The Alabama Children's Health Insurance Program

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“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

- Alabama Child Caring Foundation
- Phase II - ALL Kids
- SOBRA Medicaid
- Phase I Title XXI Medicaid Expansion

Medicaid for Low Income Families
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).
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.
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.
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.
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.
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.
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.
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

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