FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- **A.** Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- B. Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- C. Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- D. Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: **AL**
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature:

Fern M. Shinbaum

SCHIP Program Name(s): **All, All kids**

SCHIP Program Type:

- ☐ SCHIP Medicaid Expansion Only
- ☒ Separate Child Health Program Only
- ☐ Combination of the above

Reporting Period: **2006** *Note: Federal Fiscal Year 2006 starts 10/1/05 and ends 9/30/06.*

Contact Person/Title: **Gayle Lees Sandlin**

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Submission Date: **12/29/2006**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

~~1)~~ To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						**From**		% of FPL conception to birth		% of FPL
	From		% of FPL for **infants**		% of FPL	**From**	134	% of FPL for **infants**	200	% of FPL
	From		% of FPL for children ages **1 through 5**		% of FPL	**From**	134	% of FPL for 1 **through 5**	200	% of FPL
	From		% of FPL for children ages **6 through 16**		% of FPL	**From**	101	% of FPL for children ages **6 through 16**	200	% of FPL
	From		% of FPL for children ages **17 and 18**		% of FPL	**From**	101	% of FPL for children ages **17 and 18**	200	% of FPL

Is presumptive eligibility provided for children?	☐	No	☒	No
	☐	Yes, for whom and how long?	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☐	No
	☐	Yes, for whom and how long?	☒	Yes, for whom and how long? If a parent submits an application for an eligible newborn within 60 days after the birth, coverage can be retroactive to the date of birth.
	☐	N/A	☐	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable	☐	No
		☒	Yes
		☐	N/A

Does your program have a mail-in application?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program over the phone?	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program on-line?	☐	No	☐	No
	☐	Yes – please check all that apply	☒	Yes – please check all that apply
	☐	Signature page must be printed and mailed in	☒	Signature page must be printed and mailed in
	☐	Family documentation must be mailed (i.e., income documentation)	☐	Family documentation must be mailed (i.e., income documentation)
	☐	Electronic signature is required	☐	Electronic signature is required
			☐	No Signature is required
	☐	N/A	☐	N/A

Does your program require a face-to-face interview during initial application	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	3
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	

			If an enrolled child turns 19 years of age, enrollment ends at the end of the 19th birth month. Enrollment would also end if the custodial parent requests termination in writing or if the program is notified that the child has moved out of state.	
	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☐	No	☐	No
	☐	Yes	☒	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	300
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
			Children with incomes up to and including 150%FPL pay an annual premium of $50/child. Children with incomes above 150% FPL pay an annual premium of $100/child. If a family has more than 3 children, the family only has to pay the premiums for 3 children. Native Americans pay no premiums and no co-pays.	
	☐	N/A	☐	N/A

Does your program impose copayments or coinsurance?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Does your program impose deductibles?	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require an assets test?	☐	No	☒	No
	☐	Yes	☐	Yes
	If Yes, please describe below		If Yes, please describe below	
	☐	N/A	☐	N/A

Does your program	☐	No	☐	No

require income disregards?	☐	Yes	☒	Yes
	If Yes, please describe below		If Yes, please describe below	
			Three disregards are applied to the monthly family income when applicable: (1)$90 for each working adult applied to earned income; (2) up to $50 of child support payments received; and, (3) up to $200 and $175 for each child or dependent adult in day care for ages 0-23 months and 2 years and over, respectively.	
	☐	N/A	☐	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	☐	No	☐	No
	☐	Yes	☒	Yes
		☐ We send out form to family with their information pre-completed and ask for confirmation		☒ We send out form to family with their information pre-completed and ask for confirmation
		☐ We send out form but do not require a response unless income or other circumstances have changed		☐ We send out form but do not require a response unless income or other circumstances have changed
	☐	N/A	☐	N/A

Enter any Narrative text below.

~~2.~~ Is there an assets test for children in your Medicaid program?	☐ Yes	☒ No	☐ N/A
~~3.~~ Is it different from the assets test in your separate child health program?	☐ Yes	☐ No	☒ N/A
~~4.~~ Are there income disregards for your Medicaid program?	☒ Yes	☐ No	☐ N/A
~~5.~~ Are they different from the income disregards in your separate child health program?	☐ Yes	☒ No	☐ N/A
~~6.~~ Is a joint application used for your Medicaid and separate child health program?	☒ Yes	☐ No	☐ N/A

7. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion SCHIP Program			**Separate Child Health Program**		
	Yes	No Change	N/A	Yes	No Change	N/A
~~a)~~ Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☐	☐	☐	☒	☐
~~b)~~ Application	☐	☐	☐	☒	☐	☐

~~c)~~ Application documentation requirements	☐	☐	☐	☒	☐	☐
~~d)~~ Benefit structure	☐	☐	☐	☐	☒	☐
~~e)~~ Cost sharing (including amounts, populations, & collection process)	☐	☐	☐	☐	☒	☐
~~f)~~ Crowd out policies	☐	☐	☐	☐	☒	☐
~~g)~~ Delivery system	☐	☐	☐	☐	☒	☐
~~h)~~ Eligibility determination process (including implementing a waiting lists or open enrollment periods)	☐	☐	☐	☐	☒	☐
~~i)~~ Eligibility levels / target population	☐	☐	☐	☐	☒	☐
~~j)~~ Assets test in Medicaid and/or SCHIP	☐	☐	☐	☐	☒	☐
~~k)~~ Income disregards in Medicaid and/or SCHIP	☐	☐	☐	☐	☒	☐
~~l)~~ Eligibility redetermination process	☐	☐	☐	☐	☒	☐
~~m)~~ Enrollment process for health plan selection	☐	☐	☐	☐	☒	☐
~~n)~~ Family coverage	☐	☐	☐	☐	☒	☐
~~o)~~ Outreach (e.g., decrease funds, target outreach)	☐	☐	☐	☒	☐	☐
~~p)~~ Premium assistance	☐	☐	☐	☐	☐	☒
~~q)~~ Prenatal Eligibility expansion	☐	☐	☐	☐	☐	☒
~~r)~~ Waiver populations (funded under title XXI)						
Parents	☐	☐	☐	☐	☐	☒
Pregnant women	☐	☐	☐	☐	☐	☒
Childless adults	☐	☐	☐	☐	☐	☒

~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☐	☐	☐	☐	☐
~~t)~~ Other – please specify					
~~a.~~ _____	☐	☐	☐	☐	☐	☒
~~b.~~ _____	☐	☐	☐	☐	☐	☒
~~c.~~ _____	☐	☐	☐	☐	☐	☒

8. For each topic you responded yes to above, please explain the change and why the change was made, below:

~~a)~~ Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
~~b)~~ Application	In response to Hurricane Katrina, CMS approved an 1115 waiver allowing CHIP to enroll children through a simplified one page application. This application was developed in collaboration with Medicaid. Passive renewal was also allowed for CHIP enrollees residing in the eleven federally designated Disaster counties. Additionally, the Pediatric Health History, which is submitted by the applicant with a paper application, was revised and added to the online application.
~~c)~~ Application documentation requirements	For parents who are self-employed a copy of their schedule C (from their income tax return) is required. Schedule F is required for applicants who receive income from Farming.
~~d)~~ Benefit structure	
~~e)~~ Cost sharing (including amounts, populations, & collection process)	
~~f)~~ Crowd out policies	
~~g)~~ Delivery system	
~~h)~~ Eligibility determination process (including implementing a waiting lists or open enrollment periods)	

~~i)~~ Eligibility levels / target population	
~~j)~~ Assets test in Medicaid and/or SCHIP	
~~k)~~ Income disregards in Medicaid and/or SCHIP	
~~l)~~ Eligibility redetermination process	
~~m)~~ Enrollment process for health plan selection	
~~n)~~ Family coverage	
~~o)~~ Outreach	CHIP staff worked extensively with Hurricane Katrina evacuees in shelters and Disaster Response Centers around the state to assist with the enrollment of those children using the simplified one page application.
~~p)~~ Premium assistance	
~~q)~~ Prenatal Eligibility Expansion	
~~r)~~ Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
~~t)~~ Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data are available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, report data from the previous two years' annual reports (FFY 2004 and FFY 2005). If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2006). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:
If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

- Population not covered: Check this box if your program does not cover the population included in the measure.
- Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:
Please indicate the status of the data you are reporting, as follows:

- Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2006.
- Final: Check this box if the data you are reporting are considered final for FFY 2006.

– Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2006). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data – administrative data (claims), hybrid data (claims and medical records), survey data, or other source. If another data source was used, please explain the source.

Definition of Population included in the Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):
In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the "additional notes" section.

Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a "weighted rate" by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an "unweighted average" by taking the mean rate across health plans.

Explanation of Progress:
The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small

increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:
Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

MEASURE: Well Child Visits in the First 15 Months of Life

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators are calculated corresponding to the number of members who had received: zero, one, two, three, four, five, six or more well child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators are calculated corresponding to the number of members who had received: zero, one, two, three, four, five, six or more well child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Seven separate numerators are calculated corresponding to the number of members who had received: zero, one, two, three, four, five, six or more well child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member.
Year of Data: 2005	**Year of Data:** 2005	**Year of Data:** 2006

Well Child Visits in the First 15 Months of Life (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 18 4 visits Numerator: Denominator: Rate: 17 1 visit Numerator: Denominator: Rate: 2 5 visits Numerator: Denominator: Rate: 20 2 visits Numerator: Denominator: Rate: 7 6+ visits Numerator: Denominator: Rate: 27 3 visits Numerator: Denominator: Rate: 9 Additional notes on measure: The above rates are the percentages reported by the ALL Kids vendor, Blue Cross Blue Shield of AL. 82% of ALL Kids enrollees had a well child visit within the first 15 months of life. This percentage compares favorably to the Blue Cross Blue Shield book of business percentage (78%) for this measure.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 6 4 visits Numerator: Denominator: Rate: 21 1 visit Numerator: Denominator: Rate: 11 5 visits Numerator: Denominator: Rate: 23 2 visits Numerator: Denominator: Rate: 14 6+ visits Numerator: Denominator: Rate: 14 3 visits Numerator: Denominator: Rate: 11 Additional notes on measure: 94.2% of ALL Kids enrollees had a well child visit within the first 15 months of life.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 7 Denominator: 215 Rate: 3.3 4 visits Numerator: 42 Denominator: 215 Rate: 19.5 1 visit Numerator: 9 Denominator: 215 Rate: 4.2 5 visits Numerator: 50 Denominator: 215 Rate: 23.3 2 visits Numerator: 15 Denominator: 215 Rate: 7 6+ visits Numerator: 66 Denominator: 215 Rate: 30.7 3 visits Numerator: 26 Denominator: 215 Rate: 12.1 Additional notes on measure: 96.7% of CHIP enrollees (who meet the HEDIS definition for this measure) had a well child visit within the first 15 months of life.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress: **Annual Performance Objective for FFY 2007:** 97% of ALL Kids enrollees (who meet the HEDIS definition for this measure) will have a visit within the first 15 months of life. **Annual Performance Objective for FFY 2008:** 97% of ALL Kids enrollees (who meet the HEDIS definition for this measure) will have a visit within the first 15 months of life. **Annual Performance Objective for FFY 2009:** 97% of ALL Kids enrollees (who meet the HEDIS definition for this measure) will have a visit within the first 15 months of life. *Explain how these objectives were set:* These objectives were set based on historical data for this measure.
Other Comments on Measure:

MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the member.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the enrollee1691.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the enrollee.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 1522 Denominator: 4972 Rate: 30.6 Additional notes on measure: CHIP was comparable to the	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 1691 Denominator: 4895 Rate: 34.5 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 1899 Denominator: 5232 Rate: 36.3 Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
BCBSAL book of business % for this measure which was 33%. It is believed that the reported 30.6% is lower than the actual % due to CPT coding issues. Historically well child visits have not been a reimbursable service in AL fee for service plans and MDs have tended to code these visits to any reasonable sick child code. It is thought that this coding habit continues even though well child visits are now covered in most, if not all, health plans sold in Alabama.		

Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: At least 37% of CHIP enrollees (who meet the HEDIS definition) will have at least one well-child visit with a PCP during the measurement year.

Annual Performance Objective for FFY 2008: At least 37% of CHIP enrollees (who meet the HEDIS definition) will have at least one well-child visit with a PCP during the measurement year.

Annual Performance Objective for FFY 2009: At least 37% of CHIP enrollees (who meet the HEDIS definition) will have at least one well-child visit with a PCP during the measurement year.

Explain how these objectives were set: These objectives were based on historical data for this measure.

Other Comments on Measure:

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: Hedis Version 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For each enrollee in the denominator, those who have had at least one dispensed prescription for inhaled corticosteroids, cromolyn sodium and nedocromil, leukotriene modifiers, or methylxanthines in the measurement year. The list of NDCs provided at the http://www.ncqa.org was used to identify appropriate prescriptions.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For each enrollee in the denominator, those who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and, leukotriene modifiers, or methylxanthines in the measurement year. The list of NDCs provided at the http://www.ncqa.org was used to identify appropriate prescriptions.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For each enrollee in the denominator, those who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and , leukotriene modifiers, or methylxanthines, in the measurement year. The list of NDCs provided a the http://www.ncqa.org was used to identify appropriate prescriptions.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 239 Denominator: 322 Rate: 74.2 10-17 years Numerator: 491 Denominator: 691 Rate: 71.1 Combined rate (5-17 years) Numerator: 730 Denominator: 1013 Rate: 72.1 Additional notes on measure: The above rate compare favorably to the Blue Cross Blue Shield book of business which reported the following rates: 5-9: 67%; 10-17: 63%.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 255 Denominator: 322 Rate: 79.2 10-17 years Numerator: 544 Denominator: 724 Rate: 75.1 Combined rate (5-17 years) Numerator: 799 Denominator: 1046 Rate: 76.4 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 225 Denominator: 237 Rate: 94.9 10-17 years Numerator: 426 Denominator: 450 Rate: 94.7 Combined rate (5-17 years) Numerator: 651 Denominator: 687 Rate: 94.8 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: The percentage of children enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and, leukotriene modifiers, or methylxanthines, in the measurement year will be at least 95%.

Annual Performance Objective for FFY 2008: The percentage of children enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and, leukotriene modifiers, or methylxanthines, in the measurement year will be at least 95%.

Annual Performance Objective for FFY 2009: The percentage of children enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium and, leukotriene modifiers, or methylxanthines, in the measurement year will be at least 95%.

Explain how these objectives were set: These objectives were based on historical data for this measure.

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2005	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: HEDIS Version 2006
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees ages 12-24 months and 25 months-6 years of age with at least one visit with a PCP in the measurement year, enrollees ages 7-11 and 12-19 years of age with at least one visit with a PCP in the measurement year or in the year prior to the measurement year. To count towards the measure, the visit must be with an identified PCP.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees ages 12-24 months and 25 months-6 years of age with at least one visit with a PCP in the measurement year, enrollees ages 7-11 and 12-19 years of age with at least one visit with a PCP in the measurement year or in the year prior to the measurement year. To count towards the measure, the visit must be with an identified PCP.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Enrollees ages 12-24 months and 25 months - 6 years of age with at least one visit with a PCP in the measurement year,enrollees ages 7-11 and 12-19 years of age with at least one visit with a PCP in the measurement year or in the year prior to the measurement year. To count towards the measure, the visit must be with an identified PCP.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 390 Denominator: 445 Rate: 87.6 7-11 years Numerator: 6545 Denominator: 8036 Rate: 81.4 25 months-6 years Numerator: 4556 Denominator: 5828 Rate: 78.2 12-19 years Numerator: 10549 Denominator: 13584 Rate: 77.7 Additional notes on measure: ALL Kids compared favorably with the Blue Cross Blue Shield of AL book of business for this measure. BCBSAL book of business: Age Group % 7-11 years 72% 12-19 years 66% 12-24 mo. 82% 25 mo-6 yrs 73%	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 407 Denominator: 429 Rate: 94.9 7-11 years Numerator: 7165 Denominator: 8025 Rate: 89.3 25 months-6 years Numerator: 4948 Denominator: 5640 Rate: 87.7 12-19 years Numerator: 12298 Denominator: 14194 Rate: 86.6 Additional notes on measure: The rates for each of the age cohorts exceeded the the rates for 2004.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: 479 Denominator: 501 Rate: 95.6 7-11 years Numerator: 7125 Denominator: 7938 Rate: 89.8 25 months-6 years Numerator: 5261 Denominator: 6039 Rate: 87.1 12-19 years Numerator: 12391 Denominator: 14303 Rate: 86.6 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006

Explanation of Progress:

Annual Performance Objective for FFY 2007: Percent with a PCP visit:

12 - 24 months
Rate: 95%

7 - 11 years
Rate: 90%

25 months - 6 years
Rate: 88%

12 - 19 years
Rate: 87%

Annual Performance Objective for FFY 2008: Percent with a PCP visit:

12 - 24 months
Rate: 95%

7 - 11 years
Rate: 90%

25 months - 6 years
Rate: 89%

12 - 19 years
Rate: 88%

Annual Performance Objective for FFY 2009: Percent with a PCP visit:

12 - 24 months
Rate: 95%

7 - 11 years
Rate: 90%

25 months - 6 years
Rate: 90%

12 - 19 years
Rate: 89%

Explain how these objectives were set: These objectives were based on historical data for this measure.

Other Comments on Measure:

SECTION IIB: ENROLLMENT AND UNINSURED DATA

~~1.~~ The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2005	FFY 2006	Percent change FFY 2005-2006
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	81856	84257	2.93

~~A.~~ Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

~~2.~~ The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2003-2005. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2006 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	115	22.4	10.5	2.0
1998 - 2000	86	19.1	7.5	1.6
2000 - 2002	82	14.3	6.9	1.2
2002 - 2004	66	12.9	5.7	1.1
2003 - 2005	48	11.4	4.2	1.0
Percent change 1996-1998 vs. 2003-2005	-58.3*%*	NA	-60.0**%**	NA

* Significant at the .01 level, 2-tailed test

** Significantly different than zero at the .01 level, 2-tailed test

~~A.~~ Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

The decreases in the number of uninsured, low income children is probably due to the extensive collaboration among Medicaid, CHIP, and the Alabama Child Caring Foundation. The 3 programs have ongoing dialogue to increase simplification of the enrollment process, coordination, and outreach.

~~B.~~ Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

~~3.~~ Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☐ Yes (please report your data in the table below)

☒ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

~~A.~~ Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

~~B.~~ What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

~~C.~~ What are the limitations of the data or estimation methodology?

~~4.~~ How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

Since the implementation of CHIP, Phase II in Oct. 1998, it is estimated that SOBRA Medicaid has seen a net increase of approximately 126,300 enrollees. The data were derived from SOBRA Medicaid children's enrollment data shared quarterly with CHIP and the Alabama Child Caring Foundation. This number has been estimated using the knowledge that SOBRA Medicaid enrollment was essentially flat prior to CHIP.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. The format of this section has been revised for FFY 2006 to provide your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- SCHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, please enter the data you reported for each objective in the previous two years' annual reports (FFY 2004 and FFY 2005). In the third column, please report the most recent data available at the time you are submitting the annual report.

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not_report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective.

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:
Please indicate the status of the data you are reporting for each goal, as follows:

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2006.

- Final: Check this box if the data you are reporting are considered final for FFY 2006.

- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2006). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source. For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims), hybrid data (claims and medical records), survey data (specify the survey used), or other source. In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care , please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:
Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for

each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is no larger than 10% of the children in the state	**Goal #1 (Describe)** The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is no larger than 10% of the children in the state	**Goal #1 (Describe)** The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The end target for this goal was reduced from equal to or less than 10% to equal to or less than 5% because the target had been reached at least since FY 2004. While the same numerator and denominator are being used, the explanation of these numbers has been revised to better explain the definitions.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Data	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Data	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: CPS Report Analysis 3 year averages.
Definition of Population Included in the Measure: Definition of denominator: Total children under 19 years of age. Definition of numerator: # of children at or less than 200% FPL who are insured.	**Definition of Population Included in the Measure:** Definition of denominator: Definition of the denominator: Total children under 19 years of age. Definition of numerator: Definition of the numerator # of children at or less than 200% FPLwho are insured.	**Definition of Population Included in the Measure:** Definition of denominator: The number of children, less than 19 years of age. Definition of numerator: Children, under 19 years of age, at or below 200% FPL who are uninsured.
Year of Data:	**Year of Data:**	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The data is a 2001-2003 average. Numerator: 76000 Denominator: 1170000 Rate: 6.5 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: The data is 2002-2004 data Numerator: 66000 Denominator: 1156000 Rate: 5.7 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: 48000 Denominator: 1141000 Rate: 4.2 Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
This is a decrease from the baseline rate of 10.5% in 1996-98.		

Explanation of Progress:

Annual Performance Objective for FFY 2007: The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state.

Annual Performance Objective for FFY 2008: The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state.

Annual Performance Objective for FFY 2009: The number of low-income uninsured children in AL will be reduced by 1% each year until the number of low-income, uninsured children is equal to or less than 5% of the children in the state.

Explain how these objectives were set: The objectives were set based on the FY 2006 objective.

Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) A tracking system will be established by April 2004, which will track applicants referred among ALL Kids, SOBRA Medicaid, and the Alabama Child Caring Foundation.	**Goal #2 (Describe)** A tracking system will be established by April 2004, which will track applicants referred among ALL Kids, SOBRA Medicaid, and the Alabama Child Caring Foundation.	**Goal #2 (Describe)** A sampling methodology will be established that will allow ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, to be tracked to ascertain whether or not those applicants were ultimately enrolled in Medicaid.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: Data for this goal obtained from a sample of applications. From this sample, the number of applicants who were referred from ALL Kids to Medicaid will be divided into the number of these applicants who subsequently became enrolled in Medicaid.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The goal was revised to (1)remove a 2004 date of completion, (2) to remove the Alabama Child Caring Foundation (ACCF) as part of the tracking system, and (3) better articulate the goal. ACCF was removed because its waiting list situation would make tracking too cumbersome.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Administrative files	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Administrative files.	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: A sample of applicants which were referred to Medicaid was reviewed to determine how many were subsequently enrolled in Medicaid.
Definition of Population Included in the Measure: Definition of denominator: Referrals of new applications and renewals from ALL Kids to SOBRA Medicaid. Definition of numerator: # of children referred from ALL Kids to Medicaid who subsequently became enrolled in Medicaid.	**Definition of Population Included in the Measure:** Definition of denominator: Definition of the denominator: Referrals of new applications and renewal from ALL Kids to SOBRA Medicaid. Definition of numerator: # of children referred from ALL Kids to Medicaid who subsequently became enrolled in Medicaid.	**Definition of Population Included in the Measure:** Definition of denominator: The number of applicants (pulled for this sample) which were referred/sent to Medicaid from ALL Kids. Definition of numerator: Out of the sample of applicants referred from ALL Kids to Medicaid, the number of appllicants which were subequently enrolled in Medicaid (as determined by the disposition of the application within the Medicaid system).
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: In this first year of this goal, no data was reported Numerator:	**Performance Measurement Data:** Described what is being measured: Numerator:	**Performance Measurement Data:** Described what is being measured: This goal will measure the degree to which referrals made by the ALL Kids eligibility staff to the Medicaid Agency are ultimately enrolled in Medicaid.

FFY 2004	FFY 2005	FFY 2006
Denominator: Rate: Additional notes on measure: In FY 2004, the program used Robert Wood Johnson Foundation grant funds to build an interface among the Medicaid, ALL Kids. In 2005, the program plans to build a reporting mechanism to track applications as well as an interface with the Alabama Child Caring Foundation.	Denominator: Rate: Additional notes on measure: In 2005 this could not be quantified in numbers.	Numerator: Denominator: Rate: Additional notes on measure: This goal was revised at the end of FY 2006 and tracking began in late FY 2006 No data for FY 2006 is yet available. Data will be reported beginning in FY 2007.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Based on the data observed during FY 2006, future goals will be set in FY 2007.

Annual Performance Objective for FFY 2008: Based on the data observed during FY 2006, future goals will be set in FY 2007.

Annual Performance Objective for FFY 2009: Based on the data observed during FY 2006, future goals will be set in FY 2007.

Explain how these objectives were set: Because of the lack of baseline data, setting future goals for this area is being deferred until FY 2007.

Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.	**Goal #1 (Describe)** The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.	**Goal #1 (Describe)** The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The goal, itself, was not revised but the definition of the numerator was refined.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Administrative data	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Administrative data	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Administrative data
Definition of Population Included in the Measure: Definition of denominator: Enrollees who did not renew due to non-payment of premium. Definition of numerator: The number of ALL Kids enrollees who disenroll for non-payment of premium	**Definition of Population Included in the Measure:** Definition of denominator: Enrollees who did not renew due to non-payment of premium. Definition of numerator: The number of ALL Kids enrollees who dienrolled for non-payment of premium.	**Definition of Population Included in the Measure:** Definition of denominator: The number of ALL Kids enrollees who were due to renew. Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids but who disenrolled for non-payment of premium.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: The impact of the premiums on renewal. Numerator: Denominator: Rate: Additional notes on measure: The denominator is the number of enrollees who were due to renew. In FY 2004, less than 1% of ALL Kids enrollees disenrolled due to non-payment of premiums.	**Performance Measurement Data:** Described what is being measured: The impact of premiums on renewal. Numerator: 1821 Denominator: 58584 Rate: 3.1 Additional notes on measure: The denominator is the number of enrollees who were due to renew in FY 2005.	**Performance Measurement Data:** Described what is being measured: Numerator: 1974 Denominator: 61800 Rate: 3.2 Additional notes on measure: See notes in FY 2005.

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. **Annual Performance Objective for FFY 2008:** The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. **Annual Performance Objective for FFY 2009:** The percentage of families who do not renew their children's ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%. *Explain how these objectives were set:* Because this goal has not been met since FY 2004, the target percentage of "not more than 3%," was kept the same as in previous years.		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.	**Goal #2 (Describe)** A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.	**Goal #2 (Describe)** A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☒ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Enrollees who completed the applicable questions on the New Enrollees Survey and Continuous Enrollees Survey. Definition of numerator: The number of families with ALL Kids enrolled children who report financial barriers to accessing care since enrollment in ALL Kids.	**Definition of Population Included in the Measure:** Definition of denominator: Enrollees who completed the applicable questions on the New Enrollees Survey and the Continuous Enrollees Survey. Definition of numerator: The number of families with ALL Kids enrolled children who report financial barriers to accessing care since enrollment in ALL Kids.	**Definition of Population Included in the Measure:** Definition of denominator: Enrollees who completed the applicable questions on the New Enrollees Survey and Continuous Enrollees Survey. Definition of numerator: The number of families with ALL Kids enrolled children who report on the New Enrollees survey and on Continuous Enrollees survey financial barriers to accessing care since enrollment in ALL Kids.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Described what is being measured: The number of families with ALL Kids enrolled children who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment. Numerator: Denominator: Rate: Additional notes on measure: Before enrollment, 30% of the families reported that they could not afford care. After enrollment only 3.2% reported that they could not afford care.	**Performance Measurement Data:** Described what is being measured: The number of families with ALL Kids enroled children who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment. Numerator: Denominator: Rate: Additional notes on measure: Before enrollment, 21% of the families reported that they could not afford care. After enrollment only 2.7% reported that they could not afford care.	**Performance Measurement Data:** Described what is being measured: The number of families with ALL Kids enrolled children who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment. Numerator: Denominator: Rate: Additional notes on measure: Before enrollment, 20% of the families reported that they could not afford care. After enrollment only 2.7% reported that they could not afford care.

Explanation of Progress:

Annual Performance Objective for FFY 2007: A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.

Annual Performance Objective for FFY 2008: A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.

Annual Performance Objective for FFY 2009: A higher percentage of families with ALL Kids enrolled child(ren), report that financial barriers to accessing care have been reduced since enrollment in ALL Kids in comparison to the time before enrollment in ALL Kids.

Explain how these objectives were set: This measure has been continually met in FY 2004 and FY 2005 and seemed appropriate to the objective.

Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) There will be a maintenance of effort or an increase, on the part of CHIP, to decrease the # of uninsured, low-income (Medicaid eligible) children as evidenced by at the least the following: (a) Continuted use of a joint applications form. (b) Continued use of a joint renewal form. (c) Continued referral, without any barriers, of applications & renewals between CHIP and Medicaid.	**Goal #1 (Describe)** There will be a maintenance of effort or an increase, on the part of CHIP, to decrease the # of uninsured, low-income (Medicaid eligible) children as evidenced by at the least the following: (a) Continuted use of a joint applications form. (b) Continued use of a joint renewal form. (c) Continued referral, without any barriers, of applications & renewals between CHIP and Medicaid.	**Goal #1 (Describe)** The percentage of Medicaid eligible but uninsured children will be less than 5%.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: In addition to the above evidence (a-c), there will be evidence of the following: (d) Continued outreach efforts by CHIP staff for network building with community groups, prefessionals (individually & in groups), child care providers, schools, etc. (e) Continued evaluation & monitoring of the application transfer/referral process between CHIP and Medicaid. (f) Continued computer enhancements to improve the ecommunication with other agencies & current potential CHIP enrollees.	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*: In addition to the above evidence (a-c), there will be evidence of the following: (d) Continued outreach efforts by CHIP staff for network building with community groups, prefessionals (individually & in groups), child care providers, schools, etc. (e) Continued evaluation & monitoring of the application transfer/referral process between CHIP and Medicaid. (f) Continued computer enhancements to improve the ecommunication with other agencies & current potential CHIP enrollees.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: The goal was revised to make it more quantifiable.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Medicaid enrollment data, administrative files, evidence of use of jiont application and renewal forms.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☒ Other. *Specify*: Medicaid enrollment data, administrative files, evidence of use of a joint application and renewal forms.	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*: Medicaid eligibility data as well as CPS data were used.
Definition of Population Included in the Measure: Definition of denominator: Not applicable. A review of administrative files & forms used for applicatoin & renewal will be done. Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: N/A A review of administrative files and forms used for application and renewal forms was done. Definition of numerator: N/A see above.	**Definition of Population Included in the Measure:** Definition of denominator: The number of Medicaid eligible children in the state. Definition of numerator: The number of Medicaid eligible children who are uninsured.

FFY 2004	FFY 2005	FFY 2006
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: This goal attempts to measure coordination and simplification among the ALL Kids, Medicaid, and Alabama Child Caring Foundation. Numerator: Denominator: Rate: Additional notes on measure: SOBRA Medicaid enrollment during FY 2004 ws at least 300,000. (a-b) Joint application & renewal forms continued in use. (c) Monthly meetings between CHIP & Medicaid staff revealed that referral between the 2 programs continued with minimal barriers. Barriers were addressed at each meeting & actions to reduce/eliminate these barriers were taken. (d) Outreach activities continued through the work of the Regional CHIP staff & central office staff directing special projects. (e) see c above.	**Performance Measurement Data:** Described what is being measured: This goal attempts to measure coordination and simplification among the ALL Kids, Medicaid, and Alabama Child Caring Foundation. Numerator: Denominator: Rate: Additional notes on measure: SOBRA Medicaid enrollment during FY 2005 ws at least 300,000. At the end of FY 2005, SOBRA Medicaid enrollment was 316,748.	**Performance Measurement Data:** Described what is being measured: The measure captures the number of children who are potentially eligible for Medicaid insurance but who are uninsured. Numerator: 29000 Denominator: 316202 Rate: 9.2 Additional notes on measure: Since this is the first year that these data were reviewed, it is not known if the target of "less than 5%" is appropriate. This measure will be reviewed annually and the target percentage may be revised in the future.

Explanation of Progress:

Annual Performance Objective for FFY 2007:

Annual Performance Objective for FFY 2008:

Annual Performance Objective for FFY 2009:

Explain how these objectives were set:

Other Comments on Measure: In addition to the above:

(f) An Automated Data Integration (ADI) system was put into place during FY 2004. The ADI system allowed for a seamless, automated, transfer of application information to be transferred between CHIP & Medicaid. A Web-based application was put into place which enhanced the application process for potential CHIP & Medicaid enrollees. Other CHIP computer systems continued to be refined by the Health Department's Computer Systems Center during the year.

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe)	**Goal #2 (Describe)**	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe)	**Goal #3 (Describe)**	**Goal #3 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #1 (Describe)** A higher percentage of fmailies report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #1 (Describe)** A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined objective
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Answers to relevant questions on the Continuous enrollee survey.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the New Enrollee survey with answers on the Continuous enrollee survey.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the New Enrollee survey with answers on the Continuous Enrollee survey.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: According to the survey, before enrollment in ALL Kids, 78% of the children/families said that the child had 1 provider that was usually seen for routine care. According to the survey, after enrollment in ALL Kids, 93% of the children/families said that the child had 1 provider that was usually seen for routine care.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: The results of the New Enrollees Survey show that before enrollment in ALL Kids, 81% of the enrollees/families said that the child had 1 provider that was usually seen for routine care. According to the Continuous Enrollees Survey, after enrollment in ALL Kids, 94% of the enrollees/families said that the child had 1 provider that was usually seen for routine care.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: The results of the New Enrollees Survey show that before enrollment in ALL Kids, 79% of the children/families said that the child had 1 provider that was usually seen for routine care. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, 94% of the children/families said that the child had 1 provider that was usually seen for routing care.

Explanation of Progress:

Annual Performance Objective for FFY 2007: A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.

Annual Performance Objective for FFY 2008: A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.

Annual Performance Objective for FFY 2009: A higher percentage of families report that their ALL Kids (CHIP) enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.

Explain how these objectives were set: The measure seemed appropriate to the objective.

Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #2 (Describe)** A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #2 (Describe)** A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined objective.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Answers to relevant questions on the Continuous enrollee survey.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of enrollees/families that completed the appropriate question on the Continuous enrollee survey.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: N/A
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate:

FFY 2004	FFY 2005	FFY 2006
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: According to the survey in the 12 months prior to ALL Kids, 45% of the children had had an ER visit. After enrollment in ALL Kids, in the most recent 12 months only 33% of the children had used the ER.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: According to the survey in the 12 months prior to ALL Kids enrollment, 47% of the enrollees had had an ER visit. After enrollment in ALL Kids, in the most recent 12 months only 27% of the enrollees had used the ER.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: According to the New Enrollees Survey, in the 12 months prior to ALL Kids, 39% of the children had had an ER visit. According to the Continuous Enrollees Survey, after enrollment in ALL Kids, in the most recent 12 months only 30% of the children had used the ER.

Explanation of Progress:

Annual Performance Objective for FFY 2007: A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.

Annual Performance Objective for FFY 2008: A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.

Annual Performance Objective for FFY 2009: A lower percentage of families report that their ALL Kids enrolled child(ren) have used a hospital emergency room since enrollment in ALL Kids than before enrollment in ALL Kids.

Explain how these objectives were set: The measure seemed appropriate to the objective.

Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs.	**Goal #3 (Describe)** Contracts with state agencies which serve children with special health care needs will be maintained for the purpose of providing specialty services beyond the basic ALL Kids coverage package for these children.	**Goal #3 (Describe)** Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs.
Type of Goal: ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: In compiling the FY 2006 report, this goal was streamlined to accomodate this report form.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This goal streamlined to conform with this report format.	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This goal was streamlined to accomodate this report format.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: see above.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The sources for the measurement of this goal are administrative files showing contracts with other state agencies for specialty services for children with special health care needs.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*: The sources for the measurement of this goal are administrative files showing contracts (for the provision of specialty services) between the ADPH (for ALL Kids) other state agencies which provide specialty services for children with special health care needs, claims data, and provider reimbursement data.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2006	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure: During FY 2004, ALL Kids maintained contracts with all of the state agencies with which it contracted in FY 2003 for the provision of services to ALL Kids enrollees with special health care needs.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: In FY 2005, all FY 2004 contracts with state agencies which serve children with special health care needs were maintained for the purpose of providing specialty services beyond the basic ALL Kids coverage package for these children.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: During FY 2006, ALL Kids maintained contracts with the Department of Rehabilitation and the Department of Mental Health and Mental Retardation for the provision of services to ALL Kids enrollees with special health care needs. $435,972.84 was spent for the provision of these services.

Explanation of Progress:

Annual Performance Objective for FFY 2007: Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs.

Annual Performance Objective for FFY 2008: Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs.

Annual Performance Objective for FFY 2009: Specialty services beyond the basic ALL Kids package (ALL Kids PLUS) will be available for ALL Kids enrolled children with special health care needs as evidenced by the maintenance of contracts (for the purpose of providing specialty services beyond the basic ALL Kids coverage package) between the Alabama Department of Public Health (for ALL Kids) and state agencies which serve children with special health care needs.

Explain how these objectives were set: The measure seemed appropriate to the objective.

Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #1 (Describe)** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #1 (Describe)** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined objective.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined objective.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of children/families who, on the New Enrollee Survey, answered the questions pertaining to this area, indicating that they could/did obtain care compared to the percentage of children/families who, on the Continuous Enrollee Survey (children who had been enrolled at least 12 months), answered questions pertaining to this area indicating that they could/did obtain care.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of children/families who, on the New Enrollee Survey, answered the questions pertaining to this area, indicating that they could/did obtain care compared to the percentage of children/families who, on the Continuous Enrollee Survey, answered questions pertaining to this area indicating that they could/did obtain care.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The measurement is the percentage of enrollees/families who, on the New Enrollee Survey, answered the question pertaining to this area, indicating that they had a well child check-up in the past year compared with the percentage of children/families who, on the Continuous Enrollee Survey (children who had been enrolled at least 12 months), answered this same question since enrollment in ALL Kids.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure: Before ALL Kids, 73% said they always or usually got routine preventive care. After ALLs, 84% said they always or usually got routing preventive care.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:) Before ALL Kids, 67% said they always or usually got routine preventive care. After ALL Kids, 85% said they always or usually got routine preventive care.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Before ALL Kids, 85% said they always or usually got needed routine preventive care. After AL Kids, 96% said they always or usually got needed routing preventive care.

Explanation of Progress:

Annual Performance Objective for FFY 2007: A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.

Annual Performance Objective for FFY 2008: A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.

Annual Performance Objective for FFY 2009: A higher percentage of families report that their ALL Kids enrolled child(ren) have had a well child check-up in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.

Explain how these objectives were set:

Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a dental visit in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #2 (Describe)** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a dental visit in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #2 (Describe)** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a dental visit in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Throughout the history of ALL Kids, this goal has been achieved. Therefore, after FY 2005, it was discontinued as a goal so that the program may focus on other yet to be achieved goals.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of children/families who, on the New Enrollee Survey, answered the questions pertaining to this area, indicating that they could/did obtain care compared to the percentage of children/families who, on the Continuous Enrollee Survey (children who had been enrolled at least 12 months), answered questions pertaining to this area indicating that they could/did obtain care.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of children/families who, on the New Enrollee Survey, answered the questions pertaining to this area, indicating that they could/did obtain care compared tot he percentage of children/families who, on the Continuous Enrollee Survey answered questions pertaining to this area indicating that they could/did obtain care.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:**

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Before ALL Kids. 39.9% said they needed dental care but could not get it and 40.8% of the children had had a dental visit in the 12 months prior to the survey. After ALL Kids, 7.8% reported that they needed dental care but could not get it and 84.8% said that they'd had a dental a visit in the 12 months prior to the survey.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Before ALL Kids, 30% said they needed dental care but could not get it and only 54% of the children had had a dental visit in the 12 months prior to enrollment. Since ALL Kids enrollment, only 8% reported that they needed dental care but could not get it and 83% said that they'd had a dental visit in the 12 months prior to the survey.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) have had a vision screening in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #3 (Describe)** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a vision screening in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.	**Goal #3 (Describe)** A higher percentage of families report that their ALL Kids enrolled child(ren) have had a vision screening in the past year since enrollment in ALL Kids than before enrollment in ALL Kids.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☒ Discontinued. *Explain*: Throughout the history of ALL Kids, this goal has been achieved. Therefore, after FY 2005, it was discontinued as a goal so that the program may focus on other yet to be achieved goals.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: This is a state defined goal.	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of children/families who, on the New Enrollee Survey, answered the questions pertaining to this area, indicating that they could/did obtain care compared to the percentage of children/families who, on the Continuous Enrollee Survey (children who had been enrolled at least 12 months), answered questions pertaining to this area indicating that they could/did obtain care.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The percentage of children/families who, on the New Enrollee Survey, answered the questions pertaining to this area, indicating that they could/did obtain care compared to the percentage of children/families who, on the Continuous Enrollee Survey answered questions pertaining to this area indicating that they could/did obtain care.	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:** 2005	**Year of Data:**

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Before ALL Kids, 13% said that they'd had a need for vision care but could not get it. After ALL Kids, only 2% said that they'd had a need for vision care but could not get it.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: Before ALL Kids, 12% said that they'd had a need for vision care but could not get it. After ALL Kids, only 3% said that they'd had a need for vision care but could not get it.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

The Alabama SCHIP program partners with the University of Alabama at Birmingham School of Public Health to evaluate SCHIP enrollees' experiences with the program and their access to and utilization of health services while enrolled. In particular, UAB School of Public Health distributes and analyzes two surveys for ALL Kids: a New Enrollee Survey and a Continuous Enrollee Survey both with adolescent supplements for those children 12 or older.

The Continuous Enrollee Survey began in October 1999 and provides ongoing feedback to the program regarding enrollees' access to and utilization of health services. The survey captures data from children who have been enrolled in ALL Kids for at least twelve months. The response rate has averaged 59% over the life of the survey. For FY 2006, Thirty-eight percent (38%) of respondents have been on the program twelve to twenty four months, and 62% have been enrolled greater than two years.

Specific questions address the enrollees' access to a medical home. Over 94% of respondents indicate that they have either one provider or group of providers they use for sick or routine health care. Ninety-two percent say that they have no problem finding a doctor that accepts ALL Kids and 85% rate their satisfaction with their child's personal doctor as "high". Similarly, after ALL Kids only 17% said they didn't need routine care and of those that did need routine care 94% said they got it always or usually. Eighty-three percent (83%) reported that they had a dental visit in 12 months prior to survey.

Ninety-six percent report no problems or barriers to obtaining needed prescriptions. Parents also report high levels of access for specialty services. In fact, 90% report that there was no time in the previous twelve months when their child needed specialty care and they could not access these services.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

CHIP has initiated a pilot project in five counties which offers case management to enrollees identified as having Asthma. The program objectives include, reduce hospital admissions and emergency room visits, increase the use of controller medications as prescribed, and decrease the use of rescue medications. The 3 month project start up began July 1, 2006, with implementation October 1, 2006. Close out and evaluation of the project is expected Jan - March 2008.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found?

The CHIP mental health vendor has initiated a Quality Improvement activity to monitor compliance for the treatment of Attention Deficit Hyperactivity Disorder in CHIP enrollees. There are two quantifiable measures of this activity: 1) Medication followup/ a second prescriber visit within 45 days, and 2) Four medication and/or psychotherapy visits within the first six months of treatment. For the period 7/1/2005 - 12/31/2005, 75% of unique enrollees diagnosed with ADHD and prescribed a medication, had a second visit within 45 days. For the same time period, 54% had four visits within the first 6 months of treatment. The data will be used as a baseline and the monitoring activity will continue.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

1."New Enrollees Survey" and "Continuous Enrollees Survey"

The program conducts 2 ongoing surveys; one with new enrollees and one with continuous enrollees so that the program can assess the amount and direction of change that ALL Kids has had on its enrollees. The New Enrollees Survey looks at health status indicators in the 12 months prior to ALL Kids enrollment and the Continuous Enrollees Survey looks at health status indicators since enrollment in ALL Kids.

2. "Adolescent-Provider Communication and Enrollment in SCHIP"

There is an adolescent supplement to the Continuous Enrollees Survey. Approximately 48% of enrollees receiving the survey also receive this component. All recipients are twelve years of age and older and the survey supplement may be filled out by either the parent, the adolescent or the parent may work in conjunction with their child to answer the survey questions. The majority of surveys are filled out either by the parent or the parent and the adolescent together. However, 34% indicate that the adolescent only filled out the survey. The survey focuses on adolescent issues such as emotional and behavioral concerns. To date, there has been a 52% response rate.

The survey results show that 21% of adolescents report calling their health care provider for advice. Of those that did call, 77% said they usually or always got the help or advice that they were seeking. Forty-six percent (46%) of adolescents reported that their health care provider has discussed with them taking responsibility for their own health. Similarly, forty-nine percent (49%) said the provider gave them reassurance and support about taking responsibility for their own health. However, only 36% of adolescents responding to the survey reported having the opportunity to speak with their provider privately.

Enter any Narrative text below.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

~~1.~~ How have you redirected/changed your outreach strategies during the reporting period?

Due to the substantial number of Katrina affected families residing temporarily in Alabama, considerable outreach efforts were redirected to reach these families statewide. The CHIP website was revised during this time to provide information and easy access to our program and other Katrina evacuee related information. Staff worked diligently via shelters, outreach centers, health fairs, schools and county health departments to identify and enroll uninsured children.

b.) CHIP initiated on-site outreach and training to all Department of Human Resources (DHR) county staff, especially those in Child/Medical Support units. Developed a one page "What to do Sheet" specifically for DHR staff. Attended the annual DHR Child Support conference and distributed this and other CHIP materials.

c.) Developed and began distribution of a Faith based brochure (English & Spanish) to reach families of all faiths

d.) Collaborated with the Alabama Child Caring Program (ACCP) to mail CHIP information to over 4,600 children on their waiting list in June of 2006.

e.) "Teach the People that Reach the People". CHIP Regional Staff have focused their outreach efforts on staff training for agency personnel and providers who have direct access to uninsured families. These trainings which offer Contact Hours, have been provided to staff of county health departments, healthcare providers, daycares, public schools, birth to five care providers, faith based organizations etc…, so that they can identify uninsured children and assist with enrollment.

~~2.~~ What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?

CHIP continues to make significant progress in reaching low-income, uninsured children through several avenues. The program continues to partner with other agencies and programs who serve the same or over-lapping populations. Ongoing trainings with Alabama Department of Public Health staff, and the continued partnerships with school nurses, athletic programs, heath care providers, and daycare providers around the state result in continued successful outreach.

Annecdotal evidence shows that media runs utilizing radio and television always produce an immediate spike in interest in CHIP as evidence by the amount of calls received by our Customer Service Unit.

~~3.~~ Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?

CHIP continues to have program information translated and available to the Hispanic population. The state is seeing a rapid increase in this population. Outreach to the Latin American population has been greatly enhanced by our repeated presence at the Latin American Consulate visits where thousands of Alabama's Hispanic immigrants are reached annually.

Work with Hurricane Katrina evacuees lead to a partnership with the Vietnamese community in the southern area of the state.

Collaboration and partnership with the Asian community gatekeepers have now been established and are proving to be invaluable for outreach to these populations.

CHIP partners and participates in the Governor's Black Belt Commission; established to actively improve the health, education and welfare of the residents in these rural under-served, under-resourced counties of Alabama.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program above 200 through 250% of FPL must complete question 1. All other states with trigger mechanisms should also answer this question.

~~1.~~ Does your state cover children between 200 and 250 percent of the FPL or does it identify a trigger mechanism or point at which a substitution prevention policy is instituted?

- ☒ Yes
- ☐ No
- ☐ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

ALL Kids application materials require that the parent provide detailed information on current health insurance coverage for children and explain any coverage that has ended in the previous three months. This information is captured in the CHIP eligibility and enrollment data system and is reviewed at initial eligibility determination by Enrollment Division staff to ensure that children ineligible for CHIP coverage due to having or recently voluntarily terminating other health insurance are not enrolled. If a child appears eligible for ALL Kids coverage, and is uninsured or meets one of the criteria for exception to the ALL Kids crowd-out policy, the information is transmitted to the insurance vendor for enrollment in the program.

This nightly enrollment transmittal to Blue Cross and Blue Shield of Alabama (the vendor for CHIP in Alabama) is then filtered against other Blue Cross Blue Shield policies in order to identify children with other BCBS coverage in effect or that has been terminated less than 90 days from the date of enrollment indicated on the file. This is a highly effective strategy because it is believed that BCBS insures over 80% of the covered lives in Alabama. A system generated report is returned from BCBS daily to the CHIP Enrollment Division indicating those potential enrollees filtered as insured. Each case is investigated and the family notified of the indicated other coverage and appropriate waiting periods for enrollment. If enrollment in other insurance is dropped voluntarily, there is a 3 month waiting period (during which the child must be uninsured) before the child can be enrolled in CHIP. Exceptions to this waiting period are made for children who have exhausted their lifetime benefits under their other policy, health insurance was involuntarily dropped by the custodial parent, the other heath insurance is one that is limited to catastrophic events or certain diseases (such as a cancer policy), the policy is an individual policy and not a group policy (including COBRA).

The CHIP eligibility and enrollment data system provides program management with monthly reports on these children as well as those that were exempted from any waiting periods based on program policy.

States with separate child health programs over 250% of FPL must complete question 2. All other states with substitution prevention provisions should also answer this question.

~~2.~~ Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- ☒ Yes
- ☐ No
- ☐ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.).

Otherwise eligible applicants may not enroll in CHIP if they have voluntarily dropped private group health insurance within the past 90 days.

All States must complete the following 3 questions

~~3.~~ Describe how substitution of coverage is monitored and measured and the effectiveness of your policies.

See #1 above.

~~4.~~ At the time of application, what percent of applicants are found to have insurance?

Of the 118,598 children that applied for AL CHIP, 16,038 (13.5%) were determined to have other insurance coverage. These children were found to be covered on Medicaid, other commercial insurance, State Employee Insurance Board or the Public Education Employee Health Insurance Plan.

~~5.~~ Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP?

This information is not able to be obtained from AL SCHIP data system at this time.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

~~1.~~ Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.

No. Both the ALL Kids and Medicaid programs have the same redetermination procedures as their original determination procedures. Additionally, both programs have the same twelve-month coverage periods and both use the same renewal form. However, CHIP has no interview requirements. The only verification requirements in CHIP are for immigrant documentation status, to verify information which is not clear or is contradictory, and income verification for parents who are self-employed. Since both programs use the same renewal form and since the renewal form is essentially the same as the new application form, when a renewal form is sent by ALL Kids to Medicaid, Medicaid accepts the renewal form as a new application for the program (and vice versa).

~~2.~~ Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain.

At the annual renewal time all renewal information is entered into the respective system's data base. If a child is determined to be ineligible for his current program (CHIP or Medicaid) and

probably eligible for the other program (CHIP or Medicaid), the application information is sent electronically, through the Automated Data Information (ADI) system, to the other program along with all denial documentation. This is explained to the family. Upon receipt of the paper application from the originating program, the new program pulls up the renewal information from the ADI system and processes the information as a new application. Monthly CHIP/Medicaid meetings have identified a few minor problems that have been successfully resolved. Such issues have included miscommunications, individual district caseworker problems, inconsistent interpretations, clarifying what the other program needed in the way of documentation, paperwork, etc.

~~3.~~ Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

No. Medicaid uses a unique network which the Medicaid Agency manages. For medical services, ALL Kids uses a preferred provider, discounted fee-for-service network developed by Blue Cross Blue Shield of Alabama. For mental health services, ALL Kids uses a provider network developed by United Behavioral Health.

ELIGIBILITY REDETERMINATION AND RETENTION

~~1.~~ What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program?
  Two postcards are sent to each family at ten and six weeks prior to renewal in addition to the pre-printed renewal form itself, which is sent to each family eight weeks prior to renewal.
- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)
  See above.

☐ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups)

☒ Holds information campaigns

☒ Provides a simplified reenrollment process,

Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application)

The renewal form is partially pre-printed with the enrollee's information. In addition, the form continues to be a joint form which combines application information for Medicaid, CHIP, and the Alabama Child Caring Foundation and can be moved electronically between the agencies.

☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:*

☒ Other, *please explain*:

To assist families in paying their premiums, ALL Kids uses a system known at Pay$mart to which allows the family to pay their premiums in installments. Addtionally, families may use a credit or debit card either on-line or by phone to pay their premiums. Families who owe premiums receive a bill every 3 months which shows the balance due.

~~2.~~ Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

All of the noted measures above continue to be effective and are continually monitored.

~~3.~~ Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

☒ Yes
☐ No
☐ N/A

When was the monthly report or assessment last conducted?

October 15, 2006.

The data below reflects annual figures for the number of ALL Kids enrollees who disenrolled during FY2006 (October 1, 2005 – September 30, 2006).

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	**Obtain other public or private coverage**		**Remain uninsured**		**Age-out**		**Move to new geographic area**		**Other**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
29,212	8,318	28			2,303	8	6	0	18,811	64

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information.

CHIP administrative data were obtained from the Eligibility Division's determination processes via incoming telephone requests, paper and web application submissions, income verification, and demographic data. Data were tabulated into CHIP "Cancel Reasons" reports and renewal statistics reports and were used to report the numbers in the above table, as well as the following numbers.

It must be noted that the number under "Obtain other public or private coverage" includes those children who either obtained other insurance (183 or 2%) were found to be already covered under Medicaid (336 or 4%), state employees insurance or state teacher's insurance (129 or 2%) or were deemed under (5,788 or 70%) or over (1,882 or 23%) the ALL Kids income eligibility range. Those who were determined

to be under income were referred to Medicaid. Those who were determined to be over income were referred to the Alabama Child Caring Foundation. There is no mechanism in place to track the number of children who remain uninsured once they disenroll from the ALL Kids program.

Also, those in the "Other" category include chldren who were disenrolled either by request from the parent (608 or 3%), for non-payment of premium (1,974 or 11%), no return of the renewal form from the enrollee (16,225 or 86%), or other reasons (4 or 0%).

COST SHARING

~~1.~~ Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

Alabama participated in a special project that looked at the effects of premiums/enrollment fees on participation in CHIP. Focus groups were held and it was the concensus of the group that the ALL Kids premiums were reasonable and did not have a detrimental effect on enrollment.

~~2.~~ Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found?

No

~~3.~~ If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found?

There has been no change in the ALL Kids cost sharing program in the past federal fiscal year.

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

~~1.~~ Does your State offer a premium assistance program for children and/or adults using Title XXI funds under any of the following authorities?

☐ Yes, please answer questions below.
☒ No, skip to Program Integrity subsection.

Children

☐ Yes, Check all that apply and complete each question for each authority.

☐ Premium Assistance under the State Plan
☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration
☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Adults

☐ Yes, Check all that apply and complete each question for each authority.

☐ Premium Assistance under the State Plan (Incidentally)

- ☐ Family Coverage Waiver under the State Plan
- ☐ SCHIP Section 1115 Demonstration
- ☐ Medicaid Section 1115 Demonstration
- ☐ Health Insurance Flexibility & Accountability Demonstration
- ☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

~~2.~~ Please indicate which adults your State covers with premium assistance. (Check all that apply.)

- ☐ Parents and Caretaker Relatives
- ☐ Childless Adults

~~3.~~ Briefly describe your program (including current status, progress, difficulties, etc.)

~~4.~~ What benefit package does the program use?

~~5.~~ Does the program provide wrap-around coverage for benefits or cost sharing?

6. Identify the total number of children and adults enrolled in the premium assistance program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured?

8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced?

9. During the reporting period, what accomplishments have been achieved in your premium assistance program?

10. What changes have you made or are planning to make in your premium assistance program during the next fiscal year? Please comment on why the changes are planned.

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured?

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured?

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.)**

PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS (I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS)

1. Does your state have a written plan that has safeguards and establishes methods and procedures for prevention, investigation and referral of cases of fraud and abuse? Please explain.
With regard to fraud and abuse in the applicant enrollment processes, these are dealt with on a case-by-case basis because there are very few of these occurances. However, when a case of possible fraud or abuse is identified, it is brought to the attention of the appropriate members of the CHIP administrative staff and is scrupulously investigated. With regard to fraud and abuse within the provider sector, CHIP's contracts with the provider vendors specifically state that the vendor is responsible for procedures for prevention, investigation and referral of cases.

2. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

~~a)~~ Provider credentialing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

~~b)~~ Provider billing

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

~~c)~~ Beneficiary eligibility

Number of cases investigated

Number of cases referred to appropriate law enforcement officials

3. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors?
This activity is being developed.

Enter any Narrative text below.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period =Federal Fiscal Year 2005. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)*

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments			
Managed Care			
per member/per month rate @ # of eligibles			
Fee for Service	108,250,213	122,265,460	142,287,394
Total Benefit Costs	108,250,213	122,265,460	142,287,394
(Offsetting beneficiary cost sharing payments)	(3,601,871)	(3,617,371)	(3,745,785)
Net Benefit Costs	$ 104,648,342	$ 118,648,089	$ 138,541,609

Administration Costs			
Personnel	3,195,505	4,150,279	4,095,161
General Administration	539,823	582,350	600,000
Contractors/Brokers (e.g., enrollment contractors)	824,000	1,046,270	900,000
Claims Processing			
Outreach/Marketing costs	1,334,000	1,334,000	1,334,000
Other	521,372	359,703	70,839
Health Services Initiatives			
Total Administration Costs	6,414,700	7,472,602	7,000,000
10% Administrative Cap (net benefit costs ÷ 9)	11,627,594	13,183,121	15,393,512

Federal Title XXI Share	87,362,189	98,626,380	0
State Share	23,700,853	27,494,311	145,541,609

TOTAL COSTS OF APPROVED SCHIP PLAN	111,063,042	126,120,691	145,541,609

2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☒ Foundation grants
- ☐ Private donations
- ☒ Tobacco settlement

☐ Other (specify)

Enter any Narrative text below.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

~~1.~~ If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

~~3.~~ What have you found about the impact of covering adults on enrollment, retention, and access to care of children?

~~4.~~ Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2005 starts 10/1/04 and ends 9/30/05).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	**2006**	**2007**	**2008**	**2009**	**2010**
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #1					
Benefit Costs for Demonstration Population #2 (e.g., parents)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					

Fee for Service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3
(e.g., pregnant women)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4
(e.g., childless adults)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs					
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)					

Administration Costs

Personnel					
General Administration					
Contractors/Brokers *(e.g., enrollment contractors)*					
Claims Processing					
Outreach/Marketing costs					
Other *(specify)*					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

When was your budget last updated (please include month, day and year)?

Please provide a description of any assumptions that are included in your calculations.

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

~~1.~~ For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP.

Alabama continues to struggle with adequate public funding for the state's General Fund to support state budgets and initiatives including funding for the operation of the Alabama Medicaid Agency and SCHIP program. The Legislative and Executive branches continued to dialogue and strategize on how to maintain funding for the Medicaid program while continuing to support contributions to the CHIP Program.

Additionally, the Alabama Child Caring Foundation continues in record numbers to provide insurance to children not eligible for Medicaid or ALL Kids.

Funding of children's health insurance programs continues to be supported by advocacy, provider and state groups drawing collaborative support from a variety of areas. The Legislature and the Governor's Ofice remain very supportive of budget requests.

During the past fiscal year, 5 new statewide health insurance programs have been launched in AL; 2 public program and 3 private programs. The 2 public programs were mandated by the state legislature and created to target thosed children who are not eligible for CHIP because their parents are state employees or public school employees. The 3 private programs were launched by Blue Cross Blue Shield of Alabama and target uninsured Alabamians. One of the 3 programs is a bridge policy for short-term use (Blue Link). Another has a time-limited open enrollment period (Special Open Enrollment Plan). The third plan distinguishes itself by having varying premiums dependent upon where the enrollee lives in the state and how much deductible the enrollee is willing to assume (Individual Blue).

~~2.~~ During the reporting period, what has been the greatest challenge your program has experienced?

FY 2006 challenges were the result of the program's maturation. FY 2006 was Alabama's CHIP's eighth year of service. During this year, the program sought to transition from its start-up format to a design which better addresses the administrative needs of an established program. These needs included: (1) a requirement to establish a specific unit for quality assurance processes, (2) the reinforcement of the data and analytical processes within the program, (3) the separation of customer service activities (which have grown tremendously since the beginning of the program) from enrollment activities, (4) the institutionalization of and increased security around premium receipt, (5) the need for a unit specifically related to nursing and social work activities, (6) an increasing need for Spanish translational services, etc.

~~3.~~ During the reporting period, what accomplishments have been achieved in your program?

During FY 2006, the program accomplished a complete reorganization of its personnel. It also launched a pilot for a county-based, demand case management program (related to asthma). The program also began an in-depth stategic look at its administrative data. CHIP also began to quantify and qualify its regional activities. Finally, CHIP began a new translational project known as the Polyglot Project. The Polyglot Project has 2 parts. One part (the Medicaid assistor part) gives Medicaid enrollment workers and their applicants access to an audible Spanish translation of the questions on the Medicaid/ALL Kids application form. These audible Spanish and English translations include explanations of the questions and make it easier for the Medicaid Outstationed workers to ask questions and clarify information needed as well as making it easier for the applicant to supply the correct information. The second part of the Polyglot Project provides a free-standing computer station at which a Medicaid/CHIP applicant can view the application in Spanish and receive help, in Spanish, by using a mouse to select the area of the application with which help is needed.

~~4.~~ What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned.

CHIP will continue to analyze current administrative procedures and modify as needs are determined to improve the daily operation and maturity of the program.

Enter any Narrative text below.