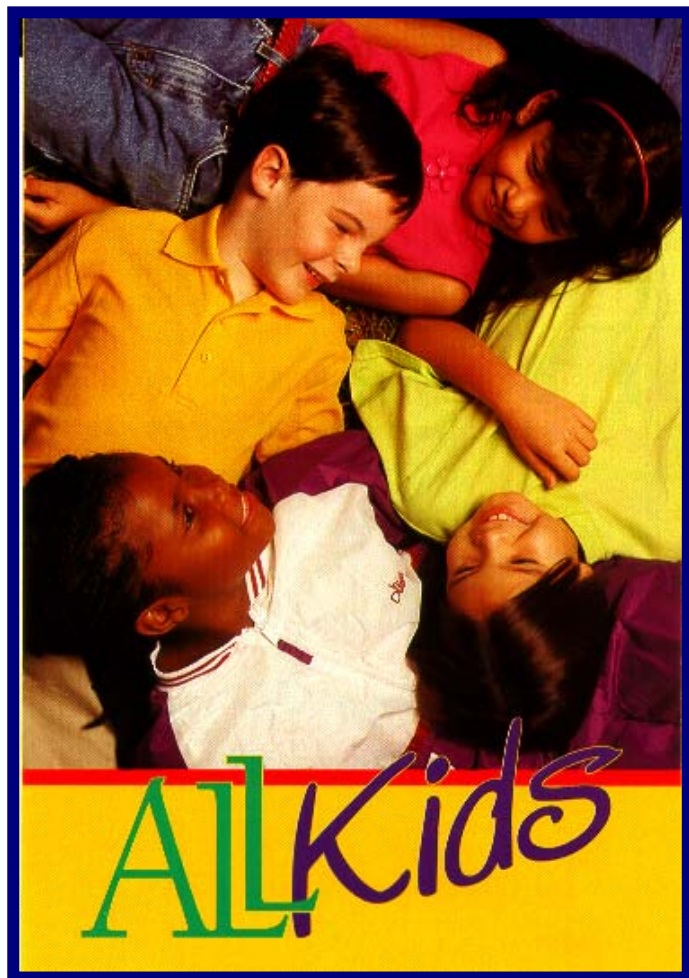



# The Alabama Children's Health Insurance Program



National Health Policy Forum  
"State Children's Health Insurance  
Program: Past, Present and Future"  
July 21, 2006

Gayle Lees Sandlin, Director  
Bureau of Children's Health Insurance  
Alabama Department of Public Health  
201 Monroe Street, Suite 250  
Montgomery, AL 36104  
Phone: 334 206-5568 FAX: 334 206-6433  
gsandlin@adph.state.al.us



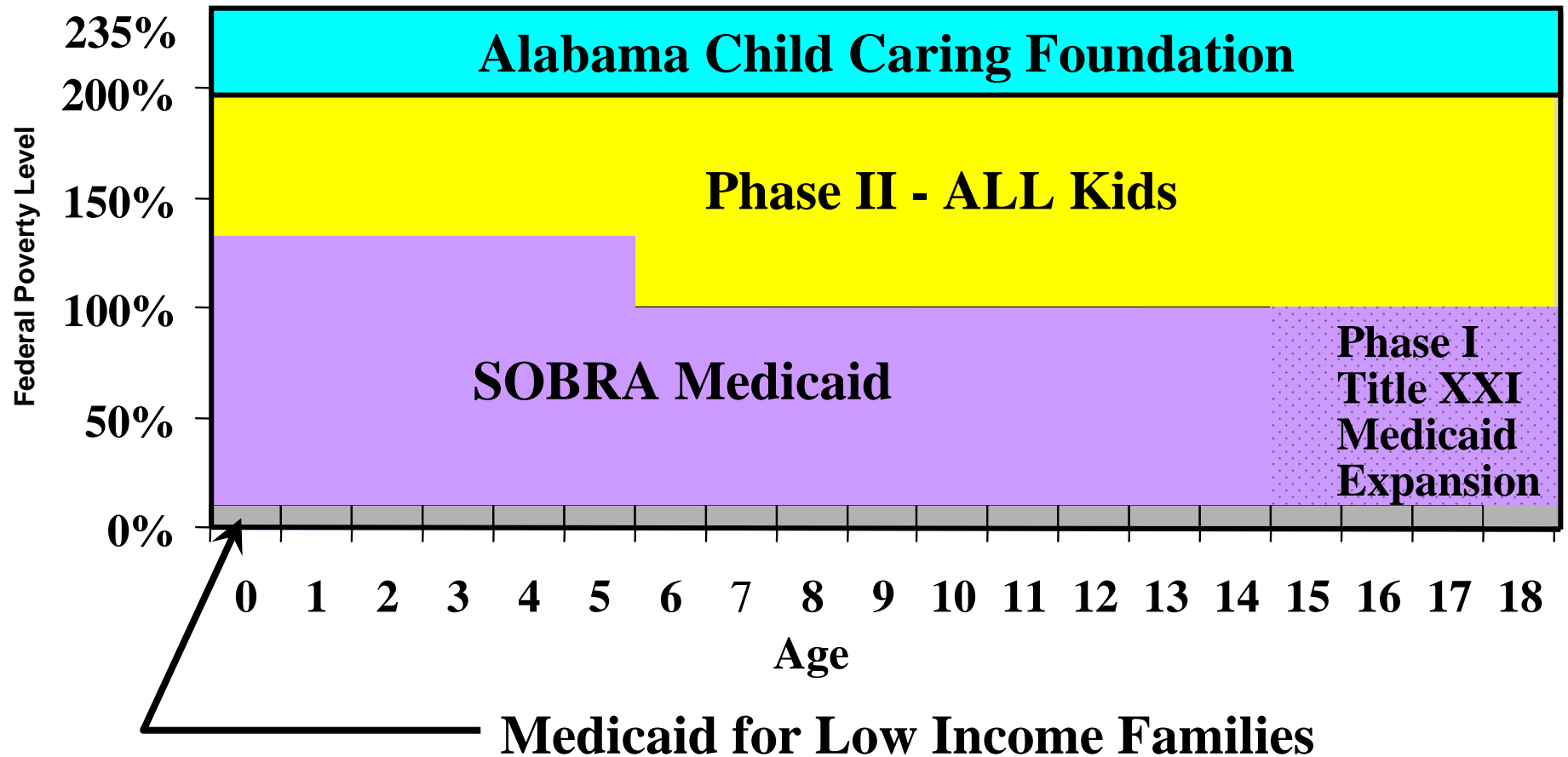
**“Devolution” - give states the ability to design a program that best meets the needs of the children while fitting with each state’s environment for:**

- **Political climate**
- **Insurance market**
- **Health care provider system**
- **Appropriate agency to administer**
- **Eligibility criteria that “fits” the demographics of the State**

# States were encouraged to “outreach” and find uninsured children and facilitate enrollment in appropriate program

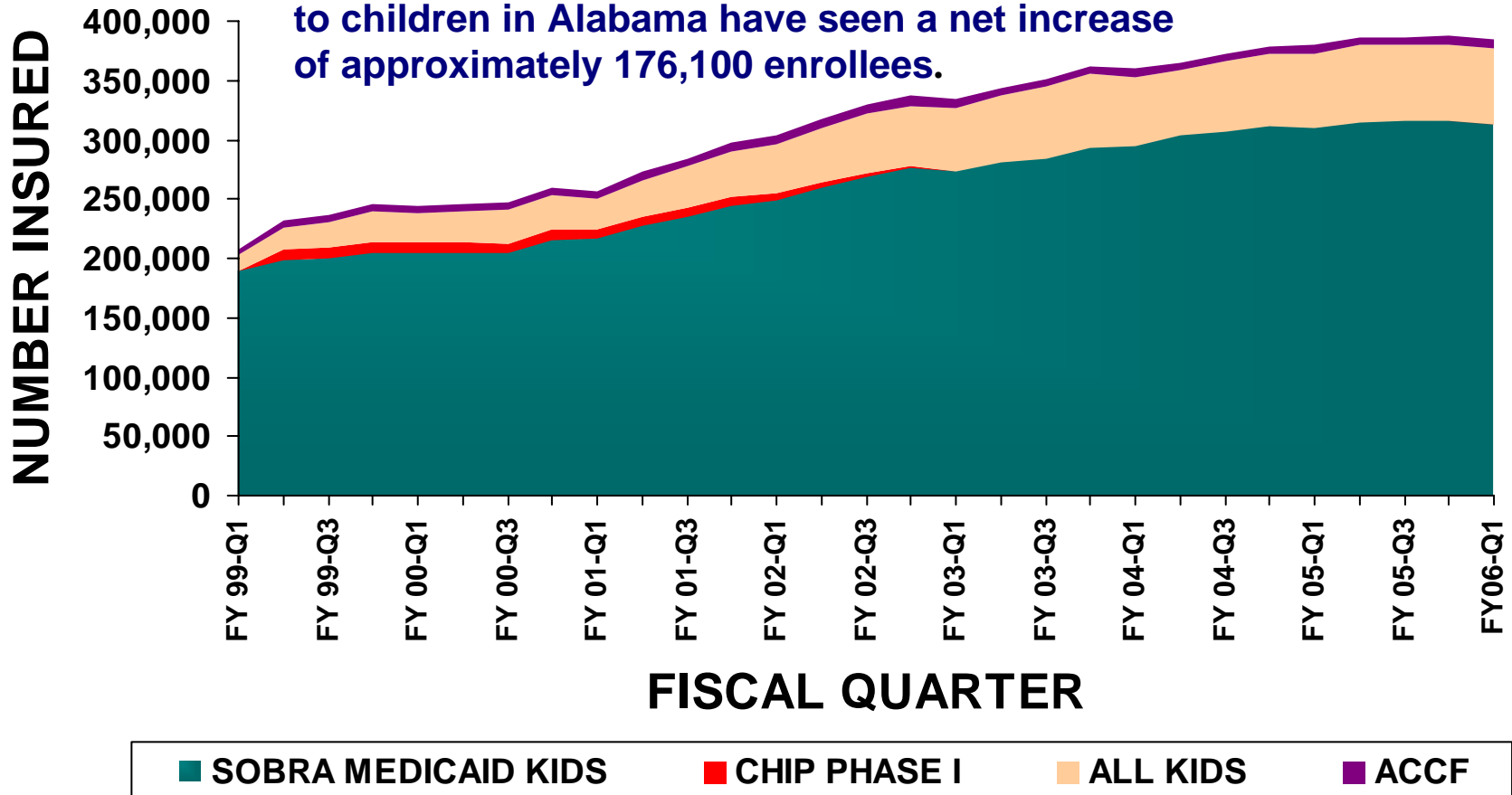
- Joint application
- Find all uninsured children
- “Seamless” and “family friendly” enrollment and referral processes
- “Destigmatize” publicly funded insurance
- Procedures to keep children insured
  - 12 months continuous coverage
  - Helpful renewal process

# Alabama Children's Health Insurance Coverage



# Insuring Alabama's Children

Since CHIP Phase I began in February 1998, the three programs providing health coverage to children in Alabama have seen a net increase of approximately 176,100 enrollees.





## Children's Health Insurance Program



- Administered by the Alabama Department of Public Health
- Benefits and Provider Network (PPO) Contracted with Blue Cross Blue Shield of Alabama
- Behavioral Health and Substance Abuse Benefits and Provider Network Contracted with United Behavioral Health



## PROGRAM BENEFITS

- Regular check-ups
- Immunizations
- Sick child doctor visits
- Prescriptions
- 24 hour nurse line
- Hospital and Physician services
- Limited mental health & substance abuse services
- Dental and Vision services

**NO CHILD WILL BE EXCLUDED BECAUSE OF PRE-EXISTING CONDITIONS**



## To qualify, a child must:

Be under 19

Be an Alabama resident

Be a U.S. citizen or an eligible immigrant

Not be covered under any health insurance

Not be in an institution

Not be eligible for dependent coverage under state employees' insurance

Not be covered by or be eligible for Medicaid





# Cost to Parents

## Low Fee

- Annual Premium  
\$50/ child for the first  
3 children.  
If you have 4 or more  
children, you only pay  
premiums for the first 3.

## Fee

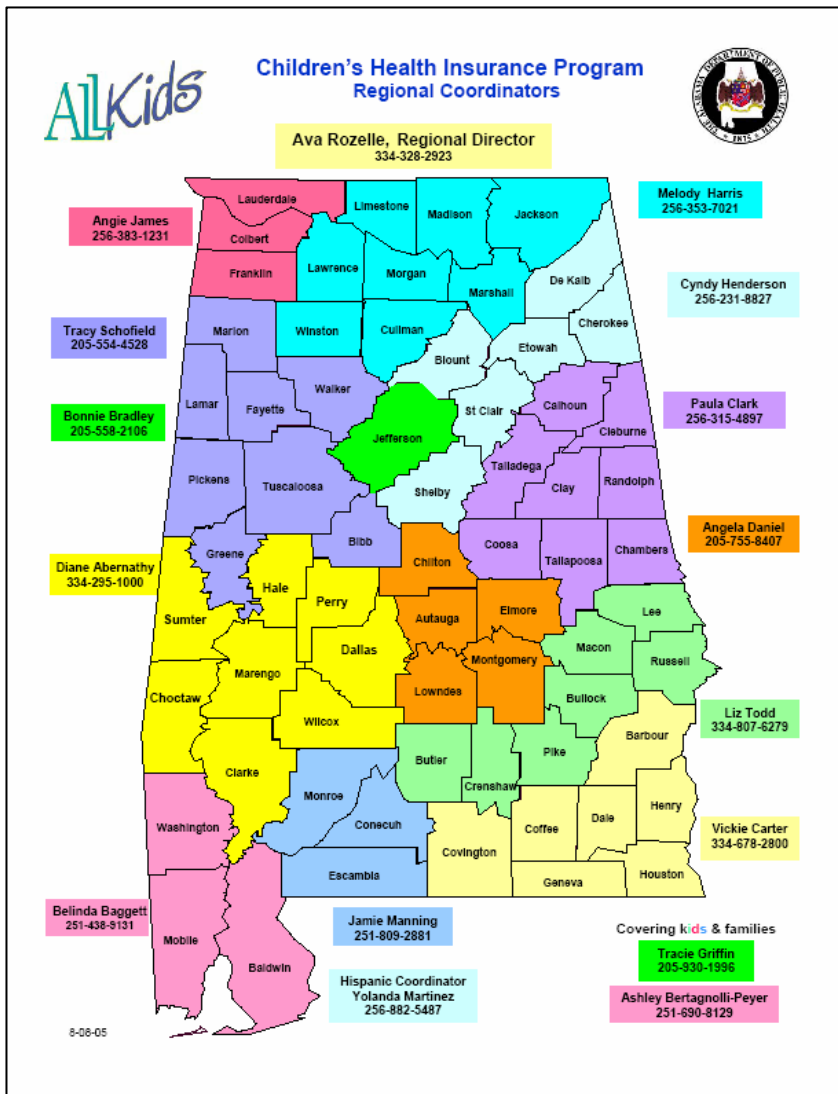
- Annual Premium  
\$100/ child for the first 3  
children.  
If you have 4 or more  
children, you only pay  
premiums for the first 3.

•No fee – (Native American children only) no co-pays or premiums

# ALL Kids - "Administratively Simple" (Program Issues)

- Self insured, private insurance model
- Bought into existing "private" insurance systems
- Self declaration of eligibility criteria
- 3 program application
- Yearly premiums with 12 months to pay -
- Co-pays collected by providers
- Centralized processing
- Mail-in application
- Web-based application
- Outreach designed to "Teach the People Who Reach the People"





## Provide Staff Trainings

Offer contact hours for nurses and social workers

## Attend Meetings and Community Events

Educate and distribute information about ALL Kids

## Provide Training, Support and Assistance


On-line application and credit card premium payments

## Systems Problem Solving

Regular meetings with partner programs

# The Improvement of System Coordination and Administration of ALL State Children's Health Insurance Programs

- Involve stakeholders in decision making:
  - Providers
  - Insurers
  - State Agencies
  - Advocates
  - Professional Organizations
  - Families
- CHIP sponsored outreach for ALL Children's Health Insurance:
  - Stakeholders
  - Television & Radio advertising
  - Public Schools
  - Public Service Announcements



# The Improvement of System Coordination and Administration of ALL State Children's Health Insurance Programs (Continued)

- Co-location of outstationed Medicaid workers in ALL Kids Administrative Offices
  
- Coordination with all insuring partners through:
  - Regular meetings
  - Synchronizing eligibility
    - Even though procedures and limits differ

# The Improvement of System Coordination and Administration of ALL State Children's Health Insurance Programs

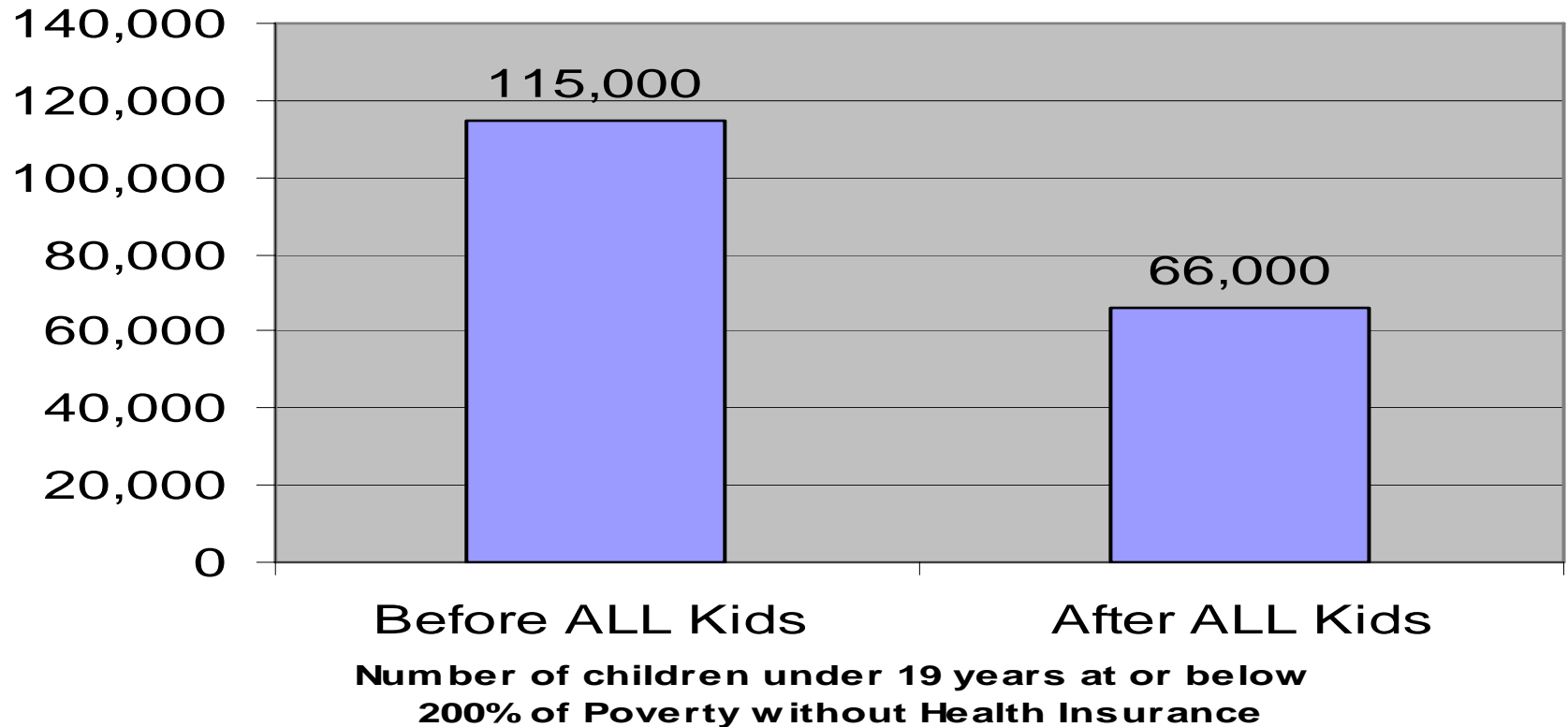
- Automated Data Integration (ADI)
  - Transferring application information between ALL Kids, Medicaid, and ACCF electronically
  - Decreasing processing time
- Wide Availability of Applications
  - Mail-In packages
  - Widely available through communities
  - Web-based application
  - Pre-printed renewals

# Accomplishments

As documented by the University of Alabama @ Birmingham, School of Public Health, through ALL Kids First year retrospective, New enrollees, and Continuous Enrollee surveys

- **Alabama's SCHIP program continues to have an impact on reducing the rate of uninsurance in low-income children in the state**
- **Children in ALL Kids show better access and utilization of healthcare services after enrollment**
- **Systems of coordination and administration of children's health Insurance programs have been improved**

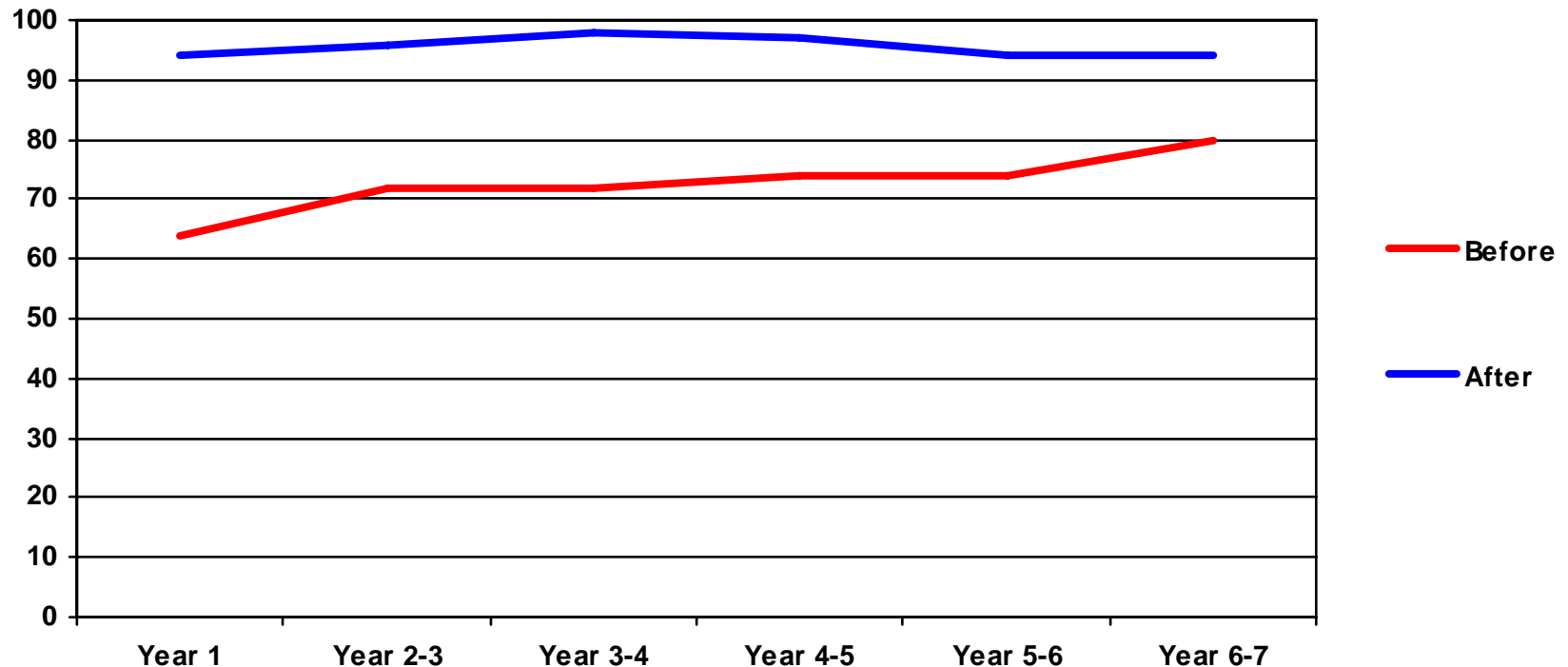
# The Number of Children Potentially Eligible for ALL Kids and Medicaid



- **The number of unduplicated children ever enrolled in ALL Kids since 1998 totals 172,341**

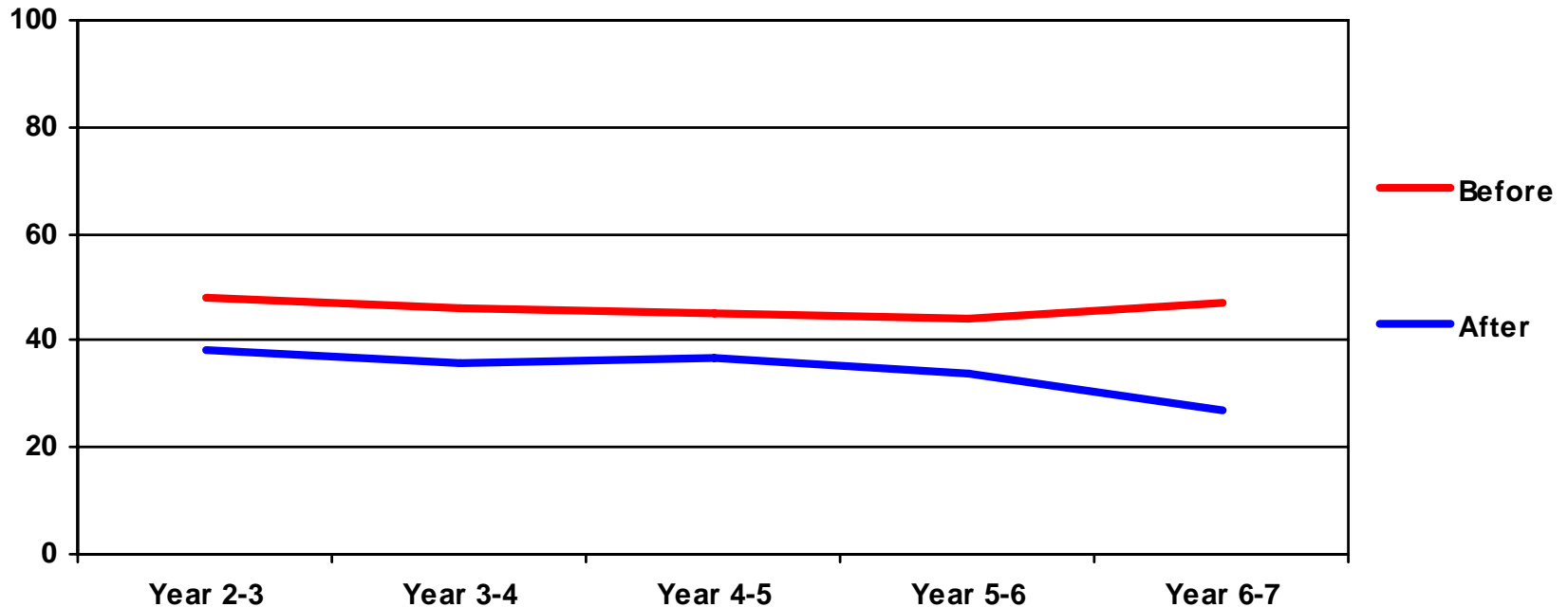
Note: The "Before" group represents a 3-Year Average, 1996 - 98; and, the "After" group also uses a three year average, 2003 - 05, from Current Population Survey Data (U.S. Census Bureau).

# Access to Medical Care



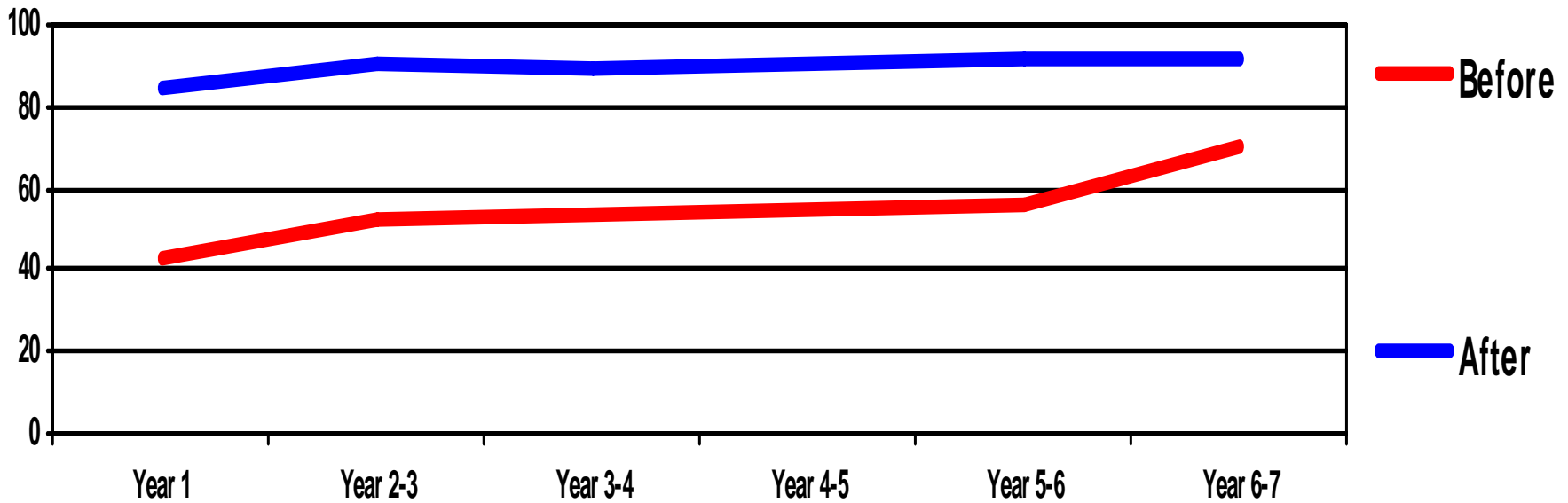
- After enrollment in ALL Kids, respondents report more access to medical care when needed, with the most significant change in the first year from 64 to 94 percent
- The gap between the before and after has narrowed because more children are coming into ALL Kids with prior access to medical care, which is largely due to whole system improvement and collaboration

# Emergency Room



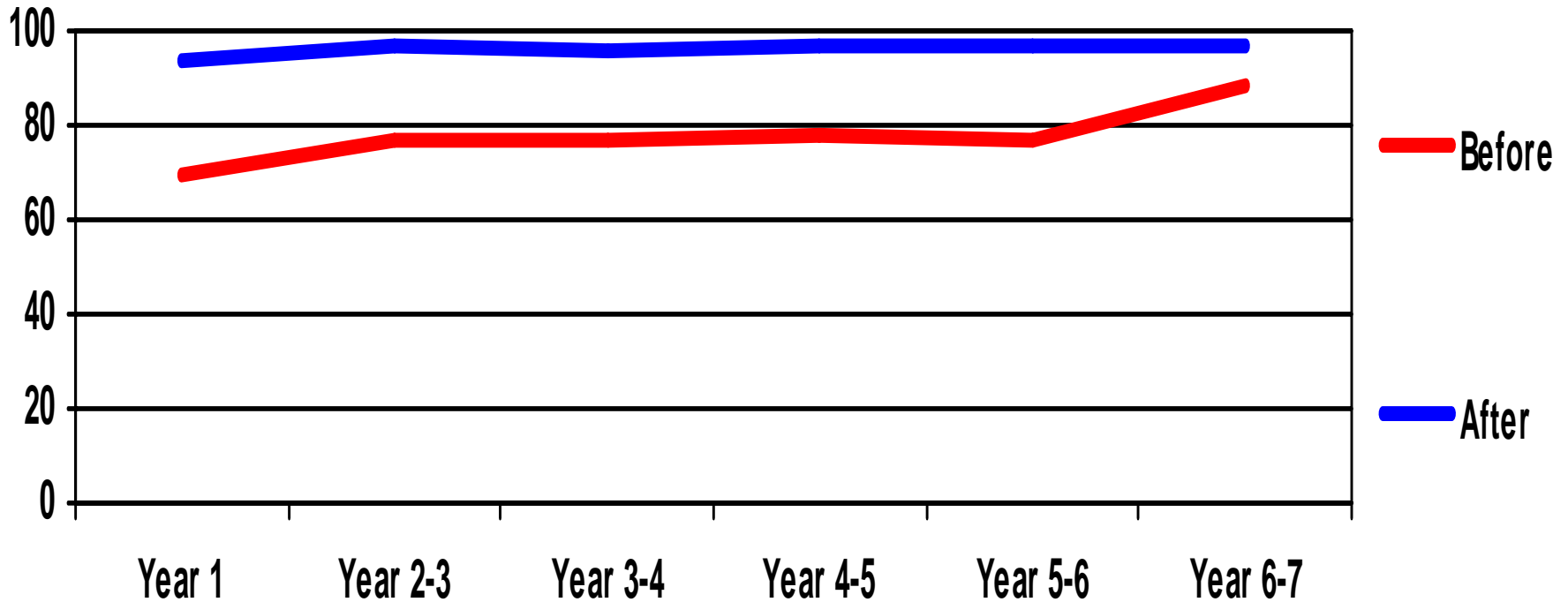
- **After enrollment in ALL Kids, respondents also reported fewer children utilizing the emergency room for care; the average over the years was 46% before enrollment and 34 % after enrollment**
- **The before and after picture continues the trend of improvement as the system insures more children, thus, reducing ER usage**

# Dental Care



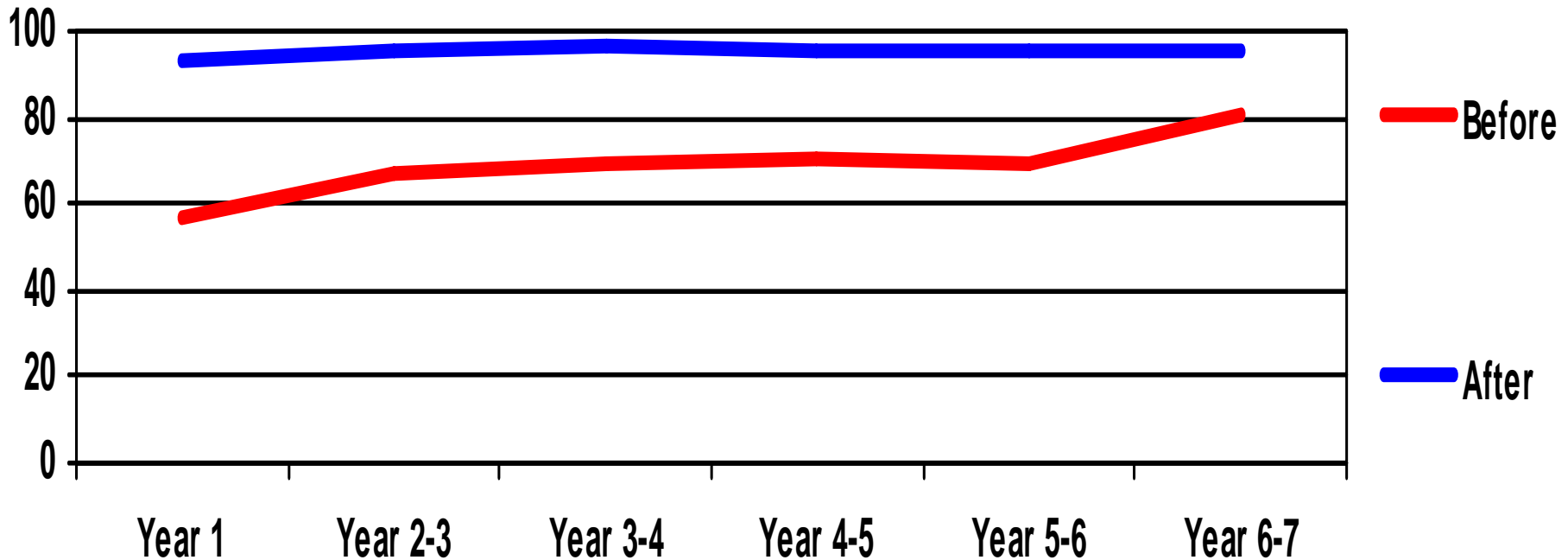
- There were marked increases in access to dental care, with an average of only 55 percent reporting access to dental care before enrollment and over 90 percent reporting access to dental care after enrollment in ALL Kids
- Again, this trend is largely due to systems commitment to reduce the number of uninsured children and to provide better continued access to care

# Vision Care



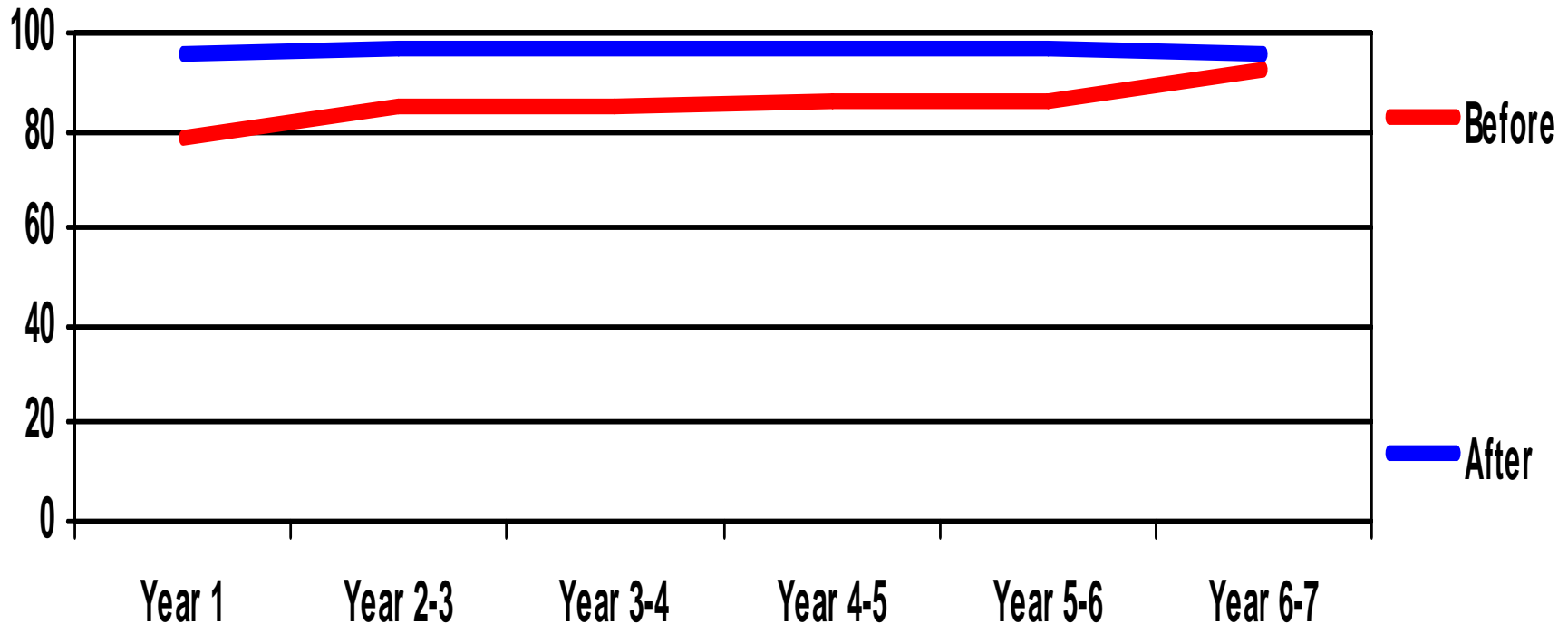
- There continues to be an increase in the number of children who are coming to ALL Kids with vision care access, with an overall average of 78% before and 96% after enrollment

# Prescription Access



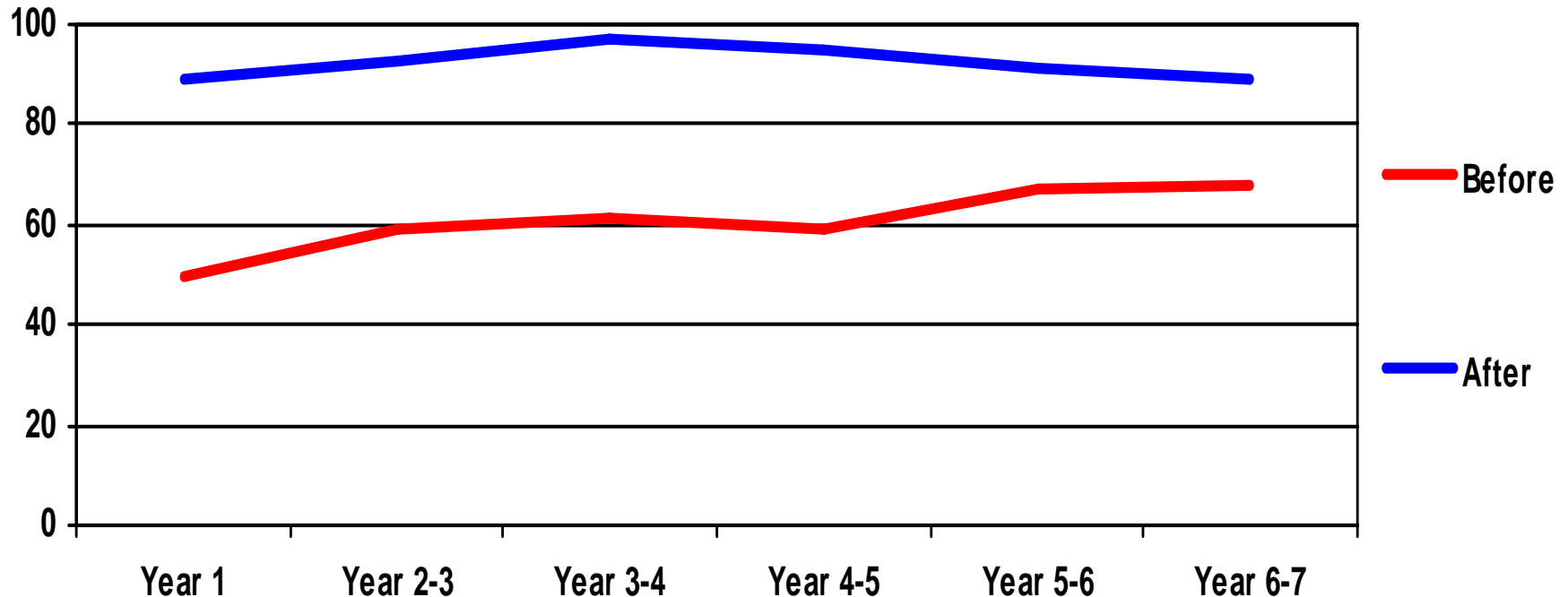
- Overall, roughly 96 percent of respondents reported better prescription access after enrollment when compared to an average of 69% before enrollment
- The gap in the percentage before ALL Kids continues to close since more children come to the program with prior insurance

# Specialty Care



- Over the years, 98% of children were able to receive care from a specialist after enrollment compared to 85% average before enrollment
- Due to system collaboration, parents reported marked improvement in getting specialty care for their children

# Children with Special Health Care Needs Access to Care



- An average of 61% before and 92% after enrollment were able to get medical care for their children
- After enrollment, the number of respondents with children with special health care needs who were able to get medical care increased significantly in every year of the program

# The System Works

- **SCHIP has contributed to the improvement of the coordination and enrollment systems that provide children's health insurance**
- **Fewer children come onto the program uninsured**
  - Before the program, roughly 30% of children lacked health insurance; in 2005, the percentage was about 23%.
- **More children continue to have access to care**
  - More respondents reported their children always having health insurance, which greatly improved from 6 percent in 1998 to over 38 percent in 2005



**Leave no child behind**

**Contact Information**

**Gayle Lees Sandlin, Director  
Bureau of Children's Health Insurance  
Alabama Department of Public Health  
201 Monroe Street, Suite 250  
Montgomery, AL 36104  
Phone: 334 - 206-5568  
FAX: 334 - 206-6433  
Email: [gsandlin@adph.state.al.us](mailto:gsandlin@adph.state.al.us)**