program?

168

5. How many children in the HSI program are below your state's FPL threshold?

168

Computed: 100%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

a. increase in the % of pregnant enrollees who received *care in the first trimester of pregnancy. *care is defined as enrollment in care coordination services. b. increase in the % of women and children obtaining WIC services. c. increase in the % of parents receiving safe sleep education (baby placed on back or side, sleeping in own crib) d. increase in the % of parents receiving dental home education for children. e. decrease in the rate of low birthweight births. f. decrease in the rate of infant deaths.

7. What outcomes have you found when measuring the impact?

a. Pregnant enrollees who received care in the first trimester of pregnancy=17.86%. b. Women obtaining WIC services =23.81%, Children obtaining WIC services = 72.55%. c. Parents receiving safe sleep education = 100%. d. Parents receiving dental home education = 50.60%. e. Low birthweight births = 2.94%. f. Rate of infant deaths = data has been requested but is not available as of the time of this report.

8. Is there anything else you'd like to add about this HSI program?

No.

9. Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. What is the name of your HSI program?

Postpartum Coverage Health Services Initiative for ALL Babies

2. Are you currently operating the HSI program, or plan to in the future?

☒ Yes

☐ No

3. Which populations does the HSI program serve?

Women who are prenatally enrolled in the Reducing Infant Mortality Conception to Birth program known as ALL Babies in Macon, Montgomery, and Russell counties.

4. How many children do you estimate are being served by the HSI program?

408

5. How many children in the HSI program are below your state's FPL threshold?

408

Computed: 100%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Number of mothers of high risk, low income children who received services during the postpartum period of eligibility.

7. What outcomes have you found when measuring the impact?

406 live birth deliveries occurring between *October 1, 2021 - July 31, 2022 to ALL Babies enrollees. 165 enrollees accessed services during the postpartum period of eligibility. Baseline measure = 40% *reporting period for this report is from inception of the postpartum HSI implementation through the end of the FY22.

8. Is there anything else you'd like to add about this HSI program?

Access to full coverage healthcare for mothers during the postpartum period substantially improves the physical, social, and emotional health of low income children by making their mothers better able to care for the needs of their newborn babies. The program has implemented a variety of education and outreach strategies aimed at broadening the knowledge of the benefit of this HSI among this enrollee population. These strategies have included culturally appropriate channels of communication with both enrollees and the provider community.

9. Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another HSI Program in this list?

Optional

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different.

Objective 1 is required. We've provided examples for other objectives, but you can

edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal.

For example: In an effort to reduce the number of uninsured children, our goal is to increase enrollment by 1.5% annually until the state achieves 90% enrollment of all eligible children in the CHIP program.

The percentage of low-income uninsured children will be maintained at, less than, or equal to 4% of all children in AL.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

The number of children less than 19 years of age in Alabama below 300% FPL who are uninsured.

4. Numerator (total number)

35031

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total estimated number of children eligible for CHIP within the state in the last federal fiscal year.

The number of children less than 19 years of age in Alabama.

6. Denominator (total number)

1163337

Computed: 3.01%

7. What is the date range of your data?

Start

mm/yyyy

01

/

2021

End

mm/yyyy

12

/

2021

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☒ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The percentage of uninsured children in the ALL Kids income range is less than 4%, thus the goal has been maintained at 3.01%.

10. What are you doing to continually make progress towards your goal?

ALL Kids has enhanced outreach efforts.

11. Anything else you'd like to tell us about this goal?

No.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. Briefly describe your goal.

For example: In an effort to reduce the number of uninsured children, our goal is to increase enrollment by 1.5% annually until the state achieves 90% enrollment of all eligible children in the CHIP program.

The percentage of low-income uninsured children in Medicaid's income eligibility range will be maintained at less than or equal to 6%.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

The number of children less than 19 years of age in Alabama below 137% FPL who are uninsured.

4. Numerator (total number)

18418

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total estimated number of children eligible for CHIP within the state in the last federal fiscal year.

The number of children less than 19 years of age in Alabama who are below 137% FPL.

6. Denominator (total number)

358750

Computed: 5.13%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

12 / 2021

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☒ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The percentage of uninsured children in the Medicaid income range is less than 6%, thus the goal has been maintained at 5.13%.

10. What are you doing to continually make progress towards your goal?

ALL Kids has enhanced outreach efforts to reach the uninsured.

11. Anything else you'd like to tell us about this goal?

No.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. Briefly describe your goal.

For example: In an effort to reduce the number of uninsured children, our goal is to increase enrollment by 1.5% annually until the state achieves 90% enrollment of all eligible children in the CHIP program.

CHIP Population Uninsured--The percentage of uninsured children in the ALL Kids income eligibility range will be maintained at less than, or equal to 6%.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

The number of children less than 19 years of age in AL below 300% to 137% FPL and uninsured.

4. Numerator (total number)

16613

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total estimated number of children eligible for CHIP within the state in the last federal fiscal year.

The number of children less than 19 years of age in AL below 300% to 137% FPL.

6. Denominator (total number)

362901

Computed: 4.58%

7. What is the date range of your data?

Start

mm/yyyy

01

/

2021

End

mm/yyyy

12

/

2021

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☒ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The percentage of uninsured in the ALL Kids range is less than 6%, thus the goal has been maintained at 4.58%.

10. What are you doing to continually make progress towards your goal?

ALL Kids has enhanced outreach efforts in order to reach the uninsured.

11. Anything else you'd like to tell us about this goal?

No.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective so it matches what's in your CHIP State Plan.

Increase access to care

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase access to care for underserved populations, our goal is to increase the number of children of Hispanic ethnicity who have visited a primary care physician by 5% annually over the next five years (ending in 2028).

Access to Physicians--2 or more physicians within 20 miles of the place of residence for at least 95% of ALL Kids enrollees.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children of Hispanic ethnicity enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The number of ALL Kids enrollees who have 2 or more network physicians available within 20 miles of their place of residence.

4. Numerator (total number)

70923

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children of Hispanic ethnicity enrolled in CHIP in the last federal fiscal year.

The number of ALL Kids population enrollees within a verified place of residence in AL.

6. Denominator (total number)

71025

Computed: 99.86%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2021

End

mm/yyyy

09 / 2022

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☒ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The goal of this measure was exceeded. It increased from 99.8% to 99.9%

10. What are you doing to continually make progress towards your goal?

Monthly meetings with BCBS AL staff provide ALL Kids with the opportunity to address provider issues when needed.

11. Anything else you'd like to tell us about this goal?

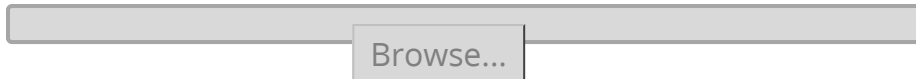
No.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).



1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase access to care for underserved populations, our goal is to increase the number of children of Hispanic ethnicity who have visited a primary care physician by 5% annually over the next five years (ending in 2028).

Urban Access to Dental Care--For at least 95% of those residing in an urban area to have access to two or more dentists within ten miles of their residence

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children of Hispanic ethnicity enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The number of ALL Kids enrollees that have two or more dentists within 10 miles of enrollees with an urban residence.

4. Numerator (total number)

950

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children of Hispanic ethnicity enrolled in CHIP in the last federal fiscal year.

The number of ALL Kids enrollees with a residence verified within an urban area.

6. Denominator (total number)

950

Computed: 100%

7. What is the date range of your data?

Start

mm/yyyy

10

/

2021

End

mm/yyyy

09

/

2022

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☒ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The goal of this measure was exceeded at 100%.

10. What are you doing to continually make progress towards your goal?

Monthly meetings with BCBS AL staff provide ALL Kids with the opportunity to address provider issues when needed.

11. Anything else you'd like to tell us about this goal?

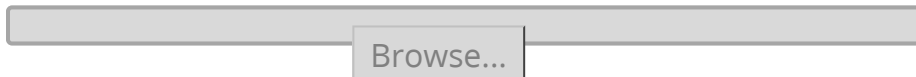
No.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

A file upload interface consisting of a long, light gray rectangular bar. Centered on this bar is a smaller, slightly darker gray button with the text "Browse..." in a standard sans-serif font.

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase access to care for underserved populations, our goal is to increase the number of children of Hispanic ethnicity who have visited a primary care physician by 5% annually over the next five years (ending in 2028).

Suburban Access to Dental Care--For at least 95% of those residing in a suburban area to have access to two or more dentists within 15 miles of their residence

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children of Hispanic ethnicity enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The number of ALL Kids enrollees that have two or more dentists within 15 miles of enrollees with a suburban residence.

4. Numerator (total number)

8374

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children of Hispanic ethnicity enrolled in CHIP in the last federal fiscal year.

The number of ALL Kids enrollees with a residence verified within a suburban area.

6. Denominator (total number)

8380

Computed: 99.93%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2021

End

mm/yyyy

09 / 2022

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☒ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The goal of this measure was exceeded at 100%.

10. What are you doing to continually make progress towards your goal?

Monthly meetings with BCBS AL staff provide ALL Kids with the opportunity to address provider issues when needed.

11. Anything else you'd like to tell us about this goal?

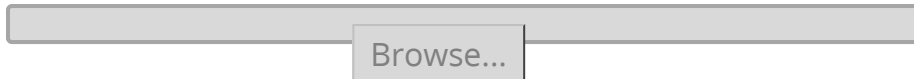
No.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).



1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase access to care for underserved populations, our goal is to increase the number of children of Hispanic ethnicity who have visited a primary care physician by 5% annually over the next five years (ending in 2028).

Rural Access to Dental Care--For at least 95% of those residing in a rural area to have access to at least one dentist within 25 miles of their residence

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children of Hispanic ethnicity enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The number of ALL Kids enrollees that have at least one dentist within 25 miles of enrollee with a rural residence.

4. Numerator (total number)

61695

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children of Hispanic ethnicity enrolled in CHIP in the last federal fiscal year.

The number of ALL Kids enrollees with a residence verified within a rural area.

6. Denominator (total number)

61695

Computed: 100%

7. What is the date range of your data?

Start

mm/yyyy

10

/

2021

End

mm/yyyy

09

/

2022

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☒ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The goal was met. It increased from 99.77% to 100% of enrollees with a rural residence have at least one dentist within 25 miles.

10. What are you doing to continually make progress towards your goal?

Monthly meetings with BCBS AL staff provide ALL Kids with the opportunity to address provider issues when needed.

11. Anything else you'd like to tell us about this goal?

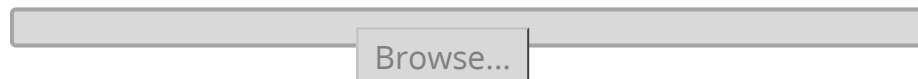
No.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

A horizontal gray bar representing a file upload area. In the center of the bar is a small, light gray button with the text "Browse..." in a dark gray font.

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase access to care for underserved populations, our goal is to increase the number of children of Hispanic ethnicity who have visited a primary care physician by 5% annually over the next five years (ending in 2028).

Children Access to Primary Care Physicians--At least 90% of children and adolescents who have had no more than one gap in enrollment will have at least one primary care physician visit annually.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children of Hispanic ethnicity enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The number of enrollees that had at least one annual visit with their primary care physician with no more than one enrollment gap and aged 1-19.

4. Numerator (total number)

57707

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children of Hispanic ethnicity enrolled in CHIP in the last federal fiscal year.

The number of ALL Kids enrollees that were continuously enrolled with no more than one gap for less than 45 days and between the ages of 1-19.

6. Denominator (total number)

60056

Computed: 96.09%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2021

End

mm/yyyy

09 / 2022

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☒ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The percentage increased on this goal from 69.63% to 96%.

10. What are you doing to continually make progress towards your goal?

Monthly meetings with BCBS AL staff provide ALL Kids with the opportunity to address provider issues when needed.

11. Anything else you'd like to tell us about this goal?

No.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective to match what's in your CHIP State Plan.

Increase the use of preventive care

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase the use of preventive care in rural communities, our goal is to increase the number of rural children who receive one or more well child visits by 5% annually until relative utilization is equivalent to all other CHIP populations within the state.

Doctor Communication on Prevention--At least 95% of total CAHPS survey respondents reported that their primary care physician usually, or always, explained their health in a way that was easy to understand

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of rural children who received one or more well child visits in the last federal fiscal year.

The number of ALL Kids enrollees, aged less than 19 years, that participated in the CAHPS survey and answered affirmatively that their doctor usually, or always, communicated their child's health during an office visit and were continuously enrolled for 12 months.

4. Numerator (total number)

478

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of rural children enrolled in CHIP.

The number of ALL Kids enrollees continuously enrolled for 12 months, aged less than 19 years, that participated in the CAHPS survey and answered the corresponding doctor communication question for this goal.

6. Denominator (total number)

493

Computed: 96.96%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

06 / 2022

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☒ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

The goal was maintained at 97%.

10. What are you doing to continually make progress towards your goal?

The administration of the CAHPS Survey occurs each year and its results reviewed annually by ALL Kids staff and plan administrator to discuss opportunities for improvement.

11. Anything else you'd like to tell us about this goal?

No.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase the use of preventive care in rural communities, our goal is to increase the number of rural children who receive one or more well child visits by 5% annually until relative utilization is equivalent to all other CHIP populations within the state.

Getting Needed Care--At least 95% of total CAHPS survey respondents reported that it was usually, or always, easy to get access to care, test, or treatments within the last six months

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of rural children who received one or more well child visits in the last federal fiscal year.

The number of enrollees' families reported that it was usually, or always easy to get access to care, test, or treatments within the last 6 months on the CAHPS Survey and were continuously enrolled for 12 months.

4. Numerator (total number)

505

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of rural children enrolled in CHIP.

The number of enrollees that responded to the question that corresponds to this goal on the CAHPS Survey and were continuously enrolled for 12 months.

6. Denominator (total number)

548

Computed: 92.15%

7. What is the date range of your data?

Start

mm/yyyy

01

/

2022

End

mm/yyyy

06

/

2022

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☒ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

This goal was not met. It decreased from 95% to 92%.

10. What are you doing to continually make progress towards your goal?

The administration of the CAHPS Survey occurs each year and its results reviewed annually by ALL Kids staff and plan administrator to discuss opportunities for improvement.

11. Anything else you'd like to tell us about this goal?

No.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase the use of preventive care in rural communities, our goal is to increase the number of rural children who receive one or more well child visits by 5% annually until relative utilization is equivalent to all other CHIP populations within the state.

Annual Dental Visits--At least 75% of enrollees, between the ages of 2 of 19 had at least one dental visit during the year.

2. What type of goal is it?

- ☐ New goal
- ☒ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of rural children who received one or more well child visits in the last federal fiscal year.

The number of enrollees, between the ages of 2 and 19 had at least one dental visit during the year.

4. Numerator (total number)

40580

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of rural children enrolled in CHIP.

The separate CHIP population between the ages of 2 and 19 in 2021.

6. Denominator (total number)

53619

Computed: 75.68%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

12 / 2021

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☒ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

Th goal was met. It increased from 71.1% to 76%.

10. What are you doing to continually make progress towards your goal?

This is a HEDIS quality measure calculated by BCBS AL. ALL Kids has monthly meetings with BCBS AL staff which provide the opportunity to address provider issues and needs for improvement.

11. Anything else you'd like to tell us about this goal?

No.

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal as it relates to this objective.

2. What type of goal is it?

- ☐ New goal
- ☐ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

End

mm/yyyy

 /

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal as it relates to this objective.

2. What type of goal is it?

- ☐ New goal
- ☐ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

End

mm/yyyy

 /

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal as it relates to this objective.

2. What type of goal is it?

- ☐ New goal
- ☐ Continuing goal
- ☐ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

 /

End

mm/yyyy

 /

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Do you have another Goal in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

The Core Set of Children's Health Care Quality Measures (Child Core Set) provides national and state-level snapshots of the quality of care provided to children in Medicaid and the Children's Health Insurance Program (CHIP). It is also used as a tool for driving improvements in quality by identifying best practices and lessons learned for sharing across states. For FFY 2021 reporting, Alabama reported all 23 Child Core Set measures. For more information on outcomes and key characteristics, please refer to the following website: <https://www.medicaid.gov/state-overviews/stateprofile.html?state=alabama>. Reports from the Health Services Initiative will provide data on WIC usage, low birthweight, and infant sleeping practices in selected counties will be obtained.

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will these data become available?

No.

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, behavioral health services access, health care equity, special health care needs, or other emerging health care needs.) What have you discovered through this research?

Each year, ALL Kids contracts with the University of Alabama Birmingham (UAB) for special studies on ALL Kids' population. ALL Kids continues to discover valuable information that is pursued as programmatic decisions are made.

4. Optional: Attach any additional documents here.

For example: studies, analyses, or any other documents that address your performance goals.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Tell us how much you spent on your CHIP program in FFY 2022, and how much you anticipate spending in FFY 2023 and 2024.

Part 1: Benefit Costs

Combine your costs for both Medicaid Expansion CHIP and Separate CHIP programs into one budget.

1. How much did you spend on Managed Care in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$

\$

\$

2. How much did you spend on Fee for Service in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$ 453,069,414

\$ 546,173,392

\$ 595,485,340

3. How much did you spend on anything else related to benefit costs in FFY 2022?
How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$

\$

\$

4. How much did you receive in cost sharing from beneficiaries to offset your costs in
FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$ 5,166,207

\$ 6,600,000

\$ 6,600,000

Table 1: Benefits Costs

This table is auto-populated with the data you entered above.

	FFY 2022	FFY 2023	FFY 2024
Managed Care			
Fee for Service	453069414	546173392	595485340
Other benefit costs			
Cost sharing payments from beneficiaries	5166207	6600000	6600000
Total benefit costs	458235621	552773392	602085340

Part 2: Administrative Costs

1. How much did you spend on personnel in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

This includes wages, salaries, and other employee costs.

2022

\$ 4,707,754

2023

\$ 6,384,170

2024

\$ 6,500,000

2. How much did you spend on general administration in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$ 3,197,182

\$ 3,875,354

\$ 4,262,889

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$

\$

\$

4. How much did you spend on claims processing in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$

\$

\$

5. How much did you spend on outreach and marketing in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$ 441,713

\$ 794,500

\$ 874,000

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$ 168,000

\$ 610,000

\$ 700,000

7. How much did you spend on anything else related to administrative costs in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022

2023

2024

\$ 631,554

\$ 1,229,312

\$ 1,352,243

Table 2: Administrative Costs

This table is auto-populated with the data you entered above.

Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

	FFY 2022	FFY 2023	FFY 2024
Personnel	4,707,754	6384170	6500000
General administration	3,197,182	3875354	4262889
Contractors and brokers			
Claims processing			
Outreach and marketing	441,713	794500	874000
Health Services Initiatives (HSI)	168000	610000	700,000
Other administrative costs	631554	1229312	1352243
Total administrative costs	Not Available	12893336	Not Available
10% administrative cap	49767023	59952599.11	65431704.44

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.

This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

	FFY 2022	FFY 2023	FFY 2024
Total program costs	457049410	552466728	602574472
eFMAP	80.66	80.7	81.18
Federal share	368656054.11	445840649.5	489169956.37
State share	88393355.89	106626078.5	113404515.63

8. What were your state funding sources in FFY 2022?

Select all that apply.

☒

State appropriations

☐

County/local funds

☐

Employer contributions

☐

Foundation grants

☐

Private donations

☒

Tobacco settlement

☐

Other

9. Did you experience a shortfall in federal CHIP funds this year?

☐

Yes

☒

No

Part 3: Managed Care Costs

Complete this section only if you have a managed care delivery system.

1. How many children were eligible for managed care in FFY 2022? How many do you anticipate will be eligible in FFY 2023 and 2024?

2022

2023

2024

\$

\$

\$

2. What was your per member per month (PMPM) cost based on the number of children eligible for managed care in FFY 2022? What is your projected PMPM cost for FFY 2023 and 2024?

Round to the nearest whole number.

2022

2023

2024

\$

\$

\$

	FFY 2022	FFY 2023	FFY 2024
PMPM cost			

Part 4: Fee for Service Costs

Complete this section only if you have a fee for service delivery system.

1. How many children were eligible for fee for service in FFY 2022? How many do you anticipate will be eligible in FFY 2023 and 2024?

2022

2023

2024

\$ 71,151

\$ 93,445

\$ 98,226

2. What was your per member per month (PMPM) cost based on the number of children eligible for fee for service in FFY 2022? What is your projected PMPM cost for FFY 2023 and 2024?

Round to the nearest whole number.

2022

2023

2024

\$ 290

\$ 273

\$ 286

	FFY 2022	FFY 2023	FFY 2024
PMPM cost	290	273	286

1. Is there anything else you'd like to add about your program finances that wasn't already covered?

Part 4 above is ALL Kids only and excludes MCHIP. Table 3: Federal and State Shares is not auto-populating the Total Program Cost accurately.

2. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

Alabama's political and fiscal environment remains conservative. The state's fiscal climate is lean with limited available dollars in the general fund to support many competing priorities. However, providing adequate funding for healthcare to low-income children and families remains a dominant priority for state lawmakers.

2. What's the greatest challenge your CHIP program has faced in FFY 2022?

Declining enrollment and the continuation of the PHE presents a great challenge for our program. Enrollment was expected to stabilize; however, in FY 2022 enrollment declined by 3100 recipients while MCHIP enrollment continues to grow. Significant reductions in staffing levels through attrition during the PHE are an area of concern for the program when the PHE does end.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2022?

ALL Kids continues to see growth in enrollment of the unborn program in three counties and anticipates expansion to 33 additional counties and eventually plans to provide coverage statewide. ALL Kids anticipates expanding coverage for pregnant women through a 12-month postpartum spa that is currently pending approval from CMS.

4. What changes have you made to your CHIP program in FFY 2022 or plan to make in FFY 2023? Why have you decided to make these changes?

ALL Kids is currently working on an HSI for the Alabama Department of Mental Health to increase workforce capacity around Infant and Early Childhood Mental Health Services for children from birth to 5 years of age. ALL Kids is currently working on a SPA for continued implementation and delivery for an Alabama Academy of Pediatricians project, Reach Out and Read. The project promotes early literacy, early learning and school readiness during routine pediatric primary care visits for children from birth to 5 years of age.

5. Is there anything else you'd like to add about your state's challenges and accomplishments?

In FY 2022 All Kids was able to expand outreach and retention efforts. ALL Kids outreach staff continued to ensure that uninsured children are aware of the program. The ALL-Kids program continues to implement a robust media campaign using digital marketing tactics across the state to reach the uninsured.

6. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

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