

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

Preamble

Section 2108(a) and Section 2108(e) of the Act provides that the State and Territories *must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal 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. The State is out of compliance with CHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

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:

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

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

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)) and Section 2108(e).

Signature: _____
Fern M. Shinbaum

CHIP Program Name(s): All, All kids

CHIP Program Type:

- CHIP Medicaid Expansion Only
 Separate Child Health Program Only
 Combination of the above

Reporting Period: 2009 *Note: Federal Fiscal Year 2009 starts 10/1/08 and ends 9/30/09.*

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Submission Date: 12/28/2009

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF CHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your CHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different CHIP 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. Please note that the numbers in brackets, e.g., [500] are character limits in the Children's Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

		CHIP Medicaid Expansion Program				Separate Child Health Program				
* Upper % of FPL are defined as <u>Up to and Including</u>										
Gross or Net Income: ALL Age Groups as indicated below										
		Is income calculated as gross or net income?	<input type="checkbox"/>	Income Net of Disregards	Is income calculated as gross or net income?	<input type="checkbox"/>		Gross Income		
						<input checked="" type="checkbox"/>		Income Net of Disregards		
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 children ages 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 *
					From		% of FPL for pregnant women ages 19 and above		% of FPL *	

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input type="checkbox"/>	Yes - Please describe below: For which populations (include the FPL levels) [1000] Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period [1000] Brief description of your presumptive eligibility policies [1000]
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input checked="" type="checkbox"/>	Yes, for whom and how long? [1000] 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.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input type="checkbox"/>	No
			<input checked="" type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Does your program require a face-to-face interview during initial application	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			3	
			To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
			All	
		List all exemptions to imposing the period of uninsurance [1000]		
		1. Involuntary loss of group coverage. 2. Termination of individual coverage policy. 3. Termination of COBRA policy. 4. Exhaustion of benefits in a group plan.		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
			If yes, what database? [1000]	
			Blue Cross Blue Shield of Alabama	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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 [1000]		Explain circumstances when a child would lose eligibility during the time period in the box below [1000]	
		1. If termination is requested by a parent. 2. If the child moves out of the state; or, 3. if the child turns 19 years of age. 4. If the child becomes enrolled in Medicaid.		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below [500]		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate) [500]	
			Children in families 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 3 times the individual premium. Native Americans pay no premiums or co-pays.	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program impose copayments or coinsurance?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below [500]		If Yes, please describe below [500]	

	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
	If Yes, do you permit the administrative verification of assets?		If Yes, do you permit the administrative verification of assets?	
	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards? (Note: if you checked off net income in the eligibility question, you must complete this question)	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below [1000]		If Yes, please describe below [1000]	
			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.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Which delivery system(s) does your program use?	<input type="checkbox"/>	Managed Care	<input type="checkbox"/>	Managed Care
	<input type="checkbox"/>	Primary Care Case Management	<input type="checkbox"/>	Primary Care Case Management
	<input type="checkbox"/>	Fee for Service	<input checked="" type="checkbox"/>	Fee for Service
	Please describe which groups receive which delivery system [500]		Please describe which groups receive which delivery system [500]	

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

Comments on Responses in Table:

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 (i.e., the same, single application) used for your Medicaid and separate child health program? Yes No N/A
7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP? Yes No N/A

8. Indicate what documentation is required at initial application

	Self-Declaration	Self-Declaration with internal verification	Documentation Required
Income	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9. 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 CHIP 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

j) Assets test in Medicaid and/or CHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k) Income disregards in Medicaid and/or CHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Expansion to "Lawfully Residing" children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Expansion to "Lawfully Residing" pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Pregnant Women State Plan Expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
w) Other – please specify						
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. 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	
c) Application documentation requirements	

d) Benefits	
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 CHIP	
k) Income disregards in Medicaid and/or CHIP	
l) Eligibility redetermination process	
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	
p) Premium assistance	
q) Prenatal care eligibility expansion (Sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) as described in the October 2, 2002 Final Rule)	
r) Expansion to "Lawfully Residing" children	
s) Expansion to "Lawfully Residing" pregnant women	
t) Pregnant Women State Plan Expansion	

u) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
v) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
w) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. **[7500]**

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the CHIP 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 is 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 CHIP Final Rules of January 11, 2001. To address this CHIP 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 CHIP. 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 CHIP 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, data from the previous two years' annual reports (FFY 2007 and FFY 2008) will be populated with data from previously reported data in CARTS, enter data in these columns only if changes must be made. 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 2009). 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 2009.
- Final: Check this box if the data you are reporting are considered final for FFY 2009.

- 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® 2007). 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) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the 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 CHIP population only, or include both CHIP 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: CARTS 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 2010, 2011, and 2012. Based on your recent performance on the measure (from FFY 2007 through 2009), 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 2007	FFY 2008	FFY 2009
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2007</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The data are from our vendor, Blue Cross Blue Shield of Alabama</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP 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.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP 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 ore more well-child visits with a PCP during their first 15 months of life. The PCP is not assigned to the member.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP 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 ore more well-child visits with a PCP during their first 15 months of life. The PCP is assigned to the member.</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2007	FFY 2008	FFY 2009
<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 12 Denominator: 225 Rate: 5.3</p> <p><u>4 visits</u> Numerator: 37 Denominator: 225 Rate: 16.4</p> <p><u>1 visit</u> Numerator: 9 Denominator: 225 Rate: 4</p> <p><u>5 visits</u> Numerator: 68 Denominator: 225 Rate: 30.2</p> <p><u>2 visits</u> Numerator: 15 Denominator: 225 Rate: 6.7</p> <p><u>6+ visits</u> Numerator: 70 Denominator: 225 Rate: 31.1</p> <p><u>3 visits</u> Numerator: 14 Denominator: 225 Rate: 6.2</p> <p>Additional notes on measure: 94.7% of CHIP enrollees (who met the HEDIS definition for this measure) had a well child visit within the first 15 months of life.</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 13 Denominator: 269 Rate: 4.8</p> <p><u>4 visits</u> Numerator: 44 Denominator: 269 Rate: 16.4</p> <p><u>1 visit</u> Numerator: 6 Denominator: 269 Rate: 2.2</p> <p><u>5 visits</u> Numerator: 68 Denominator: 269 Rate: 25.3</p> <p><u>2 visits</u> Numerator: 13 Denominator: 269 Rate: 4.8</p> <p><u>6+ visits</u> Numerator: 100 Denominator: 269 Rate: 37.2</p> <p><u>3 visits</u> Numerator: 25 Denominator: 269 Rate: 9.3</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 13 Denominator: 311 Rate: 4.2</p> <p><u>4 visits</u> Numerator: 49 Denominator: 311 Rate: 15.8</p> <p><u>1 visit</u> Numerator: 7 Denominator: 311 Rate: 2.3</p> <p><u>5 visits</u> Numerator: 84 Denominator: 311 Rate: 27</p> <p><u>2 visits</u> Numerator: 9 Denominator: 311 Rate: 2.9</p> <p><u>6+ visits</u> Numerator: 130 Denominator: 311 Rate: 41.8</p> <p><u>3 visits</u> Numerator: 19 Denominator: 311 Rate: 6.1</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The percentage of children who receive 6 or more visits in the first 15 months of life increased during FY 2009.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2010: Increase the percentage of children who receive 6 or more visits in the first 15 months of life to at least 39%.

Annual Performance Objective for FFY 2011: Increase the percentage of children who receive 6 or more visits in the first 15 months of life to at least 40%.

Annual Performance Objective for FFY 2012: Increase the percentage of children who receive 6 or more visits in the first 15 months of life to at least 41%.

Explain how these objectives were set: Based on historical data.

Other Comments on Measure:

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

FFY 2007	FFY 2008	FFY 2009
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2007</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data are from our vendor, from Blue Cross Blue Shield of Alabama.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP 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.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the member.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Members who had at least one well-child visit with a PCP during the measurement year. The PCP is not assigned to the member.</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>

FFY 2007	FFY 2008	FFY 2009
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 1927 Denominator: 5242 Rate: 36.8</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 2444 Denominator: 5683 Rate: 43</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 2290 Denominator: 5302 Rate: 43.2</p> <p>Additional notes on measure:</p>

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

FFY 2007	FFY 2008	FFY 2009
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The performance stayed virtually the same.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: The percentage of CHIP enrollees (who meet the HEDIS definition) have had at least 1 well-child visit with a PCP during the measurement year will be increased to at least 44%.</p> <p>Annual Performance Objective for FFY 2011: The percentage of CHIP enrollees (who meet the HEDIS definition) have had at least 1 well-child visit with a PCP during the measurement year will be increased to at least 45%.</p> <p>Annual Performance Objective for FFY 2012: The percentage of CHIP enrollees (who meet the HEDIS definition) have had at least 1 well-child visit with a PCP during the measurement year will be increased to at least 46%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>		
<p>Other Comments on Measure:</p>		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2007	FFY 2008	FFY 2009
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS Version 2007</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2008</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data are from our vendor, Blue Cross Blue Shield of Alabama.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP 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.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Dispensed at least one prescription for a preferred therapy during the measurement year. The list of NDCs provided at http://www.ncqa.org was used to identify appropriate prescriptions.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Dispensed at least one prescription for a preferred therapy during the measurement year. The list of NDCs provided at http://www.ncqa.org was used to identify appropriate prescriptions</p>

FFY 2007	FFY 2008	FFY 2009
Year of Data: 2007	Year of Data: 2008	Year of Data: 2009

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2007	FFY 2008	FFY 2009
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 276 Denominator: 287 Rate: 96.2</p> <p><u>10-17 years</u> Numerator: 529 Denominator: 563 Rate: 94</p> <p><u>Combined rate (5-17 years)</u> Numerator: 805 Denominator: 850 Rate: 94.7</p> <p>Additional notes on measure: The denominators reflect the number of children in the eligible population excluding 3 children who had contraindications for the medications.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 314 Denominator: 326 Rate: 96.3</p> <p><u>10-17 years</u> Numerator: 608 Denominator: 637 Rate: 95.4</p> <p><u>Combined rate (5-17 years)</u> Numerator: 922 Denominator: 963 Rate: 95.7</p> <p>Additional notes on measure: For 18 year olds (which is reported by Blue Cross Blue Shield of AL as 18-56 year olds) the numerator was 43 and the denominator was 47 for a rate of 91.49%.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 331 Denominator: 348 Rate: 95.1</p> <p><u>10-17 years</u> Numerator: 647 Denominator: 685 Rate: 94.5</p> <p><u>Combined rate (5-17 years)</u> Numerator: 978 Denominator: 1033 Rate: 94.7</p> <p>Additional notes on measure: For 18 year olds (which is reported by Blue Cross Blue Shield of AL as 18-56 year olds) the numerator was 38 and the denominator was 44 for a rate of 86.36%.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The percentages decreased slightly from FY2008 to FY2009.

What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2010: The percentage of children, 5-17 years of age, enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for a preferred therapy, during the measurement year will be maintained at at least 95%.

Annual Performance Objective for FFY 2011: The percentage of children, 5-17 years of age, enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for a preferred therapy, during the measurement year will be maintained at at least 95%.

Annual Performance Objective for FFY 2012: The percentage of children, 5-17 years of age, enrolled in ALL Kids who are in the denominator for this HEDIS asthma measure, who have had at least one dispensed prescription for a preferred therapy, during the measurement year will be maintained at at least 95%.

Explain how these objectives were set: Based on historical data.

Other Comments on Measure:

MEASURE: Children’s Access to Primary Care Practitioners

FFY 2007	FFY 2008	FFY 2009
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
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<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>

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FFY 2007	FFY 2008	FFY 2009																								
<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The rates for children ages 12-24 months and 25 months-6 years decreased slightly while the rate for children ages 7-11 years increased slightly and the rate for children ages 12-19 years did not significantly change.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Percent with a PCP visit:</p> <table data-bbox="163 524 886 662"> <tr> <td>12 - 24 months</td> <td>7 - 11 years</td> </tr> <tr> <td>Rate: 97%</td> <td>Rate: 92%</td> </tr> <tr> <td>25 months - 6 years</td> <td>12 - 19 years</td> </tr> <tr> <td>Rate: 90%</td> <td>Rate: 90%</td> </tr> </table> <p>Annual Performance Objective for FFY 2011: Percent with a PCP visit:</p> <table data-bbox="163 743 886 881"> <tr> <td>12 - 24 months</td> <td>7 - 11 years</td> </tr> <tr> <td>Rate: 97%</td> <td>Rate: 92%</td> </tr> <tr> <td>25 months - 6 years</td> <td>12 - 19 years</td> </tr> <tr> <td>Rate: 90%</td> <td>Rate: 90%</td> </tr> </table> <p>Annual Performance Objective for FFY 2012: Percent with a PCP visit:</p> <table data-bbox="163 963 886 1101"> <tr> <td>12 - 24 months</td> <td>7 - 11 years</td> </tr> <tr> <td>Rate: 97%</td> <td>Rate: 92%</td> </tr> <tr> <td>25 months - 6 years</td> <td>12 - 19 years</td> </tr> <tr> <td>Rate: 90%</td> <td>Rate: 90%</td> </tr> </table> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>			12 - 24 months	7 - 11 years	Rate: 97%	Rate: 92%	25 months - 6 years	12 - 19 years	Rate: 90%	Rate: 90%	12 - 24 months	7 - 11 years	Rate: 97%	Rate: 92%	25 months - 6 years	12 - 19 years	Rate: 90%	Rate: 90%	12 - 24 months	7 - 11 years	Rate: 97%	Rate: 92%	25 months - 6 years	12 - 19 years	Rate: 90%	Rate: 90%
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SECTION IIB: ENROLLMENT AND UNINSURED DATA

- The information in the table below is the Unduplicated Number of Children Ever Enrolled in CHIP 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 CHIP 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 CARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2008	FFY 2009	Percent change FFY 2008-2009
CHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	110821	110158	-0.6

- Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent. **[7500]**

N/A

- 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 2007-2008. 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. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2009 Annual Report Template.

Period	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	
	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
2004 - 2006	46	11.0	4.0	1.0
2005 - 2007	51	12.0	4.4	1.0

fldQue2491	51	12.0	4.4	1.0
Percent change 1996-1998 vs. 2006-2008	-55.7%	NA	-58.1%	NA

A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children. **[7500]**

There was no measureable change in the number and rate of uninsured children below 200% FPL. CHIP and Medicaid collaborate closely to enroll and retain participants. As a result, enrollment between both programs has substantially increased in the past 6 years.

B. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates. **[7500]**

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. **[7500]**

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.) **[7500]**

C. What are the limitations of the data or estimation methodology? **[7500]**

D. How does your State use this alternate data source in CHIP program planning? **[7500]**

4. How many children do you estimate have been enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information **[7500]**

It is difficult to estimate the number of children enrolled in Medicaid due to CHIP outreach. All of the extensive outreach conducted through CHIP is targeted towards all uninsured children.

Families are encouraged to submit an application if they have uninsured children. Upon processing the application, the children are enrolled in the program for which they are eligible.

In FY 2009, CHIP referred approximately 42,000 children to Medicaid through the joint web application and the Automated Data Integration system.

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 CHIP State Plan. (If your goals reported in the annual report now differ from Section 9 of your CHIP state plan, please indicate how they differ in "Other Comments on Measure." Also, the state plan should be amended to reconcile these differences). The format of this section provides 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
- CHIP 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, report data from the previous two years' annual reports (FFY 2007 and FFY 2008) will be populated with data from previously reported data in CARTS, enter data in these columns only if changes must be made. 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 2009).

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. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of CHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

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 2009.
- Final: Check this box if the data you are reporting are considered final for FFY 2009.
- 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® 2007). 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 CHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the 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 CHIP population only, or include both CHIP 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. Any quality improvement activity described should involve the CHIP program, benefit CHIP enrollees, and relate to the performance measure and your progress. An example of a quality improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. CHIP would either be the primary lead or substantially involved in the project. 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 2010, 2011 and 2012. Based on your recent performance on the measure (from FFY 2007 through 2009), 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, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the CHIP state plan.

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

FFY 2007	FFY 2008	FFY 2009
<p>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 children in the state.</p>	<p>Goal #1 (Describe) The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</p>	<p>Goal #1 (Describe) The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The goal to reduce the percentage of uninsured children to less than 5% was achieved in 2007.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CPS Report Analysis 3 year averages (2005-2007)</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CPS Report Analysis 3 year average 2005-2007 coverage</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CPS Report Analysis 3 year average 2006-2008 (coverage year)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: The number of children, less than 19 years of age in AL (the CPS "Persons in Poverty Universe" data). Definition of numerator: The number of children, less than 19 years of age, at or below 200% FPL who are uninsured.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The number of children, less than 19 years of age in AL (the CPS "Persons in Poverty Universe") data. Definition of numerator: The number of children, less than 19 years of age, at or below 200% FPL who are uninsured.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe". Definition of numerator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" below 200% FPL who are uninsured.</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>
<p>Performance Measurement Data: Described what is being measured: The rate of decrease in the number of low-income uninsured children who are potentially eligible for AL SCHIP or Medicaid. Numerator: 46000 Denominator: 1152000 Rate: 4 Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: The percent of low-income uninsured children who are potentially eligible for AL CHIP or Medicaid. Numerator: 51000 Denominator: 1165000 Rate: 4.4 Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: The rate of decrease in the number of low-income uninsured children who are potentially eligible for Alabama CHIP or Medicaid. Numerator: 53000 Denominator: 1187000 Rate: 4.5 Additional notes on measure:</p>

FFY 2007	FFY 2008	FFY 2009
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Our goal to reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state was achieved in FY2006 and maintained in FY 2007.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Greater efficiency in application processing time and new program implementation activities which allow greater opportunity for application submissions.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The percentage of uninsured children increased by 0.4% since FY 2007. However, the goal of having a rate of uninsured children less than or equal to 5% of those in the state was met.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? CHIP piloted 3 activities in an effort to increase the number of children who renewed their ALL Kids coverage: (1) Telephone calls were made to families that had begun the renewal process but had not yet completed it; (2) A change in the premium notice was made to try to encourage families to pay in a more timely fashion; and, (3) A change in the renewal letter was made which stated more clearly the steps that families need to take in order to renew.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The percentage increased slightly but was still maintained at less than 5%.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please refer to outreach sections.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: To reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state</p> <p>Annual Performance Objective for FFY 2009: To reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state</p> <p>Annual Performance Objective for FFY 2010: To reduce the number of low-income uninsured children in AL by 1% each year until the number is equal to or less than 5% of the number of low-income children in the state</p> <p><i>Explain how these objectives were set:</i> The objectives were based on historical data.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: The number of low-income uninsured children in AL will be maintained at less than or equal to 5% of all children in the state.</p> <p>Annual Performance Objective for FFY 2010: The number of low-income uninsured children in AL will be maintained at less than or equal to 5% of all children in the state.</p> <p>Annual Performance Objective for FFY 2011: The number of low-income uninsured children in AL will be maintained at less than or equal to 5% of all children in the state.</p> <p><i>Explain how these objectives were set:</i> Objectives were based on historical data.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</p> <p>Annual Performance Objective for FFY 2011: The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</p> <p>Annual Performance Objective for FFY 2012: The number of low-income uninsured children will be maintained at less than or equal to 5% of all children in the state.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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 2007	FFY 2008	FFY 2009
<p>Goal #2 (Describe) Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%.</p>	<p>Goal #2 (Describe) Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%.</p>	<p>Goal #2 (Describe) Goal #2 was discontinued as mentioned in the FY2008 Annual Report</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The process for obtaining this data was set up in FY 2006 so that we could report this data beginning FY 2007.</p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> A sample of applicants that were referred to Medicaid was reviewed to determine how many were subsequently enrolled in Medicaid. The data in the sample reflect a 3 month lag period from the month the sample is drawn. For example, for the October 2006 file, data reflect July 2006. Therefore, data prepared for this report reflect a sample period from July 2006 to June 2007.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> A sample of applicants that were referred to Medicaid was reviewed to determine how many were subsequently enrolled in Medicaid. The data in the sample reflect a 3 month lag period from the month the sample is drawn. For example, for the January 2008 file, data reflect October 2007. Therefore, data prepared for this report reflect a sample period from Oct. 2007 - Feb. 2008.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: The denominator represents the number of applicants in annual sample who were referred to Medicaid. (150 applicants x 12 months = 1800 applicants) Definition of numerator: The numerator represents the number of applicants in annual sample referred to Medicaid that enrolled in the program.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The denominator represents the number of applicants who were referred to Medicaid (150*5=750). Definition of numerator: The numerator represents the number of applicants referred to Medicaid that enrolled in the program.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: The degree to which referrals made by the ALL Kids eligibility staff to the Medicaid Agency are ultimately enrolled in Medicaid.</p>	<p>Performance Measurement Data: Described what is being measured: The degree to which referrals made by the ALL Kids eligibility staff to the Medicaid Agency are ultimately enrolled in Medicaid.</p>	<p>Performance Measurement Data: Described what is being measured: Numerator:</p>

FFY 2007	FFY 2008	FFY 2009
Numerator: 809 Denominator: 1800 Rate: 44.9 Additional notes on measure:	Numerator: 314 Denominator: 750 Rate: 41.9 Additional notes on measure:	Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The data in 2007 establish the baseline for this objective. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The percentage of applicants referred to Medicaid from ALL Kids who ultimately enrolled in Medicaid slightly decreased in FY 2008 from FY 2007. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2008: Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%. Annual Performance Objective for FFY 2009: Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%. Annual Performance Objective for FFY 2010: Based on a sample, the percentage ALL Kids applicants, whose applications are referred from ALL Kids to Medicaid, and who ultimately become enrolled in Medicaid will be at least 40%. <i>Explain how these objectives were set:</i> Based on baseline data.	Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2009: This goal will be discontinued after FY 2008 as an annual goal. The status of this goal may be reviewed in the future but not as an annual activity. Annual Performance Objective for FFY 2010: This goal will be discontinued after FY 2008 as an annual goal. The status of this goal may be reviewed in the future but not as an annual activity. Annual Performance Objective for FFY 2011: This goal will be discontinued after FY 2008 as an annual goal. The status of this goal may be reviewed in the future but not as an annual activity. <i>Explain how these objectives were set:</i> N/A	Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	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 2007	FFY 2008	FFY 2009
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

FFY 2007	FFY 2008	FFY 2009
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to CHIP Enrollment

FFY 2007	FFY 2008	FFY 2009
<p>Goal #1 (Describe) The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %.</p>	<p>Goal #1 (Describe) The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p>	<p>Goal #1 (Describe) The percentage of enrollees who do not renew their children’s ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3% annually.</p>
<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The goal itself was revised to accurately depict the data collection methodology.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The core of the goal remained the same but the wording was refined in order to better encapsulate its real meaning.</p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The core of the goal remained the same but the wording was refined in order to better encapsulate its real meaning.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year’s annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative data</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative data</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Administrative data.</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of ALL Kids enrollees who were due to renew.</p> <p>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.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of ALL Kids enrollees who were due to renew.</p> <p>Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids who disenrolled for non-payment of premium.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of ALL Kids enrollees who are due to renew and return a renewal form.</p> <p>Definition of numerator: The number of ALL Kids enrollees who returned the renewal form and were eligible for ALL Kids but who did not renew for non-payment of premium.</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>
<p>Performance Measurement Data: Described what is being measured: (See description of Goal #1)</p> <p>Numerator: 2066 Denominator: 64104 Rate: 3.2</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: The magnitude to which financial barriers prohibit renewal in ALL Kids.</p> <p>Numerator: 1865 Denominator: 67384 Rate: 2.8</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: The magnitude to which financial barriers prohibit renewal in ALL Kids.</p> <p>Numerator: 1855 Denominator: 56000 Rate: 3.3</p> <p>Additional notes on measure:</p>

FFY 2007	FFY 2008	FFY 2009
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Performance remained the same.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? No</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The rate for non-payment of premium of payment for enrollees who did not renew decreased by 0.4% since FY 2007.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? During FY 2008, CHIP piloted 2 activities aimed at positively impacting this goal: (1) A change in the premium notice was made to try to encourage families to pay in a more timely fashion; and, (2) A change in the renewal letter was made which stated more clearly the steps that families need to take in order to renew.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? The population's denominator has been changed since last year to only include those ALL Kids enrollees who attempted to renew. Therefore, this year's rate is not comparable to the 2008 rate, but will be used as a baseline for future comparison.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? The program has changed its premium balance notices to look more like invoices. It is hoped that this change will encourage parents to pay the premiums.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %.</p> <p>Annual Performance Objective for FFY 2009: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %.</p> <p>Annual Performance Objective for FFY 2010: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3 %.</p> <p><i>Explain how these objectives were set:</i> Based on historical data</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p>Annual Performance Objective for FFY 2010: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p>Annual Performance Objective for FFY 2011: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p>Annual Performance Objective for FFY 2011: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p>Annual Performance Objective for FFY 2012: The percentage of eligible renewal applicants who return a renewal form, but who do not renew their ALL Kids coverage due to a financial barrier (owing past premiums) will not be more than 3%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2007	FFY 2008	FFY 2009
<p>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.</p>	<p>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.</p>	<p>Goal #2 (Describe) The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CPS Report Analysis 3 year average 2006-2008 (coverage year).</p>
<p>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: Enrollee who report on the New Enrollees Survey and on the Continuous Enrollees Survey financial barriers to accessing care since enrollment in ALL Kids</p>	<p>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: Enrollees who report on the New Enrollees Survey and on the Continuous Enrollees Survey financial barriers to accessing care since enrollment in ALL Kids</p>	<p>Definition of Population Included in the Measure: Definition of denominator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 200% FPL. Definition of numerator: The number of children less than 19 years of age in Alabama in the "Persons in Poverty Universe" who are 100% to below 200% FPL and uninsured.</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>

FFY 2007	FFY 2008	FFY 2009
<p>Performance Measurement Data: Described what is being measured: The number of enrollees who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Before enrollment, 20% of the families reported that they could not afford care. After enrollment only 1.8% reported that they could not afford care. This reflects an 18.2% improvement in affordability of health care.</p>	<p>Performance Measurement Data: Described what is being measured: The number of enrollees who report financial barriers to accessing care since enrollment in ALL Kids in comparison to their experience before enrollment.</p> <p>Numerator: 18 Denominator: 20 Rate: 90</p> <p>Additional notes on measure: Before enrollment, 20% (63/312) of the families reported that they could not afford care. After enrollment 2% (7/447) reported that they could not afford care. This reflects a 90% reduction in non-affordability of health care.</p>	<p>Performance Measurement Data: Described what is being measured: The percentage of low-income uninsured children who are potentially eligible for Alabama CHIP (children with family incomes between 100% FPL -200% FPL).</p> <p>Numerator: 16000 Denominator: 243000 Rate: 6.6</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The percentage 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 was reduced further in 2007 than in 2006.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The percentage 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 was reduced further in 2008 than in 2007.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? No comparison is available. The goal is new and will be used as a baseline for comparison in future years.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please see sections detailing changes in outreach.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>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.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: This goal is being discontinued. Annual Performance Objective for FFY 2010: This goal is being discontinued.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%. Annual Performance Objective for FFY 2011: The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p>

FFY 2007	FFY 2008	FFY 2009
<p>Annual Performance Objective for FFY 2010: 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.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p>Annual Performance Objective for FFY 2011: This goal is being discontinued.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2012: The percentage of low-income children in the ALL Kids income eligibility range who are uninsured will be equal to or less than 6%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: The information by which this goal was measured was derived from the New and Continuous Enrollee Surveys. Because the New, Continuous, and Adolescent Supplement surveys have yielded the same positive information since their inception, these surveys are being discontinued in favor of the the development of new surveys to be conducted by the third party insurance vendor. It is anticipated that new goals will be developed for this objective.</p>	<p>Other Comments on Measure:</p>

Objectives Related to CHIP Enrollment (Continued)

FFY 2007	FFY 2008	FFY 2009
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

FFY 2007	FFY 2008	FFY 2009
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment

FFY 2007	FFY 2008	FFY 2009
<p>Goal #1 (Describe) The percentage of Medicaid eligible but uninsured children will be less than 5%.</p>	<p>Goal #1 (Describe) The percentage of Medicaid eligible but uninsured children will be less than 5%.</p>	<p>Goal #1 (Describe) The percentage of children in the Alabama Medicaid income eligibility range (below 100% FPL) who are uninsured will be equal to or less than 15%.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Medicaid data; CPS Data Report 3 year analysis (2005-2007_</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CPS Data Report 3 year analysis (2006-2008)</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> CPS Data Report 3 year analysis 2006-2008 (coverage year).</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of children, less than 19 years of age in the "Persons in Poverty Universe" in CPS data.</p> <p>Definition of numerator: The number of uninsured children under 19 years of age who are at or below 100% FPL.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of children, less than 19 years of age in the "Persons in Poverty Universe" in CPS data.</p> <p>Definition of numerator: The number of uninsured children under 19 years of age who are at or below 100%FPL.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: The number of children less than 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL.</p> <p>Definition of numerator: The number of uninsured children under 19 years of age in the "Persons in Poverty Universe" who are below 100% FPL.</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>
<p>Performance Measurement Data: Described what is being measured: The number of children who are potentially eligible for Medicaid insurance but who are uninsured.</p> <p>Numerator: 30000 Denominator: 1152000 Rate: 2.6</p> <p>Additional notes on measure: As stated last year, the measure will be reviewed annually and that the target percentage may be revised.</p>	<p>Performance Measurement Data: Described what is being measured: The number of children who are potentially eligible for Medicaid insurance but who are uninsured.</p> <p>Numerator: 38000 Denominator: 1165000 Rate: 3.3</p> <p>Additional notes on measure: As stated over the last two years, the measure will be reviewed annually and the the target may be revised.</p>	<p>Performance Measurement Data: Described what is being measured: The percentage of children within Alabama Medicaid income eligibility limits who are uninsured.</p> <p>Numerator: 37000 Denominator: 256000 Rate: 14.5</p> <p>Additional notes on measure:</p>

FFY 2007	FFY 2008	FFY 2009
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? A comparison cannot be made because a different methodology was used.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The rate of children who were potentially eligible for Medicaid insurance but who were uninsured increased by 0.7% since FY 2007, however, the goal to remain below 5% was maintained.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? Due to the revision of this year's goal, no comparison is available.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please see sections related to changes in outreach.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p>Annual Performance Objective for FFY 2009: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p>Annual Performance Objective for FFY 2010: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p>Annual Performance Objective for FFY 2010: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p>Annual Performance Objective for FFY 2011: The percentage of Medicaid eligible but uninsured children will be less than 5%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%.</p> <p>Annual Performance Objective for FFY 2011: The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%.</p> <p>Annual Performance Objective for FFY 2012: The percentage of Medicaid eligible but uninsured children will be less than or equal to 15%.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2007	FFY 2008	FFY 2009
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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: <p style="text-align: center;">How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p>	Explanation of Progress: <p style="text-align: center;">How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p>	Explanation of Progress: <p style="text-align: center;">How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p>

FFY 2007	FFY 2008	FFY 2009
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2007	FFY 2008	FFY 2009
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
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: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?

FFY 2007	FFY 2008	FFY 2009
<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2007	FFY 2008	FFY 2009
<p>Goal #1 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #1 (Describe) A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p>	<p>Goal #1 (Describe) At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The old measure was discontinued because the data source was discontinued. This measure is based on a new data source.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state-defined goal.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state-defined goal.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data was retrieved from the New Enrollee and Continuing Enrollee surveys.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Conducted by Blue Cross Blue Shield of Alabama</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP 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.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP 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.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating that they were satisfied and very satisfied.</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:</p>

FFY 2007	FFY 2008	FFY 2009
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: The results of the New Enrollees Survey show that before enrollment in ALL Kids, 80% of the children/families said that the child had one provider that was usually seen for routine care. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, 91% of the children/families said that the child had one provider that was usually seen for routine care.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 11 Denominator: 92 Rate: 12</p> <p>Additional notes on measure: The results of the New Enrollee survey show that before enrollment in ALL Kids, 81% (253/312) of the children/families said that the child had one provider that was usually seen for routine care. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, 92% (410/447) of the children/families said that the child had one provider that was usually seen for routine care.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? In comparison to 2006, there was less of an improvement observed. However, survey data in 2007 did show that a higher number of new enrollees had a usual source of care prior to enrolling in ALL Kids.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? No</p> <p>Please indicate how CMS might be of assistance in</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? In 2008, there was a 12% improvement in the number of families that reported a usual source of care after enrollment in ALL Kids than before. In 2007, there was an 11% improvement in this measure. In comparison, 1% more families reported a usual source of care in 2008 than did in 2007.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of ALL Kids families who are satisfied with the availability of physicians. Numerator: 897; Denominator: 899; Rate: 97.78%</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A</p>

FFY 2007	FFY 2008	FFY 2009
<p>improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids</p> <p>Annual Performance Objective for FFY 2009: A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids</p> <p>Annual Performance Objective for FFY 2010: A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids</p> <p><i>Explain how these objectives were set:</i> Historical data</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2010: A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p>Annual Performance Objective for FFY 2011: A higher percentage of families report that their ALL Kids enrolled child(ren) will have a usual source of care since enrollment in ALL Kids than before enrollment in ALL Kids.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p>Annual Performance Objective for FFY 2011: At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p>Annual Performance Objective for FFY 2012: At least 95% of ALL Kids families report satisfaction with the availability of physicians.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2007	FFY 2008	FFY 2009
<p>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.</p>	<p>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.</p>	<p>Goal #2 (Describe) At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p>
<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revise<i>d</i>. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The old measure was discontinued because the data source was discontinued. This measure is based on a new data source.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state-defined objective.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state-defined goal.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data was retrieved from New Enrollee surveys and Continuous Enrollee surveys.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Survey conducted by Blue Cross Blue Shield of Alabama.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who complete the appropriate question on the Continuous Enrollee Survey.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Enrollees who complete the appropriate question on the Continuous Enrollee survey.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed who answered relevant questions on the BCBSAL Customer satisfaction survey indicating that they were satisfied and very satisfied.</p>
<p>Year of Data: 2007</p>	<p>Year of Data: 2008</p>	<p>Year of Data: 2009</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator:</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator:</p>

FFY 2007	FFY 2008	FFY 2009
Denominator: Rate: Additional notes on measure:	Denominator: Rate: Additional notes on measure:	Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: According to the New Enrollees Survey, in the 12 months prior to ALL Kids, 37% of the children had had an ER visit. According to the Continuous Enrollee Survey, after enrollment in ALL Kids, in the most recent 12 months only 31% of the children had used the ER.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 13 Denominator: 43 Rate: 30.2 Additional notes on measure: According to the New Enrollee survey, in the 12 months prior to having ALL Kids, 43% (135/312) of the children had an ER visit. According to the Continuous Enrollee survey, after enrollment in ALL Kids, in the most recent 12 month period, only 30%(136/447) of the children had used the ER.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? In comparison to 2006, there was less of an improvement observed. However, as more children remain insured in the state system (either in Medicaid or ALL Kids), this decrease is appropriate. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. 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. Annual Performance Objective for FFY 2010: A	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? The decrease in ER visits between new and renewing enrollees was 13 percentage points in '08 compared to 6 percentage points in '07. What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. 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. Annual Performance Objective for FFY 2010: 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.	Explanation of Progress: How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of ALL Kids families who are satisfied with the availability of specialty physicians. Numerator:744; Denominator: 765; Rate: 97.25 What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2010: At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians. Annual Performance Objective for FFY 2011: At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.

FFY 2007	FFY 2008	FFY 2009
<p>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.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p>Annual Performance Objective for FFY 2011: 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.</p> <p><i>Explain how these objectives were set:</i> Based on historical data</p>	<p>Annual Performance Objective for FFY 2012: At least 95% of ALL Kids families report satisfaction with the availability of specialty physicians.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2007	FFY 2008	FFY 2009
<p>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 [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p>	<p>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 [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p>	<p>Goal #3 (Describe) At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> The old measure was discontinued because the data source was discontinued. This measure is based on a new data source.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state-defined objective.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> State-defined objective</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> 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) and other state agencies which provide specialty services for children with special health care needs, claims data, and provider reimbursement data.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> 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) and other state agencies which provide specialty services for children with special health care needs, claims data, and provider reimbursement data.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Survey conducted by Blue Cross Blue Shield of Alabama.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The number of families surveyed</p>

FFY 2007	FFY 2008	FFY 2009
		who answered relevant questions on the BCBSAL Customer satisfaction survey indicating that they were satisfied and very satisfied.
Year of Data: 2007	Year of Data: 2008	Year of Data: 2009
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure: During FY 2007, 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.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: During FY 2008, 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.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Working with two additional state programs that serve CSHCN to assess the need to add as PLUS partners.</p> <p>Please indicate how CMS might be of assistance in</p>	Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? same</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	Explanation of Progress: <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of families who are satisfied with the availability of hospital care. Numerator: 742; Denominator: 753; Rate: 98.54</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? N/A</p>

FFY 2007	FFY 2008	FFY 2009
<p>improving the completeness or accuracy of your reporting of the data.</p> <p>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 [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p>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 [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p>Annual Performance Objective for FFY 2010: 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 [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>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 [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p>Annual Performance Objective for FFY 2010: 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 [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p>Annual Performance Objective for FFY 2011: 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 [ADPH] (for ALL Kids) and state agencies which serve children with special health care needs.</p> <p><i>Explain how these objectives were set:</i> historical data</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p>Annual Performance Objective for FFY 2011: At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p>Annual Performance Objective for FFY 2012: At least 95% of ALL Kids families report satisfaction with the availability of hospital care.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2007	FFY 2008	FFY 2009
<p>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.</p>	<p>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.</p>	<p>Goal #1 (Describe) At least 50% of children aged 2 years and older with continuous enrollment during the report year will have received dental services.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This new measure provides an indication of the extent to which dental benefits are utilized.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state-defined objective.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> This is a state-defined goal.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> To give a clear picture of the access to dental care in ALL Kids, we used parameters that restrict analysis to children who were continuously enrolled and were at least two years of age.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data from the New Enrollee and Continuous Enrollee surveys.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The measurement is the percentage of enrollees/families who, on the New Enrollee Survey, indicated 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.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The measure is the percentage of enrollees/families who, on the New Enrollee survey, indicated 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.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: The number of children aged 2 years and older with continuous enrollment during the report year who received dental services.</p>

FFY 2007	FFY 2008	FFY 2009
<p>Year of Data: 2007</p> <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Year of Data: 2008</p> <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Year of Data: 2009</p> <p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Before ALL Kids, 83% said they always or usually got needed routine preventive care. After ALL Kids, 96% said they always or usually got needed routine preventive care.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 6 Denominator: 81 Rate: 7.4</p> <p>Additional notes on measure: Before ALL Kids, 81%(253/312) said they always or usually got needed routine preventive care. After ALL Kids, 87%(388/447) said they always or usually got needed routine preventive care.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: 14283 Denominator: 20545 Rate: 69.5</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Performance improved.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>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</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? In 2008, there was a 7.4% increase in families that reported always or usually getting routine preventive care after enrollment in ALL Kids. In 2007, there was a 13% increase in families that reported always or usually getting routine preventive care after enrollment in ALL Kids. There was less of an improvement observed. However, this may be the result of Alabama's coordinated effort to retain children in health insurance programs.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? Due to the revision of this year's goal, no comparison is available. This performance measure indicates the percentage of children aged 2 years and older who have had a dental encounter in the reporting year.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please see sections in this report on outreach.</p>

FFY 2007	FFY 2008	FFY 2009
<p>before enrollment in ALL Kids.</p> <p>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.</p> <p>Annual Performance Objective for FFY 2010: 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.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: This goal is being discontinued.</p> <p>Annual Performance Objective for FFY 2010: This goal is being discontinued.</p> <p>Annual Performance Objective for FFY 2011: This goal is being discontinued.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: At least 70% of children aged 2 years and older with continuous enrollment during the report year will have received dental services.</p> <p>Annual Performance Objective for FFY 2011: At least 70% of children aged 2 years and older with continuous enrollment during the report year will have received dental services.</p> <p>Annual Performance Objective for FFY 2012: At least 70% of children aged 2 years and older with continuous enrollment during the report year will have received dental services.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: The information by which this goal was measured was derived from the New and Continuous Enrollee Surveys. Because the New, Continuous, and Adolescent Supplement surveys have yielded the same positive information since their inception, these surveys are being discontinued in favor of the development of new surveys to be conducted by the third party insurance vendor. It is anticipated that new goals will be developed for this objective.</p>	<p>Other Comments on Measure:</p>

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

FFY 2007	FFY 2008	FFY 2009
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe) At least 60% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> This new measure provides an indication of the percentage of children who utilize preventive care benefits.
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2009
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: Children aged 24 months, whose birthday fell during the measurement year and who had received at least one MMR vaccination anytime on or before the second birthday.
Year of Data:	Year of Data:	Year of Data: 2009
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 502 Denominator: 823 Rate: 61

FFY 2007	FFY 2008	FFY 2009
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p>Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report? Due to the revision of this year's goal, no comparison is available.</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please see sections in this report on Outreach.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: At least 62% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday.</p> <p>Annual Performance Objective for FFY 2011: At least 62% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday.</p> <p>Annual Performance Objective for FFY 2012: At least 62% of children aged 24 months, whose birthday fell during the measurement year will have received at least one MMR vaccination anytime on or before the second birthday.</p> <p><i>Explain how these objectives were set:</i> Based on historical data.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2007	FFY 2008	FFY 2009
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes CHIP population only. <input type="checkbox"/> Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2007	FFY 2008	FFY 2009
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2009 compare with the Annual Performance Objective documented in your 2008 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011: Annual Performance Objective for FFY 2012:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your CHIP population? What have you found? **[7500]**

In FY 2009, CHIP began to collect data via a customer satisfaction survey administered by Blue Cross Blue Shield of Alabama, CHIP's third party administrator. A preliminary survey was conducted in October 2008 to develop a baseline for the customer satisfaction. Results from both the surveys conducted in October 2008 and August 2009, show that families of enrollees are extremely satisfied with the level of service received from BCBSAL as our third party administrator.

2. What strategies does your CHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your CHIP population? When will data be available? **[7500]**

CHIP is applying for a CHIPRA Quality Demonstration grant which will allow the state to assess the quality of the services provided in greater depth.

3. Have you conducted any focused quality studies on your CHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found? **[7500]**

No additional studies were conducted during FY 2009.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please list attachments here and summarize findings or list main findings. **[7500]**

Attached is the ALL Kids Customer Satisfaction Survey results table. The ALL Kids Satisfaction Survey is administered annually as part of the Blue Cross Blue Shield of Alabama (BCBS) Performance Guarantees. A valid random sample is used for the Group Specific Surveys. Sample Sizes are selected to achieve a 95% confidence level with +/- 3% precision based on the survey responses received from subscribers. The group's population and prior period performance are used to determine the number of survey responses needed to achieve the desired confidence level and precision.

The survey along with a pre-paid postage return envelope is sent to the subscriber. The surveys are returned directly to BCBS Plan Performance and the results are keyed into an Access Database. A report is produced and delivered to the group's Account Executive who sends the report to ALL Kids.

Results from the survey conducted in October 2008 and August 2009 show that families of enrollees are extremely satisfied with the level of service received from BCBSAL.

Enter any Narrative text below **[7500]**.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

A. OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

There has been no major redirection of outreach strategies. Alabama continues to target uninsured children with a focus on the newly uninsured due to a reduction of family income or insurance benefits related to job loss and a downturn in the economy.

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? **[7500]**

CHIP continues to make significant progress in reaching low-income, uninsured children through several avenues. Regional staff based around the state work with other human service agencies, schools, providers and community based organizations "to teach the people who reach the people."

To make the best use of our extensive partnership network, we developed the CHIP E-Blast. This is a short communication alert emailed to our partners on upcoming changes within our program. It allows CHIP to get out information to hundreds of partners on state and local levels, at the same time and with no additional costs. Partner response has been very favorable.

CHIP staff continue to develop outreach strategies to reach those that we know to be eligible for other income based programs. One strategy is to reach out to uninsured students that are eligible for free & reduced lunch. This year we piloted a project to train the dietary managers to educate their enrollees and families about CHIP. Specialized materials were developed to assist with this effort.

As the state has been experiencing an economic downturn, more and more jobs have been lost. CHIP staff continue to participate in Rapid Response events; providing persons who are losing their jobs due to layoffs and plant closings with information about health coverage programs for their children.

CHIP continues to participate in the "Kid Check" initiative of the Alabama Rural Action Commission (ARAC), which provides health screening for children through schools. Through the partnership of many state and community resources, thousands of Alabama children have benefited from numerous health screenings including assessing for health insurance coverage. Targeted outreach is provided to the families of uninsured children identified through this effort and applications were shared with every identified uninsured child participating in these screenings.

An outreach effort in the Birmingham City Schools (a joint collaboration between the Children's Hospital of Alabama, The City of Birmingham and the Alabama Child Caring Program) sought to identify uninsured children in the Birmingham School System. A survey form was distributed to every school child in the system. The forms were returned, collated and reviewed by CHIP staff. Those families who indicated their children were without insurance and wanted additional information were sent a joint application. This collaborative effort has become an annual event.

3. Which of the methods described in Question 2 would you consider a best practice(s)? **[7500]**

We consider the use of the CHIP E-Blast a best practice. This short communication alert emailed to our partners outlines upcoming changes within our program. Using email allows us to get this information out to hundreds of partners on state and local levels at the same time and without additional costs.

4. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)?

Yes

No

Have these efforts been successful, and how have you measured effectiveness? [7500]

Most of Alabama is considered to be rural, though many children live in the urban areas. For both groups, outreach that has been most successful has been through school systems, health care providers, faith organizations, and other human service organizations. It is difficult to attribute success to one strategy over another since many efforts overlap.

CHIP continues specific efforts to reach the state's growing Hispanic population. The bilingual regional coordinator continues to train Hispanic volunteers to assist with outreach and application completion in communities through a partnership with the University of Alabama in Birmingham's Division of Preventive Medicine. The coordinator has also trained volunteers who work with seasonal migrant families. Information has been provided to families who visit both the Mexican and Guatemalan Consulates in various parts of the state several times per year. Success continues to be measured by proportional enrollment to that of eligible populations in the state.

Regional staff have attempted to strengthen their partnerships with Native American tribes and tribal leaders. Native American enrollment has remained steady.

Another effort to reach Alabama's minorities, immigrants and children living in rural areas is the pilot and use of AVAA (Audio Visual Application Assistor), kiosks where families can apply for coverage through the web based application in an effort to minimize barriers due to language and literacy. Applicants with limited English proficiency have been able to apply at these kiosks as well as those whose primary language is English. The utilization has increased steadily in most sites.

5. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? [5] 84

(Identify the data source used). [7500]

84

B. SUBSTITUTION OF COVERAGE (CROWD-OUT)

All states should answer the following questions. Please include percent calculations in your responses when applicable and requested.

1. Do you have substitution prevention policies in place?

Yes

No

If yes, indicate if you have the following policies:

Imposing waiting periods between terminating private coverage and enrolling in CHIP

Imposing cost sharing in approximation to the cost of private coverage

Monitoring health insurance status at the time of application

Other, please explain [7500]

2. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

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 and renewal 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 (BCBSAL, the vendor for CHIP in Alabama) is then matched against other BCBSAL policies in order to identify children with other BCBSAL 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 BCBSAL is the largest private insurer in the state. A system generated report is returned from BCBSAL daily to the CHIP Enrollment Division indicating those potential enrollees matched 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 under group coverage) before the child can be enrolled in CHIP. Exceptions to this waiting period are made for children who have had group health insurance involuntarily terminated, an individual policy terminated, had a COBRA policy terminated, and/or exhausted their lifetime benefits under their other policy.

3. Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy. **[7500]**

If enrollment in other insurance is dropped voluntarily, there is a 3 month waiting period (during which the child must be uninsured under group coverage) before the child can be enrolled in CHIP. Exceptions to this waiting period are made for children who have had group health insurance involuntarily terminated, an individual policy terminated, had a COBRA policy terminated, and/or exhausted their lifetime benefits under their other policy.

All States must complete the following questions

4. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] **[5]** 6
and what percent of applicants are found to have other insurance [(# applicants found to have other insurance/total # applicants) * 100] **[5]**? 3
Provide a combined percent if you cannot calculate separate percentages. **[5]**

5. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in CHIP (i.e., (# applicants who drop coverage/total # applicants) * 100)? **[5]**

Please enter any narrative discussion: **[7500]**

This information cannot be obtained by our CHIP data system at this time.

- a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)*100]? **[5]**

- b. Of those found to have other, private insurance, what percent must remain uninsured until the waiting period is met [(# applicants who must complete waiting period/total # of new applicants who were enrolled)*100]? **[5]**

6. Does your State have an affordability exception to its waiting period?

- Yes
 No

If yes, please respond to the following questions. If no, skip to question 7.

- a. Has the State established a specific threshold for defining affordability (e.g., when the cost of the child's portion of the family's employer-based health insurance premium is more than X percent of family income)?

- Yes
 No

If the State has established a specific threshold, please provide this figure and whether this applies to net or gross income. If no, how does the State determine who meets the affordability exception? **[7500]**

- b. What expenses are counted for purposes of determining when the family exceeds the affordability threshold? (e.g., Does the State consider only premiums, or premiums and other cost-sharing charges? Does the State base the calculation on the total premium for family coverage under the employer plan or on the difference between the amount of the premium for employee-only coverage and the amount of the premium for family coverage? Other approach?) **[7500]**

- c. What percentage of enrollees at initial application qualified for this exception in the last Federal Fiscal Year? (e.g., Number of applicants who were exempted because of affordability exception/total number of applicants who were enrolled). **[5]**

- d. Does the State conduct surveys or focus groups that examine whether affordability is a concern?

- Yes
 No

If yes, please provide relevant findings. **[7500]**

7. If your State does not have an affordability exception, does your State collect data on the cost of health insurance for an individual or family? **[7500]**

No

8. Does the State's CHIP application ask whether applicants have access to private health insurance?

- Yes
 No

If yes, do you track the number of individuals who have access to private insurance?_

- Yes
 No

If yes, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last Federal Fiscal Year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)*100]? [5]

C. ELIGIBILITY

(This subsection should be completed by all States)

Medicaid Expansion states should complete applicable responses and indicate those questions that are non-applicable with N/A.

Section IIIC: Subpart A: Overall CHIP and Medicaid Eligibility Coordination

1. Does the State use a joint application for establishing eligibility for Medicaid or CHIP?

- Yes
 No

If no, please describe the screen and enroll process. [7500]

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to CHIP and from CHIP to Medicaid. Have you identified any challenges? If so, please explain. [7500]

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. Regular data bounces between both programs' current enrollments occur. When a child has been enrolled in Medicaid during his CHIP coverage period, CHIP terminates the coverage.

3. Are the same delivery systems (such as managed care or fee for service,) or provider networks used in Medicaid and CHIP? Please explain. [7500]

- Yes
 No

If no, please explain. [7500]

Medicaid uses a unique network which the Medicaid Agency manages. ALL Kids uses a preferred provider, discounted fee-for-service network developed by Blue Cross Blue Shield of Alabama(BCBSAL).

4. Are you utilizing the Express Lane option in making eligibility determinations and/or renewals for both Medicaid and CHIP?

- Yes
- No

a. If yes, which Express Lane Agencies are you using?

- Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps
- Tax/Revenue Agency
- Unemployment Compensation Agency
- Women, Infants, and Children (WIC)
- Free, Reduced School Lunch Program
- Subsidized Child Care Program
- Other, please explain. [7500]

b. If yes, what information is the Express Lane Agency providing?

- Income
- Resources
- Residency
- Age
- Citizenship
- Other, please explain. [7500]

**Section IIIC: Subpart B: Initial Eligibility, Enrollment, and Renewal for
CHIP (Title XXI) and Medicaid (Title XIX) Programs**

Table B1

This section is designed to assist CMS and the States track and determine eligibility for a CHIPRA performance bonus payment by meeting the required “5 out of 8” eligibility and enrollment milestones.

Question	Medicaid	CHIP
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<p>1. Does the State provide continuous eligibility for 12 months for children regardless of changes in circumstances other than the situations identified below:</p> <p>a. child is no longer a resident of the State;</p> <p>b. death of the child;</p> <p>c. child reaches the age limit;</p> <p>d. child/representative requests disenrollment;</p> <p>e. child enrolled in a separate CHIP program files a Medicaid application, is determined eligible for Medicaid and is enrolled in Medicaid without a coverage gap.</p>	<p>In accordance with section 1902(e)(12) of the Act</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Does the State have an assets test?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. If there is an asset test, does the State allow administrative verification of assets?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
<p>4. Does the State require an in-person interview to apply?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Does the State use the same application form, supplemental forms, and information verification process for <i>establishing</i> eligibility for Medicaid and CHIP?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>6. Does the State provide presumptive eligibility to children who appear to be eligible for Medicaid and CHIP to enroll pending a full determination of eligibility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>7. Has the State implemented premium assistance as added or modified by CHIPRA?</p>	<p>In accordance with section 1906A of the Act, as added by section 301(b) of CHIPRA.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>In accordance with section 2105(c)(10) of the Act, as added by section 301(a)(1) of CHIPRA.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>8. For renewals of Medicaid or CHIP eligibility, does the State provide a preprinted form populated with eligibility information available to the State, to the child or the child's parent or other representative, along with a notice that eligibility will be renewed and continued based on such information unless the State is provided other information that affects eligibility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>9. Does the State do an ex parte renewal? Specifically, does the State renew Medicaid or CHIP eligibility to the maximum extent possible based on information contained in the</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

individual's Medicaid file or other information available to the State, before it seeks any information from the child's parent or representative?		
10. Has the State eliminated an in-person requirement for renewal of CHIP eligibility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the State use the same application form, supplemental forms, and information verification process for <i>renewing</i> eligibility for Medicaid and CHIP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section IIIC: Subpart C: Eligibility Renewal and Retention

CHIP (Title XXI) and Medicaid (Title XIX) Programs

1. What additional measures, besides those described in Tables B1 or C1, does your State employ to simplify an eligibility renewal and retain eligible children in CHIP?

- 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? **[500]**
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?) **[500]**
See above.

Other, *please explain*: **[500]**

ALL Kids conducts informational campaigns to increase awareness of the need to renew as well as providing a partially pre-printed renewal form for parents' ease in renewing. To assist families further, ALL Kids offers the option to pay their annual premiums in installments. This option is known as Pay\$mart. Additionally, families may use a credit or debit card either on-line or by phone to pay their premiums. Families who owe premiums receive a statement 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. **[7500]**

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

Section IIIC: Subpart D: Eligibility Data

1. What percentage of children who apply for the program are denied eligibility for enrollment? (i.e., (# of children denied/total # of children who apply) * 100). **[5]**

46

2. What percentage of children in the program are retained in the program at redetermination (i.e., (# children retained/total # children up for redetermination) * 100) [5]? 55
 What percentage of children in the program are disenrolled at redetermination (i.e., (# children disenrolled/total # children up for redetermination) * 100). [5] 45

3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in CHIP (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

- a. When was the monthly report or assessment last conducted? [7500]

We have reports that track why enrollees disenroll but not what happens after disenrollment. See detailed information below. The last reports were run as of September 30, 2009.

- b. 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 CHIP

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other (specify)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
35293	1130	3.0			2822	8.0	275	1.0	31066	88

- c. Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) [7500].

In the table above, the "Other" category for individuals who disenroll or do not reenroll in CHIP is comprised of the following reasons: deceased, dual enrollment (with Medicaid), non-response, non-applicant, parental request, non-citizenship, non-payment of premium, enrollment in Medicaid, and dependent of a state employee.

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.

D. COST SHARING

1. Describe how the State tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?

- a. Cost sharing is tracked by:
- Enrollees (shoebox method)
 - Health Plan(s)
 - State
 - Third Party Administrator
 - N/A (No cost sharing required)

Other, please explain. **[7500]**

If the State uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. **[7500]**

Families of each enrollee receive a benefit booklet or Summary Plan Description which contains the following verbiage regarding calendar year out-of-pocket maximums: According to Alabama Department of Public Health policy, no family will be required to pay more than \$500 in out-of-pocket expenses (premiums and copayment) annually. Should a family's annual out-of-pocket expenses (premiums and copayment) approach this \$500 maximum, the family should send the receipts for these expenses to the ALL Kids administrative office with a note explaining the receipts are for one family during one year's time and total nearly \$500.

2. Please describe how providers are notified that no cost sharing should be charged to enrollees exceeding the 5% cap. **[7500]**
Enrollees who have met the out-of-pocket expense maximum are issued new insurance cards on which the words "NO FEE" are printed.

3. Please provide an estimate of the number of children that exceeded the 5 percent cap in the State's CHIP program during the Federal fiscal year. **[500]**
No families reported that they had met or nearly met the \$500 out-of-pocket maximum in FY 2009.

4. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?
 Yes
 No

If so, what have you found? **[7500]**

5. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?
 Yes
 No

If so, what have you found? **[7500]**

6. 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 CHIP. If so, what have you found? **[7500]**

N/A

E. EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE CHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

1. Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?
 Yes, please answer questions below.
 No, skip to Program Integrity subsection.

Children

- Yes, Check all that apply and complete each question for each authority.
- Family Coverage Waiver under the State Plan
- CHIP Section 1115 Demonstration
- Medicaid Section 1115 Demonstration
- Health Insurance Flexibility & Accountability Demonstration

Adults

- Yes, Check all that apply and complete each question for each authority.
 - Family Coverage Waiver under the CHIP State Plan
 - CHIP Section 1115 Demonstration Title XXI
 - Health Insurance Flexibility & Accountability Demonstration
 - Premium Assistance option 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
 - Pregnant Women
3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**
4. What benefit package does the ESI program use? **[7500]**
5. Are there any minimum coverage requirements for the benefit package?
- Yes
 - No
6. Does the program provide wrap-around coverage for benefits or cost sharing?
- Yes
 - No
7. Are there any limits on cost sharing for children in your ESI program?
- Yes
 - No
8. Are there any limits on cost sharing for adults in your ESI program?
- Yes
 - No

9. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

_____ Number of childless adults ever-enrolled during the reporting period

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

10. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

11. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

12. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

13. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

14. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

15. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **[7500]**

16. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: _____

Employer: _____

Employee: _____

17. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

18. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under CHIP or Medicaid)?

- Yes
 No

19. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

- Yes
 No

20. Do you have a waiting list for your program?

- Yes
 No

21. Can you cap enrollment for your program?

- Yes
 No

F. PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE CHIP 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:

- (1) prevention: Yes No
(2) investigation: Yes No
(3) referral of cases of fraud and abuse? Yes No

Please explain: **[7500]**

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

There are several general steps which are relevant to each case investigated:

1. Conduct research in the CHIP data system to determine eligibility standards to enroll the applicant/enrollee.
2. Review the most current application on file.
3. Review the MSIQ Medicaid database for any applicable information.
4. Complete a summary of events to include complete names and dates.

5. Maintain a hard copy file of written complaints received by fiscal year, and record selected information into a database for historical reference.

With regard to fraud and abuse within the provider sector, CHIP contracts with Blue Cross Blue Shield of Alabama to prevent, investigate, and refer cases of procedures for prevention, investigation and referral. Blue Cross Blue Shield of Alabama maintains operating policies, including but not limited to the following areas:

Maintenance of Network Integrity Unit

Network Integrity Training

Referral to Network Integrity

Collaboration with Law Enforcement

If the state does not have a written plan, do managed health care plans with which your program contracts have written plans?

Yes

No

Please Explain: **[500]**

Blue Cross Blue Shield of Alabama has written plans.

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

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

21 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

2 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

CHIP

Medicaid and CHIP Combined

3. Does your state rely on contractors to perform the above functions?

Yes, please answer question below.

No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

Monthly meetings are held with the contractors where issues are discussed.

5. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?

Yes

No

Please explain: **[500]**

Blue Cross and Blue Shield of Alabama Anti-fraud Plan - see below.

Enter any Narrative text below. **[7500]**

Blue Cross and Blue Shield of Alabama has an active anti-fraud and abuse program to ensure the integrity of benefit administration. The mission of the Network Integrity and Analysis unit is to develop and continuously improve upon a comprehensive anti-fraud function, which will focus on the prevention, detection, investigation and resolution of fraud and abuse. Our objectives include:

- Proactive prevention through education and continuous improvement of strategic corporate defenses;
- Proactive detection through continual analysis and networking relationships;
- Quality investigation through well trained staff and internal/ external partnerships;
- Satisfactory resolution through education, recovery, and support of prosecution of fraud.

Organizational Structure

The Network Integrity and Analysis Unit (NI) of the HealthCare Networks division has the primary responsibility for the detection, investigation, recovery of overpayments and referral for potential prosecution of cases involving unlawful or abusive activity directed against corporate and customer assets. The manager of the Network Integrity unit reports up through the Health Management division. The unit is staffed with investigators, data analysts and research support staff who represent a variety of professional backgrounds pertinent to the delivery and administration of health care.

Scope of Activities

The NI department is responsible for fraud and abuse activity involving providers, employer groups, and subscribers. (Employee fraud is addressed through the Internal Audit department and Compliance and Pharmacy Fraud is addressed through a separate Pharmacy Integrity Unit.) Investigative activities may be on a local, state, national or international level. The NI unit works collaboratively with all areas of the company in support of its investigation activities as well as employer groups, subscribers, providers, and investigative and judicial agencies (i.e F.B.I., sheriff's office, Attorney General, U.S. Attorney, District Attorney). The unit also works with professional regulatory agencies and societies such as Medical Associations, Dental Examiners, Psychology Board, Chiropractic Board and the Pharmacy Board.

Summary of Procedures

Prevention

Corporately, fraud and abuse prevention is accomplished through a variety of means and in a variety of departments. These include maintenance of numerous claim edits and review procedures, construction of contractual provisions in our participating provider networks aimed at ensuring appropriate care delivery and billing, the creation and maintenance of medical policies and directives, maintaining an active program of corporate anti-fraud training and awareness campaigns, consumer / provider education, proactive data analysis, and corporate participation in national anti-fraud organizations and initiatives.

Detection

Investigative leads are generated through extensive routine and specific data mining, receipt of internal and external referrals, monitoring current events and publications, and national initiatives generated through national anti-fraud organizations (ex. NHCAA, IASIU) and the Blue Cross Blue Shield Association. Blue Cross maintains 24 x 7 fraud referral hotline and referral capability via the Blue Cross website. An internal reward program is also in place to encourage associate referrals. The unit also maintains specific antifraud software dedicated to supporting data analysis and case information (STARS.)

Investigation

Cases are assigned to unit representatives and investigated utilizing appropriate resources and methods. These may include medical record reviews; onsite audits; law enforcement and regulatory agency collaboration; and consultation and review by subject matter experts (peer reviewers.) Results of the investigations lead to identifying offenders and implementing corrective action plans.

Corrective Action

Corrective actions can include education, refund recovery, placement of preventative claim edits, termination from participation in plan networks, termination of group/ subscriber benefits, referral to regulatory agencies for sanctions (i.e. Board of Medical Examiners, Pharmacy Board, etc.) or prosecution depending on the circumstances of the case.

Once corrective action has been implemented the situation is scheduled for follow-up analysis to validate the effectiveness of the measures. If the circumstance addressed has not been corrected the Network Integrity and Analysis Unit works to ensure that the situation is finally resolved satisfactorily.

In addition to resolving each specific case of fraud and/or abuse, overall benefit utilization is monitored through data analysis to identify exceptional areas of medical care and to validate appropriate claim processing. Exceptions are further investigated to determine if the variance is due to unethical practice, justifiable patient medical conditions or other internal claim processing issues. Even when fraud is not provable or evident, corporate practices may be affected.

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 2009. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED CHIP PLAN

	2009	2010	2011
Benefit Costs			
Insurance payments			
Managed Care			
Fee for Service	148441413	170545697	201348890
Total Benefit Costs	148441413	170545697	201348890
(Offsetting beneficiary cost sharing payments)	-4019155	-4287926	-4748276
Net Benefit Costs	\$ 144422258	\$ 166257771	\$ 196600614

Administration Costs

Personnel	4497748	5228317	6273980
General Administration	753665	1779500	2135400
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs	798926	1507000	1746030
Other (e.g., indirect costs)	647571	703825	844590
Health Services Initiatives			
Total Administration Costs	6697910	9218642	11000000
10% Administrative Cap (net benefit costs ÷ 9)	16046918	18473086	21844513

Federal Title XXI Share	117254138	136187244	161118837
State Share	33866030	39289169	46481777

TOTAL COSTS OF APPROVED CHIP PLAN	151120168	175476413	207600614
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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) [500]

3. Did you experience a short fall in CHIP funds this year? If so, what is your analysis for why there were not enough Federal CHIP funds for your program? **[1500]**

No

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have CHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2009		2010		2011	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care		\$		\$		\$
Fee for Service	68440	\$ 176	79467	\$ 188	82509	\$ 205

Enter any Narrative text below. **[7500]**

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY CHIP)

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

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

CHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
* Upper % of FPL are defined as Up to and Including									
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 *	

- Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your CHIP 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

- What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. **[1000]**

- Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2009 starts 10/1/08 and ends 9/30/09).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2009	2010	2011	2012	2013
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in 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 for managed care					
Fee for Service Average cost per enrollee in 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 for managed care					
Fee for Service Average cost per enrollee in 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 for managed care					
Fee for Service Average cost per enrollee in 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)

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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

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TOTAL COSTS OF DEMONSTRATION

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When was your budget last updated (please include month, day and year)? [500]

Please provide a description of any assumptions that are included in your calculations. **[7500]**

Other notes relevant to the budget: **[7500]**

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 CHIP. **[7500]**

While the news media report that the recession is over for the rest of the country, Alabama is still experiencing high numbers of plant closings. CHIP regional staff participate in Rapid Response meetings and information distribution. These meetings and information distribution are coordinated by the Alabama Department of Economic and Community Affairs and are held with employees of businesses which are about to close or have significant layoffs to inform the employees of services that could help them during this time. In calendar year 2008, 71 businesses either closed or had layoffs (impacting 12,227 individuals). During calendar year 2009, through September, 91 businesses either closed or had layoffs (affecting 17,053 individuals).

Alabama is very fortunate in the support that the Legislature and the Governor's Office provide to CHIP. Amidst the state's austere economic environment, these bodies provided CHIP with funds to broaden eligibility limits beginning in FY 2010. They also have continued to dialogue and strategize on how to maintain funding for the Medicaid program. 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.

Additionally, in FY 2009, the Alabama Child Caring Foundation continued to provide insurance, in record numbers, to children not eligible for Medicaid or ALL Kids. This program is based on donations from the private sector.

2. During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

During FY 2009, Alabama worked through, and continues to work through, three major challenges: (1) Interpreting CHIPRA and planning for CHIPRA mandated program changes; (2) Preparing to raise the upper income eligibility boundary from 200% FPL to 300% FPL; and, (3) Managing a heavy increase in the number of applications received from the public.

The CHIPRA provisions that have been and continue to be the most time consuming for which to plan are: citizenship and identity verification, prospective payment for FQHCs, and mental health parity.

Changing the upper income eligibility boundary from 200% FPL to 300% FPL required computer programming changes, data reporting changes, outreach, staff and community partner training, and planning for evaluation.

In FY 2009, CHIP experienced a significant increase (in comparison to FY 2008) in the number of applications received.

3. During the reporting period, what accomplishments have been achieved in your program? **[7500]**

1. Managing the increased workload due to the tight economy.
2. Receipt and implementation of a Robert Wood Johnson, Maximizing Enrollment Grant.

3. Continuation, beyond grant funding, of the Covering Alabama Kids and Families Project.

4. Extension of the Polyglot Project (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.)

5. Alabama was selected to participate in a Robert Wood Johnson Foundation SCHIP retention and renewal project.

4. What changes have you made or are planning to make in your CHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

The program has been a recipient of the Robert Wood Johnson Foundation's "Maximizing Enrollment for Kids" program. With this funding, ALL Kids can identify bottlenecks/obstacles in its enrollment and renewal processes. The "diagnosis" phase has been completed and a plan of action is being developed to eliminate or ameliorate any identified problems. Beginning in FY 2010, Alabama expanded its CHIP income eligibility level from 200% FPL to 300% FPL. Other changes will be made to comply with CHIPRA mandates to verify citizenship and identity, to change the payment methodology for rural health initiatives and primary care centers to a prospective payment system, and to institute mental health parity with medical benefits.

Other changes in the program may become necessary due to the uncertainty of the economy.

Enter any Narrative text below. **[7500]**