

# Alabama CARTS FY2021 Report

## Basic State Information

### Welcome!

We already have some information about your state from our records. If any information is incorrect, please contact the [mdct\\_help@cms.hhs.gov](mailto:mdct_help@cms.hhs.gov).

1. State or territory name:

Alabama

2.

Program type:

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

3. CHIP program name(s):

ALL Kids - Separate CHIP

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

4. Contact name:

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/ALL Kids PO Box 303017 Montgomery,  
Alabama 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.

## **Program Fees and Policy Changes**

### **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

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

5.

Which delivery system(s) do you use?

Select all that apply.

Managed Care

Primary Care Case Management

Fee for Service

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

N/A

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

1.

Does your program charge an enrollment fee?

Yes

No

2.

Does your program charge premiums?

Yes

No

3.

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

Yes

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.

N/A
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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 enrolees?

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.

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

Yes

No

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

An HSI was submitted and approved (effective 7/1/2021) to support the Reducing Infant Mortality Conception to Birth program known as ALL Babies. This HSI was created to improve the health of children by ensuring their mothers have access to healthcare services during their postpartum period. The aim of this initiative is to provide full health insurance coverage during the postpartum period to enrollees who have been prenatally covered in the ALL Babies program. The length of the ALL Babies postpartum period is equivalent to Alabama Medicaid's current definition of the length of postpartum period "From delivery through the end of the month in which the 60th day postpartum falls, counting from the date the pregnancy ends either as a full term or as a miscarriage."

## Enrollment and Uninsured Data

### 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 2020</b>	<b>Number of children enrolled in FFY 2021</b>	<b>Percent change</b>
Medicaid Expansion CHIP	73,429	108,614	47.917%
Separate CHIP	108,874	99,223	-8.864%

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

Due to the COVID Public Health Emergency (PHE), Medicaid did not cancel enrollees' coverage. This reduced the number of enrollees that would migrate from Medicaid unless by request, move out of state, or death. The extension of the open enrollment period could also be a potential reason for the change.

## **Part 2: Number of Uninsured Children in Your State**

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey. Due to the impacts of the COVID-19 PHE on collection of ACS data, the 2020 children's uninsurance rates are currently unavailable. Please skip to Question 3.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2016	20,000	3,000	1.7%	0.3%
2017	21,000	4,000	1.8%	0.3%
2018	25,000	4,000	2.2%	0.4%
2019	22,000	3,000	2%	0.3%
2020	Not Answered	Not Answered	Not Answered	Not Answered

Percent change between 2019 and 2020
Not Available

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



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)

Browse...

# Eligibility, Enrollment, and Operations

## Program Outreach

1.

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

Yes

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.

ALL Kids continued to utilize the plan in place to reach uninsured children and to help retain those already enrolled by contacting and visiting schools to inform/ remind them about the ALL Kids program, and to ask that they add ALL Kids contact information and a link to the ALL Kids website to their website, social media posts, etc. ALL Kids developed a letter to send to schools/agencies as an introduction, and then followed up with those emails to set appointments and make visits when possible. ALL Kids developed new posters in both English and Spanish using the new ALL Kids logo to give to schools and agencies to display for parents, caregivers and students. There is no formal measure for outreach effectiveness in place.

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)

## Eligibility, Enrollment, and Operations

### 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

No

N/A

4.39

%

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)

  

## **Eligibility, Enrollment, and Operations**

### **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

No

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

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

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

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

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

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

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

No

## Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2021?

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

4773

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.

321

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.

4452

3a.

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

419

4.

How many applicants were denied CHIP coverage for other reasons?

0

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.

Type	Number	Percent
Total denials	4773	100%
Denied for procedural reasons	321	6.73%
Denied for eligibility reasons	4452	93.27%
Denials for other reasons	0	0%

### Part 3: Redetermination in CHIP

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

1.

How many children were eligible for redetermination in CHIP in FFY 2021?

143235

2.

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

132145

3.

How many children were retained in CHIP after redetermination?

116149

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.

15821

**Computed:** 15821

4a.

How many children were disenrolled for procedural reasons?

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

1347

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.

13804

4c.

How many children were disenrolled for other reasons?

670

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.

Type	Number	Percent
Children screened for redetermination	132145	100%
Children retained after redetermination	116149	87.9%
Children disenrolled after redetermination	15821	11.97%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	15821	100%
Children disenrolled for procedural reasons	1347	8.51%
Children disenrolled for eligibility reasons	13804	87.25%
Children disenrolled for other reasons	670	4.23%

## 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 2021?

429161

2.

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

419841

3.

How many children were retained in Medicaid after redetermination?

397525

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.

22265

**Computed:** 22265

4a.

How many children were disenrolled for procedural reasons?

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

33

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.

22084

4c.

How many children were disenrolled for other reasons?

148

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

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

Table: Redetermination in Medicaid

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

Type	Number	Percent
Children screened for redetermination	419841	100%
Children retained after redetermination	397525	94.68%
Children disenrolled after redetermination	22265	5.3%



Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	22265	100%
Children disenrolled for procedural reasons	33	0.15%
Children disenrolled for eligibility reasons	22084	99.19%
Children disenrolled for other reasons	148	0.66%

## 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 last year you reported on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). This year you'll report on 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): included in 2020 report.

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

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): included in 2020 report.

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

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

7.

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

Possible reasons for no longer being enrolled:  
b" Transferred to another health insurance program other than CHIP  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

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?

No.

January - March 2021 (12 months later): to be completed this year.

This year, please report data about your cohort for this section

10.

How many children were continuously enrolled in CHIP 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

896

2174

5008

3973

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:  
b" Transferred to another health insurance program other than CHIP  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" 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

1

6

450

249

July - September of 2021 (18 months later): to be completed this year

This year, please report data about your cohort for this section.

15.

How many children were continuously enrolled in CHIP 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

617

1223

3704

3083

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

16

71

128

82

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

0

0

41

22

18.

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

Possible reasons for not being enrolled:  
b" Transferred to another health insurance program other than CHIP  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

285

966

1846

1815



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

2

8

537

254

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 last year you reported the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). This 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 2021. 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 2021 must be born after January 2004. Similarly, children who are newly enrolled in February 2021 must be born after February 2004, and children newly enrolled in March 2021 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): included in 2020 report

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

3.

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

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

12763

7311

9418

4527

July - September 2020 (6 months later): included in 2020 report

You completed this section in your 2020 CARTS report. Please refer to that report to assist in filling out this section if needed.

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

Ages 1-5

Ages 6-12

Ages 13-16

12237

7046

9159

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

8

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

8

7.

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

Possible reasons for no longer being enrolled:  
b" Transferred to another health insurance program other than Medicaid  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" 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

4

8

46

55

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

No.

January - March 2021 (12 months later): to be completed this year

This year, please report data about your cohort for this section.

10.

How many children were continuously enrolled in Medicaid 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

10576

5776

5911

1650

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

119

50

32

7

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

119

50

32

7

13.

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

Possible reasons for not being enrolled:  
b" Transferred to another health insurance program other than Medicaid  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

505

358

447

1095

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

11

95

221

310

July - September of 2021 (18 months later): to be completed next year

This year, please report data about your cohort for this section.

15.

How many children were continuously enrolled in Medicaid 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

10347

5639

5738

1277

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

167

69

51

19

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

167

69

51

19

18.

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

Possible reasons for not being enrolled:  
b" Transferred to another health insurance program other than Medicaid  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

686

476

601

1456



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

11

120

298

331

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

No.

## Eligibility, Enrollment, and Operations

### 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")
- Health plans
- States
- Third party administrator
- Other

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

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

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

0

5.

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

Yes

No

6.

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

Yes

No

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

No.

9.

Optional: Attach any additional documents here.

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

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

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## **Eligibility, Enrollment, and Operations**

### **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

## **Eligibility, Enrollment, and Operations**

### **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 2021?

0

7.

How many cases have been found in favor of the beneficiary in FFY 2021?

0

8.

How many cases related to provider credentialing were investigated in FFY 2021?

1

9.

How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2021?

1

10.

How many cases related to provider billing were investigated in FFY 2021?

19

11.

How many cases were referred to appropriate law enforcement officials in FFY 2021?

1

12.

How many cases related to beneficiary eligibility were investigated in FFY 2021?

0

13.

How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2021?

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
- No

16.

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

- Yes
- No

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

No.

18.

Optional: Attach any additional documents here.

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

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

  

## **Eligibility, Enrollment, and Operations**

### **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 2021?

Ages 0-1

Ages 1-2

Ages 3-5

Ages 6-9

Ages  
10-14

Ages  
15-18

2195

7153

13436

18885

24405

18571

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 2021?

Ages 0-1

Ages 1-2

Ages 3-5

Ages 6-9

Ages  
10-14

Ages  
15-18

40

2020

8312

13857

17009

11473

## 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 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
5	1801	8068	13487	16581	10910

## Dental care service codes and definitions

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

5.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2021?

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
29	101	2063	6091	6258	5028

#### 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 2021?

2627

## 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)

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# Eligibility, Enrollment, and Operations

## CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction. For the 2021 CARTS report, we highly encourage states to report all raw CAHPS data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database instead of reporting a summary of the data via CARTS. For 2022, the only option for reporting CAHPS results will be through the submission of raw data to ARHQ.

1.

Did you collect the CAHPS survey?

Yes

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)

  

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**

### **Eligibility, Enrollment, and Operations**

#### **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?

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

4.

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

118

5.

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

118

**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.

Increase in the % of pregnant enrollees who received care in the first trimester of pregnancy: Baseline this year is 32.2% care is defined as enrollment in care coordination services. Increase in the % of women and children obtaining WIC services: Baseline this year is 57.63% women, 95% children Previous measure of safe sleep observation is unobtainable because of home visitation restrictions due to COVID. This measure changed to: Increase in the % of parents receiving safe sleep practices education (baby placed on back or side, sleeping in own crib) Baseline this year is 100% Previous measure is unobtainable due to providers not making appointments for children under one year of age. This measure changed to: Increase in the % of parents receiving dental home education for children. Baseline data not yet available. Decrease in the rate of low birthweight births. Baseline this year is 7.41% Decrease in the rate of infant deaths. Baseline data not yet available. Infant mortality reporting is generally available 24 months in arrears.

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

Baseline data is still being established. Impact will be measured in subsequent reporting with program maturity.

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

This HSI continued to operate during COVID restrictions; however, outreach and education on available services to enrollees was limited. Staff have developed innovative, culturally sensitive ways of positively effecting enrollees despite these limitations. Work continues on future full program implementation.

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)

  

1. What is the name of your HSI program?

2.

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

Yes

No

3. Which populations does the HSI program serve?

4.

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

5.

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

**Computed:**

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

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

Number of mothers of high risk, low income children who received services during the postpartum period of eligibility. Data is not yet available.

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

Due to the implementation of this HSI two months prior to the end of the fiscal year, data is not yet available.

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

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

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)

**Do you have another in this list?**

Optional

## **State Plan Goals and Objectives**

### **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.

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

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.

# of children less than 19 years of age in AL below 300% FPL who are uninsured

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.

# of children less than 19 years of age in AL

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?

The American Community Survey (ACS) is used as a data source to monitor the progress of this goal. Due to the Public Health Emergency (PHE), ACS only released limited data table estimates and FPL rate estimates were not included in the limited release.

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.

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

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

# of children less than 19 years of age in AL below 137% FPL who are uninsured

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.

# of children less than 19 years of age in AL who are below 137% FPL

6.

Denominator (total number)

**Computed:**

7.

What is the date range of your data?

**Start**

mm/yyyy

01 / 2020

**End**

mm/yyyy

12 / 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 American Community Survey (ACS) is used as a data source to monitor the progress of this goal. Due to the Public Health Emergency (PHE), ACS only released limited data table estimates and FPL rate estimates were not included in the limited release.

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.

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

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal



Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

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

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.

Number of children less than 19 years of age in AL below 300% to 137% FPL

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?

The American Community Survey (ACS) is used as a data source to monitor the progress of this goal. Due to the Public Health Emergency (PHE), ACS only released limited data table estimates and FPL rate estimates were not included in the limited release.

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

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children 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)

73983

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 within a verified place of residence in AL

6.

Denominator (total number)

74098

**Computed:** 99.84%

7.

What is the date range of your data?

**Start**

mm/yyyy

10 / 2020

**End**

mm/yyyy

09 / 2021

8.

Which data source did you use?

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

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

The goal of this measure was exceeded at 99.8%.



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%.

Urban Access to Dental Care - Two or more dentists within ten miles of enrollees with an urban residence for at least 95% of ALL Kids enrollees

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

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

4.

Numerator (total number)

1045

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.

# of ALL Kids enrollees with a residence verified within an urban area

6.

Denominator (total number)

1045

**Computed:** 100%

7.

What is the date range of your data?

**Start**

mm/yyyy

10 / 2020

**End**

mm/yyyy

09 / 2021

8.

Which data source did you use?

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

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

The goal of this measure was exceeded at 100%.

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

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

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

No.

12.

Do you have any supporting documentation?

Optional

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

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

  

1. Briefly describe your goal 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.

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

4.

Numerator (total number)

8859

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.

# If ALL Kids enrollees with a residence verified within a suburban area

6.

Denominator (total number)

8859

**Computed:** 100%

7.

What is the date range of your data?

**Start**

mm/yyyy

10 / 2020

**End**

mm/yyyy

09 / 2021

8.

Which data source did you use?

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

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

The goal of this measure was exceeded at 100%

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

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

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

No.



12.

Do you have any supporting documentation?

Optional

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

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

  

1. Briefly describe your goal 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.

# of enrollees that have at least one dentist within 25 miles of enrollees with a rural residence

4.

Numerator (total number)

64044

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.

# of ALL Kids enrollees with a residence verified within a rural area

6.

Denominator (total number)

64194

**Computed:** 99.77%

7.

What is the date range of your data?

**Start**

mm/yyyy

10 / 2020

**End**

mm/yyyy

09 / 2021

8.

Which data source did you use?

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

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

This goal was met as 99.8% of enrollees with a rural residence have at least one dentist within 25 miles.

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

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

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

No.

12.

Do you have any supporting documentation?

Optional

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

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

  

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 have had no more than one gap in enrollment will have at least one primary care physician visit annually

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

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

# 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)

45247

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 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)

64982

**Computed:** 69.63%

7.

What is the date range of your data?

**Start**

mm/yyyy

01 / 2020

**End**

mm/yyyy

12 / 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 percentage decreased on this goal from 94% to 69%. It is thought that due to the PHE, visits to primary care physicians in 2020 decreased.

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

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)

**Do you have another in this list?**

Optional

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

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

Increase the use of preventive care

1. Briefly describe your goal 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.

# 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)

463

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 # 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)

477

**Computed:** 97.06%

7.

What is the date range of your data?

**Start**

mm/yyyy

01 / 2021

**End**

mm/yyyy

06 / 2021

8.

Which data source did you use?

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

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

This goal was maintained at 97%.

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

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

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

No.

12.

Do you have any supporting documentation?

Optional

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

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

  

1. Briefly describe your goal 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

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.

# 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)

510



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.

# 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)

537

**Computed:** 94.97%

7.

What is the date range of your data?

**Start**

mm/yyyy

01 / 2021

**End**

mm/yyyy

12 / 2021

8.

Which data source did you use?

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

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

This goal was met at 95%.

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

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

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

No.

12.

Do you have any supporting documentation?

Optional

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

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

  

1. Briefly describe your goal 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.

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

4.

Numerator (total number)

40499

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 2020

6.

Denominator (total number)

56932

**Computed:** 71.14%

7.

What is the date range of your data?

**Start**

mm/yyyy

01 / 2020

**End**

mm/yyyy

12 / 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?

This goal was not met. It decreased from 76.7% to 71.1%.

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

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

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

No.

12.

Do you have any supporting documentation?

Optional

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

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

  

**Do you have another 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)

  

**Do you have another 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)

  

**Do you have another 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 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 2020 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>.

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 contributes to programmatic decisions through these studies.

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)

  

## Program Financing

Tell us how much you spent on your CHIP program in FFY 2021, and how much you anticipate spending in FFY 2022 and 2023.

### Part 1: Benefit Costs

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

1.

How much did you spend on Managed Care in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$

\$

\$

2.

How much did you spend on Fee for Service in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 389,657,414

\$ 447,219,735

\$ 493,000,853

3.

How much did you spend on anything else related to benefit costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$

\$

\$

4.

How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 6,478,659

\$ 6,600,000

\$ 6,600,000

Table 1: Benefits Costs

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

Type	FFY 2021	FFY 2022	FFY 2023
Managed Care	Not Answered	Not Answered	Not Answered
Fee for Service	389657414	447219735	493000853
Other benefit costs	Not Answered	Not Answered	Not Answered
Cost sharing payments from beneficiaries	6478659	6600000	6600000
Total benefit costs	396136073	453819735	499600853

## 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 2021? How much do you anticipate spending in FFY 2022 and 2023?

This includes wages, salaries, and other employee costs.

2021

2022

2023

\$ 5,086,661

\$ 6,320,278

\$ 6,636,292

2.

How much did you spend on general administration in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 4,546,981

\$ 5,000,000

\$ 5,000,000

3.

How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$

\$

\$

4.

How much did you spend on claims processing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$

\$

\$

5.

How much did you spend on outreach and marketing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 201,827

\$ 480,000

\$ 500,000

6.

How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 199,748

\$ 400,000

\$ 400,000



7.

How much did you spend on anything else related to administrative costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

**\$ 809,000**

**\$ 1,191,273**

**\$ 1,250,837**

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.

<b>Type</b>	<b>FFY 2021</b>	<b>FFY 2022</b>	<b>FFY 2023</b>
Personnel	5086661	6320278	6636292
General administration	4546981	5000000	5000000
Contractors and brokers	Not Answered	Not Answered	Not Answered
Claims processing	Not Answered	Not Answered	Not Answered
Outreach and marketing	201827	480000	500000
Health Services Initiatives (HSI)	199748	400000	400000
Other administrative costs	809000	1191273	1250837
Total administrative costs	10844217	13391551	13787129
10% administrative cap	Not Available	48957748.33	54044539.22

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 2023 will be calculated once the eFMAP rate for 2023 becomes available. In the meantime, these values will be blank.

<b>FMAP Table</b>	<b>FFY 2021</b>	<b>FFY 2022</b>	<b>FFY 2023</b>
Total program costs	Not Available	467211286	513387982
eFMAP	80.81	80.66	Not Available
Federal share	Not Available	376852623.29	Not Available
State share	Not Available	90358662.71	Not Available

8.

What were your state funding sources in FFY 2021?

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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

2022

2023

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

Round to the nearest whole number.

2021

2022

2023

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	Not Answered	Not Answered	Not Answered
PMPM cost	Not Answered	Not Answered	Not Answered

## 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 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

2022

2023

186344

81264

89773

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

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.

2021

2022

2023

\$ 252

\$ 257

\$ 269

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	186344	81264	89773
PMPM cost	252	257	269

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

Part 2 number 1 and Part 4 number 2 above is ALL Kids only and excludes MCHIP.

2.

Optional: Attach any additional documents here.

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

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

  

## Challenges and Accomplishments

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

While the State's political and fiscal environment is very conservative and general fund budgets are very lean with funds split among many competing priorities, there has historically been overwhelming support and funding for children's healthcare. ALL Kids was funded for FY 21 at the level requested despite the significant increase in the request.

2. What's the greatest challenge your CHIP program has faced in FFY 2021?

The greatest challenge facing the ALL Kids program in FY21 continued to be responding to the COVID pandemic PHE while balancing the work that is needed with the unknown, primarily the uncertainty of the duration of the PHE and addressing staffing issues.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2021?

ALL Kids saw growth in enrollment of the unborn program which provides coverage in three counties and case management services. An additional Health Services Initiative (HSI) was approved which provides postpartum coverage to the pregnant women in the unborn program.

4. What changes have you made to your CHIP program in FFY 2021 or plan to make in FFY 2022? Why have you decided to make these changes?

ALL Kids added an HSI to provide postpartum coverage to pregnant women receiving unborn coverage. This HSI will provide benefits to meet needs where there is a significant gap. Providing these benefits is aimed at improving the health of the mom and subsequently the health of the baby and reducing infant mortality. ALL Kids has launched a media campaign aimed at reaching the uninsured.

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

ALL Kids enrollment decreased during the initial months of the PHE because of retention of enrollees in Medicaid related to the PHE. ALL Kids enrollment has now stabilized, but is expected to increase after the PHE ends.

6.

Optional: Attach any additional documents here.

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