



# Alabama CARTS FY2020 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

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

4. Contact name:

Teela Sanders

5. Job title:

Director

6. Email:

teela.sanders@adph.state.al.us

7. Full mailing address:

Include city, state, and zip code.

Alabama Department of Public Health, CHIP PO Box 303017 Montgomery, AL  
36130

8. Phone number:

334-206-5568

#### 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 the 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.

N/A

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
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## **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

\$ 52



Premium ends at

\$ 104

☐ 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. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

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 women?

☐ 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.

On March 20, 2020 a policy update was added to allow extended coverage and not terminate unless requested, no longer a resident of Alabama, or death.

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. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

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 your Pregnant Women State Plan expansion?  
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 women?

☐ 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 extended renewals/redeterminations for 60 days during the months of April, May, and June due to the COVID emergency consistent with our existing disaster plan amendment. ALL Kids has added additional staff to enhance the Outreach and Retention efforts. These staff are currently providing outreach primarily in schools. A state plan amendment to waive cost-sharing related to COVID was implemented to remove charges for tests and treatment copays. The "Conception to Birth" SPA was approved in FY 2019, and the coverage for this SPA was implemented in FY 2020.

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.

<b>Program</b>	<b>Number of children enrolled in FFY 2019</b>	<b>Number of children enrolled in FFY 2020</b>	<b>Percent change</b>
<b>Medicaid Expansion CHIP</b>	104,233	101,207	-2.903%
<b>Separate CHIP</b>	115,690	108,874	-5.892%

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 Medicaid policy update in response to the COVID emergency, Medicaid is not canceling enrollees' coverage because of income changes. This has reduced the number of enrollees that would migrate from Medicaid to CHIP each month at their renewal. Also, an increase in unemployment could impact the number of families eligible for CHIP.

## **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.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
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%

Percent change between 2018 and 2019
NaN%

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

CHIP does not know the reason but will review it.

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 has added staff to enhance Outreach and Retention efforts in Alabama. The Outreach and Retention Workers are tasked with educating community resources and professionals, as well as families of uninsured children about ALL Kids and Medicaid. The outreach staff also ensures these professionals and families are aware of the application process and links them to resources to assist them with this process. The outreach staff are currently providing outreach primarily in schools.

☐ No

2. Are you targeting specific populations in your outreach efforts?

For example: minorities, immigrants, or children living in rural areas.

☐ Yes

☒ No



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

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

With the new Outreach and Retention Workers in place, the team collaborated to devise a plan to reach uninsured children and to help retain those already enrolled. The plan was to begin outreach efforts by contacting/visiting schools to advise/remind them about the ALL Kids program, and to have them add ALL Kids contact information and a link to our website to their website, social media posts, etc. Outreach and Retention Workers began developing materials targeted to schools and researching points of contact within the schools. While there is not currently a formal measure for effectiveness in place, ALL Kids has been added to one of the state's largest school district webpages under school health resources. This indicates success from efforts made during the COVID emergency, which has been a difficult time for outreach. Prior to the COVID emergency, ALL Kids also participated in professional association conferences within the state to provide education to our partners and communities regarding ALL Kids. Throughout the year, ALL Kids also sent applications and brochures to schools, agencies, community partners and families in Alabama.

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

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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## 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?

4.11

%

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 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).

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# 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?

This question should only be answered in respect to Separate CHIP.

☐ 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?

ALL Kids families receive a renewal packet two months prior to the date of renewal as well as an additional reminder letter 30 days prior to the renewal date.

☐ 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. Alabama uses the RRV automated renewal process using federal HUB data for renewals. Additionally, Alabama accepts determinations from the Federally Facilitated Exchange (FFE) for renewals. Alabama also uses the no wrong door approach in that staff in 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.

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 2020?

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

4283

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.

500

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.

3484

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

299

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

5. Did you have any limitations in collecting this 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
<b>Total denials</b>	100%
<b>Denied for procedural reasons</b>	11.67%
<b>Denied for eligibility reasons</b>	81.34%
<b>Denials for other reasons</b>	

### 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 2020?

145390

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

131011



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

113009

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.

17989

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

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

1893

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.

15242

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

854

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

No.

Table: Redetermination in CHIP

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

	Percent
<b>Children screened for redetermination</b>	100%
<b>Children retained after redetermination</b>	86.26%
<b>Children disenrolled after redetermination</b>	13.73%

Table: Disenrollment in CHIP after Redetermination

	Percent
<b>Children disenrolled after redetermination</b>	100%
<b>Children disenrolled for procedural reasons</b>	10.52%
<b>Children disenrolled for eligibility reasons</b>	84.73%
<b>Children disenrolled for other reasons</b>	4.75%

## 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 2020?

463373

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

438232

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

413500

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.

24718

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

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

559

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.

23489

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

670

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

No.

Table: Redetermination in Medicaid

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

	Percent
<b>Children screened for redetermination</b>	100%
<b>Children retained after redetermination</b>	94.36%
<b>Children disenrolled after redetermination</b>	5.64%

Table: Disenrollment in Medicaid after Redetermination

	Percent
<b>Children disenrolled after redetermination</b>	100%
<b>Children disenrolled for procedural reasons</b>	2.26%
<b>Children disenrolled for eligibility reasons</b>	95.03%
<b>Children disenrolled for other reasons</b>	2.71%

## Part 5: Tracking a CHIP cohort (Title XXI) 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 2020 (the second quarter of FFY 2020). 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 2020) and six months later (July - Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). 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 2020. 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 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

#### 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 2020 weren't enrolled in CHIP in December 2019.

☐ 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 2020 weren't enrolled in CHIP or Medicaid in December 2019.

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 2020 (start of the cohort)

3. How many children were newly enrolled in CHIP between January and March 2020?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

919

2265

5710

4958

July - September 2020 (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

909

2221

5451

4445

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

0

0

<11

<11

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

<11

<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

44

257

510



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

0

145

447

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

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

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 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

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?

## Part 6: Tracking a Medicaid (Title XIX) 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 2020 (the second quarter of FFY 2020). 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 2020) and six months later (July-Sept 2020). Next year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). 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 2020. 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 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

#### 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 2020 weren't enrolled in Medicaid in December 2019.

☐ 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 2020 weren't enrolled in CHIP or Medicaid in December 2019.

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 2020 (start of the cohort)

3. How many children were newly enrolled in Medicaid between January and March 2020?

Ages 0-1

12763

Ages 1-5

7311

Ages 6-12

9418

Ages 13-16

4527

July - September 2020 (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

12237

Ages 1-5

7046

Ages 6-12

9159

Ages 13-16

3821

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

87

36

23

<11

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

87

36

23

<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

439

229

236

698

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

<11

<11

46

55

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

No.

January - March 2021 (12 months later)

Next year you'll report this data. Leave it blank in the meantime.

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 2021 (18 months later)

Next year you'll report this data. Leave it blank in the meantime.

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?

## 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 have met 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

7. You indicated in Section 1 that you changed your cost sharing requirements in the past federal fiscal year. How are you monitoring the impact of these changes on whether families apply, enroll, disenroll, and use CHIP health services? What have you found when monitoring the impact?

A cost-sharing waiver policy was implemented during this fiscal year. In response to the COVID pandemic, no one was charged testing and/or treatment copays. The impact has not been evaluated.

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 Integrity 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 Integrity, Director of Program Operations and Professional Services Division, Director of Program Services, and/or the Director of the Eligibility Unit. 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 2020?

0

7. How many cases have been found in favor of the beneficiary in FFY 2020?

0

8. How many cases related to provider credentialing were investigated in FFY 2020?

2

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2020?

0

10. How many cases related to provider billing were investigated in FFY 2020?

19

11. How many cases were referred to appropriate law enforcement officials in FFY 2020?

0

12. How many cases related to beneficiary eligibility were investigated in FFY 2020?

<11

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2020?

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 Integrity Unit. However, for the provider sector, ALL Kids contracts with BCBSAL, 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?

Only Separate CHIP reported.

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 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
1915	8659	15546	21088	26998	19934

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 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
24	2238	8868	14543	17462	11415

#### 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 2020?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	1997	8504	13966	16828	10639

5. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2020?

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
12	117	2133	5991	5931	4883

#### 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 2020?

1893

### 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.

1. Did you collect the CAHPS survey?

☒ Yes

1a. Did you submit your CAHPS raw data to the AHRQ CAHPS database?

☒ Yes

☐ No

☐ No

## Part 2: You collected the CAHPS survey

Since you collected the CAHPS survey, please complete Part 2.

1. Upload a summary report of your CAHPS survey results.

This is optional if you already submitted CAHPS raw data to the AHRQ CAHPS database. Submit results only for the CHIP population, not for both Medicaid (Title XIX) and CHIP (Title XXI) together. Your data should represent children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

**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...



2. Which CHIP population did you survey?

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

3. Which version of the CAHPS survey did you use?

- ☐ CAHPS 5.0
- ☒ CAHPS 5.0H
- ☐ Other

4. Which supplemental item sets did you include in your survey?

Select all that apply.

- ☐ None
- ☒ Children with Chronic Conditions
- ☐ Other

5. Which administrative protocol did you use to administer the survey?  
Select all that apply.



NCQA HEDIS CAHPS 5.0H



HRQ CAHPS



Other

6. Is there anything else you'd like to add about your CAHPS survey results?

No.

## Part 3: 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 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.] States can only develop HSI programs after funding other costs to administer their CHIP State Plan, as defined in regulations at 42 CFR 457.10.

1. Does your state operate Health Service 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?

The HSI program serves pregnant and post-delivery women and high risk babies up to one year post delivery in the three-county area of Montgomery, Russell, and Macon.

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

112

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

112

**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.

The measure for this program is to reduce Infant Mortality by decreasing the rate of infant deaths and low birth weight births, increasing the percentage of pregnant enrollees who received care in the first trimester of pregnancy, and increasing the percentage of women and children obtaining WIC services. In addition, increasing the percentage of parents stating they implement safe sleep practices (baby placed on back or side, sleeping in own crib), and an increase in the number of children with an established dental home by the first birthday.

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

This HSI began 4 months into the fiscal year, so we have yet to fully obtain data for the HSI outcomes.

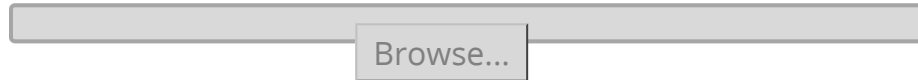
8. Is there anything else you'd like to add about this HSI program?

The HSI began during FY2020 and experienced limitations on outreach/education due to the COVID-19 pandemic, cultural sensitivity issues of potential enrollees, and the language barriers of potential enrollees and their support systems. While all of these issues presented roadblocks for continuing to work to implement the program, there were successes experienced in the first full year of program implementation. Some of those successes include securing sustainable support systems and healthcare mentors for very young, disadvantaged enrollees such as a 13-year-old pregnant girl who presented with no plans for attending school and furthering her education. She had no reliable adult support systems, and very little knowledge of how to access healthcare systems in her own community; her 28-year-old mother had no knowledge of how to best help her daughter. Through the work of the HSI care coordinators, there is now in place a formalized home school curriculum, community support program, and personnel to mentor her within the healthcare system during her pregnancy and identified support programs and personnel to link her and her baby to needed resource post-delivery.

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).

A horizontal text input field with a light gray border. To its right is a button with a light gray background and a thin black border, containing the text "Browse..." in a dark gray font.

## **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 this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

Low Income Uninsured - The percent of low-income uninsured children will be maintained at, or 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 AL below 300% FPL who are uninsured.

4. Numerator (total number)

30669

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.

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

6. Denominator (total number)

1127906

**Computed:** 2.72%

7. What is the date range of your data?

**Start**

mm/yyyy

01

/

2019

**End**

mm/yyyy

12

/

2019



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 percent of uninsured children in the ALL Kids income range is less than 4%; thus the goal has been maintained, at 2.7%.

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

ALL Kids has enhanced outreach efforts, and improvements are routinely made to the joint eligibility and enrollment system used for ALL Kids and Medicaid.

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 this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

Medicaid Population Uninsured - The percentage of low-income uninsured children in Medicaid's income eligibility range will be maintained at less than, or equal to, 6% 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 AL who are below 137% FPL and uninsured.

4. Numerator (total number)

13922

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.

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

6. Denominator (total number)

359680

**Computed:** 3.87%

7. What is the date range of your data?

**Start**

mm/yyyy

01 / 2019

**End**

mm/yyyy

12 / 2019

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 percent of uninsured children in the Medicaid income range is less than 6%; thus the goal has been maintained, at 3.8%.

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

ALL Kids has enhanced outreach efforts, and improvements are routinely made to the joint eligibility and enrollment system used for ALL Kids and Medicaid.

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 for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

CHIP Population Uninsured - The percent of uninsured children in the ALL Kids income range is less than, or equal to, 6%; thus the goal has been maintained.

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 who are below 300% to 137% FPL and uninsured.

4. Numerator (total number)

16747

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.

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

6. Denominator (total number)

351278

**Computed:** 4.77%

7. What is the date range of your data?

**Start**

mm/yyyy

01

/

2019

**End**

mm/yyyy

12

/

2019

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 percent of uninsured children in the ALL Kids income range is less than 6%; thus the goal has been maintained, at 4.7%.

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

ALL Kids has enhanced outreach efforts, and improvements are routinely made to the joint eligibility and enrollment system used for ALL Kids and Medicaid.

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 for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Access to Physicians - Two or more physicians within 20 miles of the place of residence for 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 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)

78593

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

The number of ALL Kids Population enrollees with a verified place of residence in AL.

6. Denominator (total number)

78908

**Computed:** 99.6%

7. What is the date range of your data?

**Start**

mm/yyyy

10

/

2019

**End**

mm/yyyy

09

/

2020

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 maintained, at 99.6%.

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?

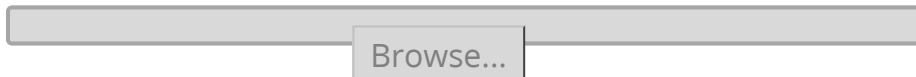
No.

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 for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Urban Access to Dental Care - For at least 95% of enrollees, the provider network will have two or more dentists within 10 miles of enrollees with an urban 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 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)

1329

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children 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)

1338

**Computed:** 99.33%

7. What is the date range of your data?

**Start**

mm/yyyy

10 / 2019

**End**

mm/yyyy

09 / 2020

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 maintained, at 99.3%.

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?

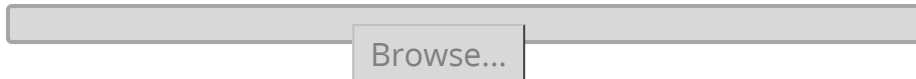
No.

12. Do you have any supporting documentation?

Optional

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



1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Suburban Access to Dental Care - For at least 95% of enrollees, the provider network will have two or more dentists within 15 miles of enrollees with a suburban 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 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)

10464

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children 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)

10776

**Computed:** 97.1%

7. What is the date range of your data?

**Start**

mm/yyyy

10

/

2019

**End**

mm/yyyy

09

/

2020

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 maintained, at 97.1%.

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?

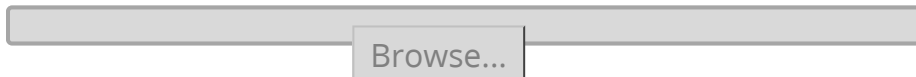
No.

12. Do you have any supporting documentation?

Optional

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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 for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Rural Access to Dental Care - For at least 95% of enrollees, the provider network will have at least one dentist within 25 miles of enrollees with a rural 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 enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

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

4. Numerator (total number)

53395

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children 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)

66741

**Computed:** 80%

7. What is the date range of your data?

**Start**

mm/yyyy

10 / 2019

**End**

mm/yyyy

09 / 2020

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 percent of enrollees that have access to at least one dentist and lived in a rural area during FY 2020 decreased from 99.7 in FY19 to 80% in FY20.

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?

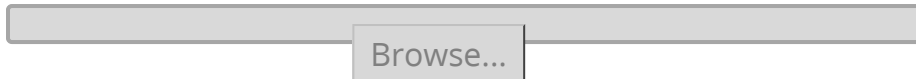
No.

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 for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

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

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 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)

43656



Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

ALL Kids population 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)

46439

**Computed:** 94.01%

7. What is the date range of your data?

**Start**

mm/yyyy

01

/

2019

**End**

mm/yyyy

12

/

2019

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 is a new goal.

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

This is a HEDIS quality measure calculated by BCBS. ALL Kids has monthly meetings with BCBS AL staff that 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 preventative care

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

Doctor Communication on Prevention - At least 95% of enrollees 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 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)

367

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

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)

378

**Computed:** 97.09%

7. What is the date range of your data?

**Start**

mm/yyyy

01 / 2019

**End**

mm/yyyy

06 / 2019

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 is a new goal

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 CHIP staff.

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

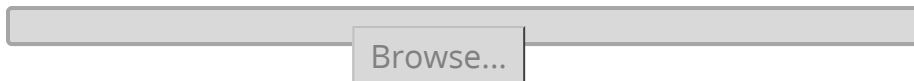
No.

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 for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

Getting Needed Care - At least 95% 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.

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 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)

369



Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

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)

401

**Computed:** 92.02%

7. What is the date range of your data?

**Start**

mm/yyyy

01

/

2019

**End**

mm/yyyy

06

/

2019

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, at 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.

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

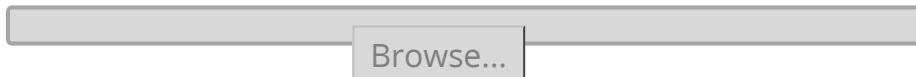
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12. Do you have any supporting documentation?

Optional

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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 for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

Annual Dental Visits - At least 75% of enrollees, between the ages of 2 and 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 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)

41565

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

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

The separate CHIP population between the ages of 2 and 19 in 2019.

6. Denominator (total number)

54080

**Computed:** 76.86%

7. What is the date range of your data?

**Start**

mm/yyyy

01 / 2019

**End**

mm/yyyy

12 / 2019

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 is a new goal.

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

This is a HEDIS quality measure calculated by BCBS. ALL Kids has monthly meetings with BCBS AL staff which 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?

1. Briefly describe your goal for 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).

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 for 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).

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 for 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 2018 reporting, Alabama reported all 24 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 prenatal care, WIC usage, infant birthweight, infant death, and infant sleeping practices in selected counties will be obtained. Data availability is to be determined.

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 this 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, special healthcare needs, or other emerging healthcare 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 used 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 2020, and how much you anticipate spending in FFY 2021 and 2022.

## Part 1: Benefit Costs

Please type your answers in only. Do not copy and paste your answers.

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 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$

\$

\$

2. How much did you spend on Fee for Service in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 356,487,608

\$ 411,883,043

\$ 443,317,001

3. How much did you spend on anything else related to benefit costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$

\$

\$

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 6,343,194

\$ 7,000,000

\$ 7,000,000

Table 1: Benefits Costs

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

	FFY 2020	FFY 2021	FFY 2022
<b>Managed Care</b>			
<b>Fee for Service</b>	356487608	411883043	443317001
<b>Other benefit costs</b>			
<b>Cost sharing payments from beneficiaries</b>	6343194	7000000	7000000
<b>Total benefit costs</b>	362830802	418883043	450317001

## Part 2: Administrative Costs

Please type your answers in only. Do not copy and paste your answers.

1. How much did you spend on personnel in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

This includes wages, salaries, and other employee costs.

2020

\$ 5,005,640

2021

\$ 5,716,281

2022

\$ 6,287,909

2. How much did you spend on general administration in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 5,839,005

\$ 6,923,267

\$ 7,555,964

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$

\$

\$

4. How much did you spend on claims processing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$

\$

\$

5. How much did you spend on outreach and marketing in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 201,056

\$ 500,000

\$ 500,000

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 230,094

\$ 200,000

\$ 200,000

7. How much did you spend on anything else related to administrative costs in FFY 2020? How much do you anticipate spending in FFY 2021 and 2022?

2020

2021

2022

\$ 885,410

\$ 1,371,907

\$ 1,509,098

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 2020	FFY 2021	FFY 2022
<b>Personnel</b>	5005640	5716281	6287909
<b>General administration</b>	5839005	6923267	7555964
<b>Contractors and brokers</b>			
<b>Claims processing</b>			
<b>Outreach and marketing</b>	201056	500000	500000
<b>Health Services Initiatives (HSI)</b>	230094	200000	200000
<b>Other administrative costs</b>	885410	1371907	1509098
<b>Total administrative costs</b>	12161205	14711455	16052971
<b>10% administrative cap</b>	Not Available	44987004.78	48479666.78



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 2020	FFY 2021	FFY 2022
<b>Total program costs</b>	Not Available	433594498	466369972
<b>eFMAP</b>	91.88	80.81	80.66
<b>Federal share</b>	Not Available	350387713.83	376174019.42
<b>State share</b>	Not Available	83206784.17	90195952.58

8. What were your state funding sources in FFY 2020?

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 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020

2021

2022

2. What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

Round to the nearest whole number.

2020

2021

2022

	FFY 2020	FFY 2021	FFY 2022
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 2020? How many do you anticipate will be eligible in FFY 2021 and 2022?

2020

174401

2021

80722

2022

84885

2. What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2020? What is your projected PMPM cost for FFY 2021 and 2022?

The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2020

\$ 233

2021

\$ 241

2022

\$ 252

	FFY 2020	FFY 2021	FFY 2022
PMPM cost	233	241	252

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

FFS projected cost (Part 4, #1) and PMPM cost (Part 4, #2) are for ALL Kids only. Medicaid Expansion CHIP data is not available at this time. Table 1 - Federal and state match are computed based on total benefit cost, however net benefit would reduce the federal and state share.

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.**

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

Due to the decrease in the enhanced Federal match rate, ALL Kids funding request was substantially higher for FY21 than it has ever been. ALL Kids had been funded with 100% Federal funds from FY14 - FY19 and at about half the state rate in FY20 than FY21. The legislative session this year was interrupted due to the COVID pandemic, however, the legislature met briefly to pass the state budget. While the State's fiscal climate is very conservative, with traditionally very limited general funds and many competing priorities, the political environment has been very supportive of children's healthcare and as such, ALL Kids was funded at the level requested.

2. What's the greatest challenge your CHIP program has faced in FFY 2020?

The greatest challenge facing ALL Kids program in FY2020 was responding to the COVID pandemic PHE while not knowing how long the emergency would last and what the effect would be. Many decisions regarding eligibility, benefits, and staffing had to be made, all to ensure coverage and access for children, payment to providers, and the safety of staff.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2020?

ALL Kids program began providing unborn coverage in three pilot counties in the state to ensure access to prenatal care for uninsured pregnant women. A Health Service Initiative (HSI) was also launched to provide case management services to pregnant women. These initiatives are aimed at reducing infant mortality.

4. What changes have you made to your CHIP program in FFY 2020 or plan to make in FFY 2021? Why have you decided to make these changes?

Along with the addition of the unborn coverage pilot and HSI, ALL Kids made changes to benefits in response to the COVID pandemic PHE including the expansion of telehealth benefits. These expanded benefits will be retained following the expiration of the PHE.

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

ALL Kids was expanding outreach and retention efforts when the COVID pandemic PHE occurred. Those efforts were delayed, then revised, and have now resumed. ALL Kids enrollment is currently decreasing and that decrease is expected as long as the PHE continues due to retention of enrollees in Medicaid. ALL Kids outreach staff are working to ensure that uninsured children are aware of these programs and the staff will be ready to ensure that children retain coverage after the PHE ends.

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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