

February 4, 1999

Ms. Claudette V. Campbell
Associate Regional Administrator
Division of Medicaid and State Operations
Health Care Financing Administration, Region III
The Public Ledger Building, Suite 216
150 S. Independence Mall West
Philadelphia PA 19106-3499

Dear Ms. Campbell:

The following is Maryland's FFY 1998 Report on its Children's Health Insurance Program (CHIP), the Maryland Children's Health Program. Following the instruction provided to us by the Health Care Financing Administration, we have addressed the following areas relating to our Program.

1. Baseline estimates of the number of uninsured children in Maryland.

The current estimate for all uninsured children in the State of Maryland is 163,000. Of that number, it is estimated that there are approximately 109,000 below 200% of the federal poverty level.

2. Progress made in reducing the number of uncovered, low-income children in the State.

As of January 28, 1999, enrollment in the Maryland Children's Health Program was at 38,006 persons. Of that number, there were 10,011 who were eligible as low-income children as defined in Title XXI of the Social Security Act.

3. Barriers to effectively implement the Maryland Children's Health Program and the proposed approaches to address those barriers.

Maryland has experienced no notable barriers to implementing the Maryland Children's Health Program. We have enjoyed a constant growth in enrollment since the Program's inception July 1, 1998 and will continue our efforts to increase enrollment through a broad based program of community outreach. We are continuing to monitor and review all aspects of the Maryland Children's Health Program to ensure that those families with uninsured children apply for the program and that the application process is as customer friendly and responsive as possible.

We have experienced some application processing delays in two large jurisdictions. These delays occur in cases where an applicant has an active case, e.g. Food Stamps, with the Department of Human Resources through its Client Automated Resources Eligibility

System (CARES). These delays are being addressed by our Office of Eligibility with the respective local county Health Department and local Department of Social Services. The Department of Human Resources is also playing an active role in addressing and resolving this problem.

4. Any need for technical assistance from the Department of Health and Human Services.

At this time, the State has no need for specific technical assistance from the Department of Health and Human Resources. We look forward though, to continuing the strong and productive working relationship which has been established with HCFA Central and Regional Office staff involved with the State Children's Health Insurance Program. This partnership has contributed to the success Maryland has experienced to date in providing health care to the State's uninsured children and will continue to be a valuable resource in our efforts to build on this success in the months and years to come.

5. Other relevant areas

None at this time.

6. Quarterly Expenditure Data

This information has been communicated electronically to your office and we have been informed by Mr. Ted Gallagher, of your office, this it was not necessary to include it as part of this report.

7. Financial/Statistical Data

We are unable to provide completed forms HCFA-64.21E and HCFA-64EC at this time.

Beginning in May, 1998, we invested a considerable amount of time and effort to develop CHIP MARS reports for the Maryland Children's Health Program which was to be implemented July 1, 1998. CHIP reporting design activities were based on HCFA CHIP reporting requirements known to us at that time. After the initial design activities were completed, the testing phase was postponed since we became aware that it was very likely that HCFA reporting requirements would change. In August, 1998, final draft requirements were provided to states and as late as November, 1998 we received some clarifications of those requirements.

What must now be done by us is to determine what changes and/or additions need to be made to the untested programming that was done in May, 1998 to meet the August, 1998 reporting requirements, make any necessary programming changes and/or additions, and then subject them to full testing. To date, this activity has not been and cannot be initiated due to the overriding priorities presented by Y2K activities.

Please let me know if you have any questions concerning this report or require any additional information.

Sincerely,

Joseph M. Millstone
Acting Deputy Secretary for Health
Care Policy, Finance and Regulation

cc: Mr. James Hake
Ms. Diona Kristian