

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

Preamble

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

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

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

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

State/Territory: ALASKA
(Name of State/Territory)

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

(Signature of Agency Head)

SCHIP Program Name (s) Denali KidCare

SCHIP Program Type Medicaid SCHIP Expansion Only
 Separate SCHIP Program Only
 Combination of the above

Reporting Period **Federal Fiscal Year 2000 (10/1/99-9/30/00)**

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SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program's changes and progress during Federal fiscal year 2000 (October 1, 1999 to September 30, 2000).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 1999 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 1999, please enter N/C=for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

1. Program eligibility N/C
2. Enrollment process N/C
3. Presumptive eligibility N/C
4. Continuous eligibility N/C
5. Outreach/marketing campaigns *Our focus for outreach shifted from the initial media campaign to inform customers about the availability of the program to training community members statewide in assisting the customers in completing the application.*
6. Eligibility determination process N/C
7. Eligibility redetermination process N/C
8. Benefit structure N/C
9. Cost-sharing policies N/C
10. Crowd-out policies N/C
11. Delivery system N/C
12. Coordination with other programs (especially private insurance and Medicaid) N/C
13. Screen and enroll process N/C
14. Application *Minor revisions to the application were made, specifically in the section on*

cooperation with the Child Support Enforcement Division and after consultation with colleagues from the Covering Kids Initiative and the Center on Budget and Policy Priorities.

15. Other N/C

1.2 Please report how much progress has been made during FFY 2000 in reducing the number of uncovered, low-income children.

1. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2000. Describe the data source and method used to derive this information.

The number of uninsured, low-income children in Alaska has been reduced by the enrollment of 34,278 children by the end of FFY 2000. This number is derived from the Medicaid Management Information System based on:

The number of children enrolled in the XXI expansion 13,143

The number of children enrolled in XIX above those enrolled prior to the expansion 20,865

*Increase in number of low-income children with health care coverage 34,278
As requested above, it is necessary to compare annual or quarterly enrollment data for Titles XXI and XIX with a point-in-time enrollment of Title XIX prior to expansion. Turnover in the caseloads and duplication between Titles XXI and XIX enrollment within periods substantially overstates the reduction of uninsured, low-income children in Alaska. Using MMIS data for total enrollment of children, Alaska believes that the actual increase in enrollment is substantially less, estimated at 15,210 children based on a point-in-time comparison between 2/99 (the month prior to starting the Title XXI program) and 9/00.*

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

The number of children enrolled in XIX above those enrolled prior to the expansion 20,865. See caveat above.

(This number is derived from the Medicaid Management Information System)

3. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

N/A

4. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

No, skip to 1.3

Yes, what is the new baseline? *18,000 children under 200% FPL uninsured*

What are the data source(s) and methodology used to make this estimate? CPS 1997-1999

What was the justification for adopting a different methodology? N/A

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

Like most small states, Alaska relies on the CPS data because it is too expensive to collect our own data. However, Alaska and all small states have serious concerns about the reliability of the CPS March Supplement data even when three-year merged samples are used to make estimates.

At the request of HCFA, the Census Bureau created three-year merged samples and published baseline estimates for all states. For the same years (1997, 1998, and 1999) that we used to generate our estimated baseline number above, the Census Bureau estimated that there were 18,000 uninsured Alaskan children under 19 years of age in families with incomes at or below 200 percent of the Federal Poverty Level. They also provided a standard error of 3,400 which means that the Census Bureau has 90 percent confidence that the Alaska's baseline estimate is between 14,600 and 21,400 children. However, the data used for estimating the baseline of uninsured children for implementation of the Title XXI Medicaid expansion under-estimated both the number of children with existing Medicaid coverage and the number of children with coverage through the Indian Health Service.

It is also important to note that at no point in the CPS are respondents asked if any members of the household were uninsured for either part or all of the previous year. Estimates of the uninsured from the CPS reflect the number of persons for whom none of the specified types of coverage are reported for the year. Therefore, if survey respondents are answering the questions as intended, a person reported as uninsured on the CPS is without insurance for the entire year. When respondents answer the questions accurately, the CPS captures any type of coverage held for even part of the year, but only capture as uninsured those who were without insurance for the entire year.

In addition, there is concern that persons responding to the CPS may be reporting their coverage at the time of the interview, rather than their status during the previous calendar year as requested. Experts on the CPS acknowledge that it is likely that there is a mix of responses among respondents to the CPS, some reporting their current coverage while others are reporting coverage during the previous year as requested.

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

Utilizing our best estimate of the unduplicated children who obtained health care coverage through either the CHIP expansion or by being enrolled in Title XIX Medicaid in FY 2000 we served 131% of the baseline number of low-income uninsured children in Alaska. [15,210/11,600 = 131%]

1.3 Complete Table 1.3 to show what progress has been made during FFY 2000 toward achieving your State' s strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State' s strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

- Column 1: List your State' s strategic objectives for your SCHIP program, as specified in your State Plan.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

Note: If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter ANC@(for no change) in column 3.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
<i>I. Reduce the number of uninsured children in Alaska by providing health care coverage through the expanded Medicaid Children's Health Insurance Program (SCHIP).</i>	<i>I.1 Market the Children's Health Insurance Program</i>	<ol style="list-style-type: none"> <i>1. Number of applications distributed through non-traditional sites. Baseline: 0 Target: 10,000 Actual: 130,000</i> <i>2. Number of clients enrolled through mail-in applications. Baseline: 0 Target: 2,758 Actual: 13,413</i> <i>3. Number of targeted outreach initiatives. Baseline: 0 Target: 3 Actual: 28</i> <p><i>Data Sources: Division of Public Assistance Denali KidCare office and Division of Public Health outreach staff.</i></p> <p>Methodology: <i>Compare performance to baseline and to targets.</i></p> <p>Progress Summary:</p>
OBJECTIVES RELATED TO SCHIP ENROLLMENT		
	<i>I.2 De-link SCHIP eligibility determination from public assistance programs and simplify eligibility process.</i>	<ol style="list-style-type: none"> <i>1. Create separate SCHIP eligibility determination unit.</i> <i>2. Create mail-in application process and shorten application.</i> <i>3. Implement policy for continuous eligibility for children and eliminate asset test.</i> <i>4. Eliminate face-to-face interview.</i> <p>Data Sources:</p> <p>Methodology:</p> <p>Progress Summary: <i>All four of the performance measures were completed and</i></p>

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
		<i>implemented. This goal is accomplished</i>
	<i>I.3 Enroll targeted low-income children in the Children's Health Insurance Program (SCHIP).</i>	<p><i>Percent of targeted low-income children enrolled in SCHIP.</i> Baseline: 0 Target: 4,900 Actual: 13,143</p> <p>Data Sources: <i>quarterly reports to HCFA (data from MMIS)</i> Methodology: <i>unduplicated number of enrollees</i></p> <p>Progress Summary: <i>Total unduplicated number of children enrolled in SCHIP between 10/1/99 and 9/30/00 was 13,143. This goal is accomplished and exceeded.</i></p>
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
		<p>Data Sources:</p> <p>Methodology:</p> <p>Progress Summary:</p>
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
<i>II. Increase access to preventive care for SCHIP enrolled children</i>	<i>II.1 Deliver EPSDT services to children enrolled in SCHIP at the same rate as children enrolled in regular Medicaid.</i>	<p><i>Percent of SCHIP and regular Medicaid children ages 6-18 eligible for screening who receive recommended EPSDT screenings.</i></p> <p>Data Sources: <i>MMIS claims system and EPSDT subsystem</i> Methodology: <i>HCFA 416 methodology was applied to the subgroup of Medicaid recipients who were eligible for SCHIP at any time between 10/1/99 and</i></p>

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
		9/30/00. Progress Summary: <i>FFY 99 data showed SCHIP recipients ages 6-18 accessed EPSDT screenings at more than twice the rate of Title XIX Medicaid recipients. SCHIP recipients age 6-18 received both preventive dental and dental treatment services at rates higher than the rates for Title XIX Medicaid recipients in those age groups. FFY00 data will not be available until 3/01.</i>
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
		Data Sources: Methodology: Progress Summary:
OTHER OBJECTIVES		
		Data Sources: Methodology: Progress Summary:

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

N/A

1.5 Discuss your State' s progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

N/A

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

See 2.5.2 and 2.8.3

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

Alaska Behavioral Risk Factor Surveillance Survey 1999: Extract of Health Insurance Coverage for Children questions and analysis

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

- A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

N/A

2. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2000 (10/1/99 -9/30/00)?

Number of adults *N/A*

Number of children *N/A*

3. How do you monitor cost-effectiveness of family coverage?

N/A

2.2 Employer-sponsored insurance buy-in:

1. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

N/A

2. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000?

Number of adults *N/A*

Number of children *N/A*

2.3 Crowd-out:

1. How do you define crowd-out in your SCHIP program?

If the applicant's income exceeds 150% FPG and they have voluntarily dropped insurance in the last 12 months then they are not eligible, unless Division of Medical Assistance determines they have good cause for dropping that insurance (i.e. severe economic hardship).

2. How do you monitor and measure whether crowd-out is occurring?

A denial report is run on a monthly basis to show the reasons for application denials.

3. What have been the results of your analyses? Please summarize and attach any available reports or

other documentation.

Data for FFY00 shows that one half of one percent of denied applications were denied because of the applicant having no “good cause” for dropping insurance within the prior twelve months. Sixteen percent of the applications were denied due to the applicant being over 150% FPL and having insurance.

4. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

The only crowd-out policy in place is the 12-month waiting period after voluntarily dropping health insurance.

2.4 Outreach:

1. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

The success of the Denali KidCare program is due to several factors, all of which are interrelated. The de-linking of the program from welfare and simplification of the application and renewal process were key to making Denali KidCare more accessible to customers. To promote the program we have continued to provide a consistent and attractive message. All promotional materials were simple, colorful, respectful and non-governmental looking to de-link Denali KidCare from the negative stigma of welfare and “typical” government programs. All materials contained photographs of children and teens representing the ethnic diversity of Alaskan children. Key “retail” motivator messages such as “It’s easy to apply”—“Short mail-in application”—“At no cost to eligible families”—and “No interview” were used to reach every Alaskan family, parent, grandparent, teen, friend and neighbor.

Outreach has been on a very personal basis: the state’s SCHIP outreach staff networked with community-based entities including social service organizations, child and adult education programs and institutions, health care providers, and retail establishments (such as grocery stores) to develop more than 1,200 Denali KidCare “access points” throughout the state. Each access point chooses its level of involvement: information only (display brochures), information and applications (maintaining a supply of applications for public distribution), or actively assisting potential applicants to complete and mail the application.

Applications received are tracked and caseload data are updated on a weekly basis. A survey is included in the application packet to evaluate the success of outreach efforts and to provide information on client demographics. Monthly reports from the survey provide information on how clients hear about the program and where they obtain the program applications, as well as on family

size, community of residence, and income.

The survey illustrates that most new applicants hear about the program through friends, family and neighbors and receive their applications from a variety of sources, which reinforces the success of the “access point” concept described above.

Two charts are included for the surveys (18,652) received by 9/30/00. We receive completed surveys from 90% of the applicants.

2. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?
Many Alaska Native potential customer of Denali KidCare reside in remote rural areas of the state. The Alaska Native Tribal Health Consortium, a partner agency in SCHIP outreach, has produced radio spots in twelve Native languages with an English translation. Tribal elders, to lend credibility to this “government” program, recorded these spots. The commercials began running in August and data will be forthcoming to evaluate their effectiveness.
3. Which methods best reached which populations? How have you measured effectiveness?
*Hands-on training and frequent follow up by state Outreach Specialists proved most successful in working with some rural and Native health organizations and entities, and gave these organizations a higher comfort level with the program information and eligibility guidelines.
Outreach specialists who spoke the language of various immigrant groups were hired by targeted outreach grantees. Data will be forthcoming to evaluate the effectiveness of these techniques with different racial groups.*

2.5 Retention:

1. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?
Design work and programming is underway to produce a pre-printed renewal form for SCHIP and Poverty level Medicaid renewals. We feel that this will increase the number of families who re-enroll their children and should provide a better opportunity for continuity of care.
2. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?
 Follow-up by caseworkers/outreach workers
 Renewal reminder notices to all families
 Targeted mailing to selected populations, specify population _____
 Information campaigns
 Simplification of re-enrollment process, please describe SEE ABOVE

X Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe:

We will be conducting a “Doer/Non-Doer” survey with customers who have re-enrolled and those who have not early in the next calendar year (2001).

Other, please explain _____

2. Are the same measures being used in Medicaid as well? If not, please describe the differences.

The same measures are used for SCHIP and Poverty level Medicaid.

3. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

N/A

4. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

The survey mentioned above will provide us with some data.

2.6 Coordination between SCHIP and Medicaid:

1. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

Yes, for SCHIP and Poverty level Medicaid as well as Pregnant Women.

2. Explain how children are transferred between Medicaid and SCHIP when a child’s eligibility status changes.

A child is transferred from Family Medicaid or other categories of Medicaid if and when the eligibility for the other category is ending and Denali KidCare eligibility can be established. Some examples of when this might occur include when there are changes in household composition, age, income, or resources, which causes the family to lose Family Medicaid eligibility. The case worker working the other category will deny or close out involvement for the category they are working, send notice on their case and convert the case to Denali KidCare if the children are eligible for it. They will then send a notice informing the client of the change in Medicaid category. There is a paperless transfer of the case to Denali KidCare; no physical files are sent to the Denali KidCare Office. These cases that are converted from DPA offices to Denali KidCare are reviewed for correctness of actions, then assigned to the appropriate staff within the Denali KidCare office.

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

Yes, fee-for-service.

2.7 Cost Sharing:

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on

participation in SCHIP? If so, what have you found?

N/A

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

N/A

2.8 Assessment and Monitoring of Quality of Care:

1. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

N/A

2. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

N/A

3. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

The Medicaid Services Unit (MSU) is using the fee-for-service Consumer Assessment of Health Plans Survey (CAHPS) instrument to measure consumer satisfaction as it relates to children enrolled in the Title XIX and XXI Medicaid program (0-20 year olds). Reporting of client satisfaction will be either reported by the parent, or by the child/adolescent at the parent's request, or by the client if aged 19-20 or if they applied for Medicaid coverage on their own behalf. For purposes of this study parental and child responses will be treated the same.

The sample will be drawn from Medicaid eligibility files using a random number process. The sample will be stratified for the two income groups discussed above. The survey will be conducted telephonically by survey staff in the Section of Community Health and Emergency Medical Services (CHEMS). Use of the interview staff will limit the potential for researcher bias. The questions will be programmed into Computer Assisted Telephone Interview (CATI) software to assist interview staff complete surveys and record responses in an efficient manner. Phone calls will be attempted during the day, after normal work hours and on the weekends. If interview staff fails to reach a client after the above-mentioned phone attempts, a hard copy of the survey will be mailed to the client for completion. Mailed surveys will include return bulk postage to encourage a higher response rate. One reminder letter will be sent to households receiving the hard copy of the survey with a toll free phone number contact to request another copy of the survey if needed. Testing of CAHPS instruments indicate mailed and telephonically collected data can be treated similarly. (Fowler, 1999)

Total completed surveys are suggested at 900 children to be completed between

January 2001 and September 2001 with analysis completed by 12/31/01. The survey is anticipated to be repeated in FFY 03.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2000 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible. Note: If there is nothing to highlight as a success or barrier, Please enter NA for not applicable.

1. Eligibility N/A

2. Outreach and 3. Enrollment *Our outreach and enrollment have been phenomenally successful in FY 2000: we were named number one in the nation by the Children's Defense Fund for our rate of enrollment of both S-CHIP and Medicaid children (8/00) and were one of ten states in the nation that entirely spent the FFY 98 allocation of XXI money.*

4. Retention/disenrollment N/A

5. Benefit structure N/A

6. Cost-sharing N/A

7. Delivery systems N/A

8. Coordination with other programs N/A

9. Crowd-out N/A

10. Other

*Some of the SCHIP customers have had difficulty accessing care particularly dental and pediatric specialists: it is recognized that while most providers in Alaska participate in Medicaid, many have limited accepting new Medicaid/Denali KidCare clients in their practices. The most significant area identified was **access to dental services**.*

Historically, there has been restricted access to dental services on the Kenai Peninsula due to the low number of dentists taking new Medicaid clients, however there now appear to be similar problems in Southeast Alaska and Kodiak. There have also been problems in access to dental services in villages located in Southwest, Interior and Northern Alaska due to the low number of dentists and high treatment need of individuals living in these areas of the state.

We will be working to find mechanisms for keeping dentists that provide a significant volume of dental services to Medicaid clients active in the program; and to get dentists

that are no longer seeing new Medicaid clients (due to their perceptions of administrative hassles or patient behavior) in their practices back into the program.

SECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2000, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2000 costs	Federal Fiscal Year 2001	Federal Fiscal Year 2002
Benefit Costs			
Insurance payments			
Managed care			
per member/per month rate X # of eligibles			
Fee for Service	\$22,712,998	\$24,302,908	\$26,004,112
Total Benefit Costs	\$22,712,998	\$24,302,908	\$26,004,112
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs			
Administration Costs			
Personnel	\$21,871	\$23,402	\$25,040
General administration	\$34,352	\$36,757	\$39,330
Contractors/Brokers (e.g., enrollment contractors)	\$1,065,913	\$1,140,527	\$1,220,364
Claims Processing			
Outreach/marketing costs	\$1,209,196	\$1,293,840	\$1,384,409
Other	\$127,586	\$136,517	\$146,072
Total Administration Costs	\$2,458,918	\$2,631,042	\$2,815,215
10% Administrative Cost Ceiling	\$2,458,918	\$2,631,042	\$2,815,215
Federal Share (multiplied by enhanced FMAP rate) 71.86%	\$18,088,537	\$19,354,735	\$20,709,566
State Share	\$7,083,379	\$7,579,215	\$8,109,761
TOTAL PROGRAM COSTS	\$25,171,916	\$26,933,950	\$28,819,327

Note: Assumes 7 percent annual growth rate.

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2000.

N/A

4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2000?

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations (such as United Way, sponsorship)
- Other (specify) _____

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.

Both of the foundation grants that support outreach (Robert Wood Johnson Foundation "Covering Kids" and the Crossett Endowed Alaska Fund) will end on 12/31/01.

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name	<i>Denali KidCare</i>	
Provides presumptive eligibility for children	<input checked="" type="checkbox"/> No <i>With processing of applications within 24-48 hours of receipt at the Denali KidCare office presumptive eligibility is not necessary. In addition, we accept faxed applications for urgent care and when immediate eligibility determination is required for access to a specialist.</i> <input type="checkbox"/> Yes, for whom and how long?	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Provides retroactive eligibility	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, for whom and how long? <i>For SCHIP and Poverty level Medicaid for three months prior to application with income verification.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Makes eligibility determination	<input type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input checked="" type="checkbox"/> Other (specify) <u>Division of Public Assistance</u>	<input type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify) _____
Average length of stay on program	Specify months <u>N/A</u>	Specify months _____
Has joint application for Medicaid and SCHIP	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>For Poverty level Medicaid and Pregnant women.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has a mail-in application	<input type="checkbox"/> No	<input type="checkbox"/> No

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes
Can apply for program over phone	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over internet	<input checked="" type="checkbox"/> No <i>An electronic application (submitted as an attachment to an email) is in development. Signature page and verification would follow via snail mail.</i> <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Requires face-to-face interview during initial application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months <u>12</u> What exemptions do you provide? <i>Good cause.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ What exemptions do you provide?
Provides period of continuous coverage <u>regardless of income changes</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months <u>6</u> Explain circumstances when a child would lose eligibility during the time period <i>If the child dies or moves out of state.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, how much? _____ Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, how much? _____ Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify) _____
Imposes copayments or coinsurance	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>Only for 18 year old non-pregnant non-natives.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Provides preprinted redetermination process	<input checked="" type="checkbox"/> No <i>In development.</i> <input type="checkbox"/> Yes, we send out form to family with their information precompleted and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have	<input type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
	changed	unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

For an initial application the client or clients will have no open involvement in any office and therefore must complete an application. If the client/clients have other open program involvement a verbal request for Medicaid/Denali KidCare services may be appropriate. A redetermination differs because it is completed on both an ongoing basis or on denials for initial applications where the household includes either optional or excludable member. For ongoing cases when a change is reported to the caseworker, the change may or may not effect the families' ongoing eligibility. A caseworker must determine if additional information is needed for cases that are ongoing when a change is reported. They also determine if a case action is even required. A redetermination may also be appropriate when an initial application for Medicaid services leads to a determination that a household is not eligible for the category that they had applied for, in this situation the eligibility worker must redetermine eligibility by excluding any optional or excludable members. For Medicaid a redetermination may result in the loss of one category of Medicaid, or it may result in the loss of Medicaid for certain household members. A redetermination ensures that if a category of Medicaid is lost all other possible categories are examined and that benefits are given for the appropriate category of Medicaid. If certain members of the household are optional or excludable members, it also ensures that all possible household combinations are examined for possible eligibility under different household concepts are determined. Children under all Medicaid categories continue to receive six months of continuous eligibility regardless of the category of Medicaid they receive. For the Denali KidCare program the redetermination process is a bit different. When a report of change is received for a Denali KidCare case it is noted in the file by use of the alert system, or some other means. At the time of renewal the change would then be looked at to determine the impact on the household's continued eligibility.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2000, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or
Section 1931-whichever category is higher

133 % of FPL for children under age 6 without insurance
100 % of FPL for children up to age 18 born on or after 9/30/83 without insurance
71 % of FPL for children up to age 18 born before 9/30/83 without insurance
150 % of FPL for children with insurance who would otherwise be SCHIP eligible

Medicaid SCHIP Expansion

200 % of FPL for children aged 18 and under
____ % of FPL for children aged _____
____ % of FPL for children aged _____

State-Designed SCHIP Program

____ % of FPL for children aged _____
____ % of FPL for children aged _____
____ % of FPL for children aged _____

6.2 As of September 30, 2000, what types and amounts of disregards and deductions does each program use to arrive at total countable income? Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter N/A.

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) Yes No
 If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	\$90	\$90	\$
Self-employment expenses	\$ <i>actuals</i>	\$ <i>actuals</i>	\$
Alimony payments Received	\$ <i>N/A</i>	\$ <i>N/A</i>	\$
Paid	\$ <i>N/A</i>	\$ <i>N/A</i>	\$
Child support payments Received	\$ <i>actuals</i>	\$ <i>actuals</i>	\$
Paid	\$ <i>N/A</i>	\$ <i>N/A</i>	\$
Child care expenses Under age 2	\$ 200	\$ 200	\$
Age 2 or over	\$ 175	\$ 175	
Medical care expenses	\$ <i>N/A</i>	\$ <i>N/A</i>	\$
Gifts	\$ 30	\$ 30	\$
Other types of disregards/deductions (specify) Alaska Native Corporation Dividends	\$2000	\$2000	\$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, specify countable or allowable level of asset test _____
Medicaid SCHIP Expansion program	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, specify countable or allowable level of asset test _____
State-Designed SCHIP program	<input type="checkbox"/> No	<input type="checkbox"/> Yes, specify countable or allowable level of asset test _____
Other SCHIP program _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes, specify countable or allowable level of asset test _____

6.4 Have any of the eligibility rules changed since September 30, 2000? Yes No

1999 BRFSS State Added Child Health Care Coverage/Access

Introduction:

This document gives a brief overview of draft results from the state added children's health insurance questions on the 1999 Behavioral Risk Factor Survey (BRFSS). The data presented here are weighted. The sample for this analysis was people who reported having one or more children in their households between 0 and 17 years of age.

Questions for this Analysis:

1. I would like to ask questions about the child in your household who had the most recent birthday and is under 18 years old. What is this (Child's) age?
2. What type of health care coverage pays for most of this (Child's) medical care?
3. Other than (fill in from #2 above) does this (Child) have any other type of health care coverage?
4. During the past 12 months, was there any time that this (Child) did not have any health insurance or coverage?
5. About how long has it been since this child had health care coverage?
6. About how long has it been since this child visited a doctor for a routine checkup or physical exam?
7. Was there a time during the last 12 months when this child needed to see a doctor but could not because of the cost?

Miscellaneous Results:

- 2,051 people answered the survey in 1999. This is the largest sample since BRFSS was initiated as an on-going yearly survey in 1991. Approximately half of the sample had households with children.
- Results were broken down into a pre-CHIP and CHIP period for analysis. The pre-CHIP period includes surveys from January through February 1999 and the CHIP period includes surveys from March through December 1999.
- While 974 households reported having a child less than 18 years old, the number of responses varies by question and this is noted in the question results section of the document.

Question Results:

1. I would like to ask questions about the child in your household who had the most recent birthday and is under 18 years old. What is this (Child's) age?
 - (*Number of Responses = 974*) *The average age of the child who had the most recent birthday was 9 years.*

2. What type of health care coverage pays for most of this (Child's) medical care?
(Number of Responses = 974)

Main Type of Health Care Coverage	Pre-CHIP	CHIP	Overall
Parent's or guardian's employer	58.9%	53%	53.6%
A plan that the parent or guardian buys on his own	3.7%	4.3%	4.2%
Medicaid or Medical Assistance	6.1%	11.8%	11.2%
The military, CHAMPUS, TriCare, VA, or CHAMP-VA	10.6%	11.1%	11.1%
The Indian Health Service	16.4%	8.5%	9.3%
A group plan through a parent's or guardian's previous employer or retirement plan	1.1%	0.7%	0.7%
Some other Source	0%	1.5%	1.4%
None	3.0%	6.8%	6.4%
Don't Know/Not Sure	0%	0.4%	0.3%
Unknown/Refused	0.2%	1.8%	1.7%

3. Other than (fill in from #2 above) does this (Child) have any other type of health care coverage?
(Number of Responses = 894)

Secondary Type of Health Care Coverage	Pre-CHIP	CHIP	Overall
Parent's or guardian's employer	5.4%	8.5%	8.2%
A plan that the parent or guardian buys on his own	3.3%	1.3%	1.5%
Medicaid or Medical Assistance	1.5%	1.6%	1.6%
The military, CHAMPUS, TriCare, VA, or CHAMP-VA	0%	0.4%	0.4%
The Indian Health Service	3.6%	5.8%	5.5%
A group plan through a parent's or guardian's previous employer or retirement plan	1.1%	0%	0.1%
Some other Source	0.9%	1.0%	1.0%
None	84.2%	80.7%	81.1%
Unknown/Refused	0%	0.7%	0.7%

4. During the past 12 months, was there any time that this (Child) did not have any health insurance or coverage?
(Number of Responses = 974)

No Health Insurance/Coverage Past 12 Months	Pre-CHIP	CHIP	Overall
Yes	13.8%	8.9%	9.4%
No	85.6%	90.5%	89.9%
Don't Know/Not Sure	0.6%	0.7%	0.7%

5. About how long has it been since this child had health care coverage?
(Number of Responses = 64, Very small sample these numbers very unreliable)

How long since child last had health care coverage	Pre-CHIP	CHIP	Overall
Within the past 6 months	41.4%	11.6%	13.1%
Within the past year	58.6%	15.5%	17.6%
Within the past 2 years	0%	16.8%	16.0%
Within the past 5 years	0%	14.9%	14.2%
5 or more years ago	0%	8.3%	7.9%
Don't know/Not Sure	0%	3.9%	3.7%
Never	0%	27.3%	26.0%
Refused	0%	1.7%	1.6%

6. About how long has it been since this child visited a doctor for a routine checkup or physical exam?
(*Number of Responses = 974*)

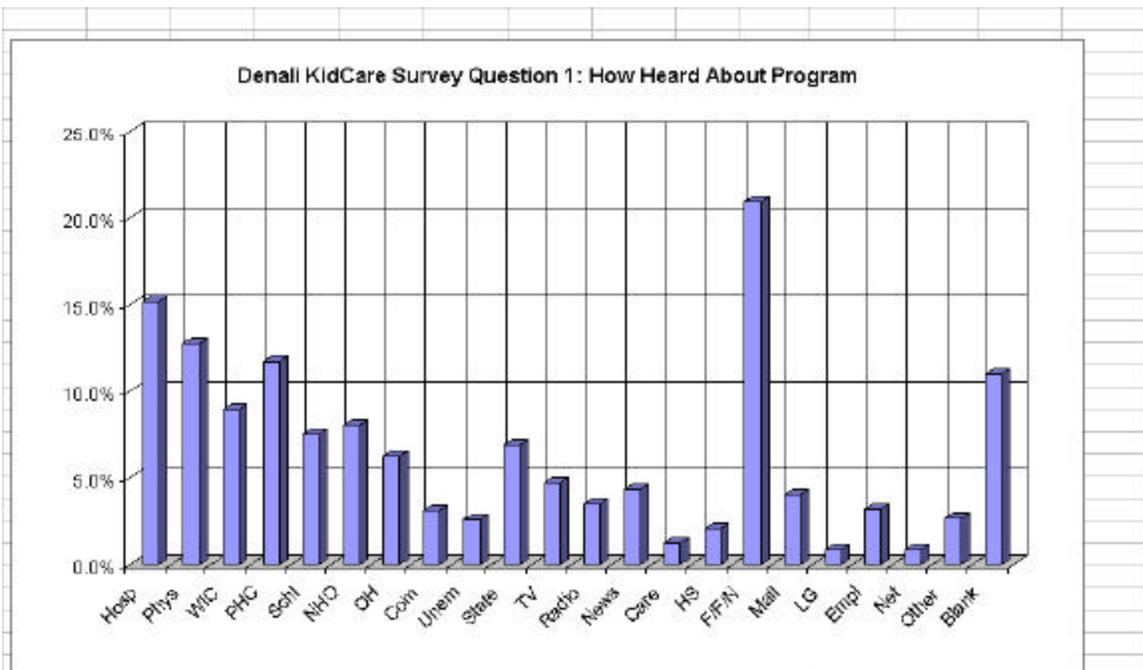
How long since last routine checkup/physical exam	Pre-CHIP	CHIP	Overall
Within the past 6 months	77.7%	81.6%	81.2%
Within the past year	5.4%	7.3%	7.1%
Within the past 2 years	5.7%	3.1%	3.3%
Within the past 5 years	0%	1.4%	1.3%
Don't know/Not Sure	10.9%	4.3%	5.0%
Never	0.3%	1.9%	1.8%
Refused	0%	0.5%	0.4%

7. Was there a time during the last 12 months when this child needed to see a doctor but could not because of the cost?
(*Number of Responses = 974*)

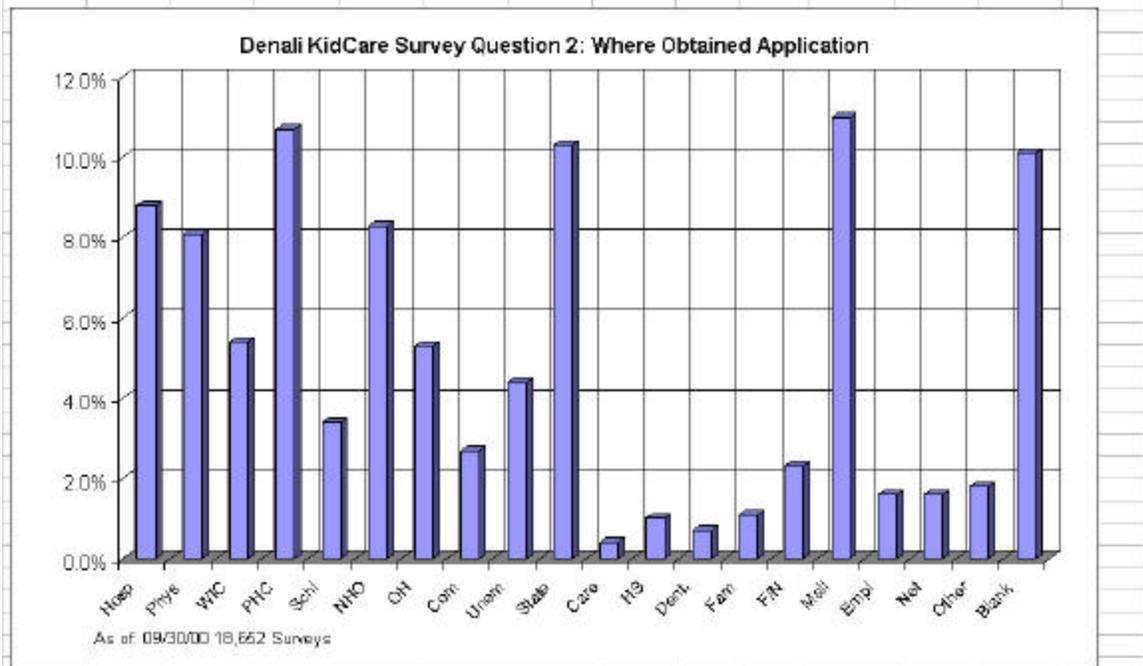
Needed to see Dr during past 12 months but could not afford	Pre-CHIP	CHIP	Overall
Yes	3.9%	3.6%	3.6%
No	95.3%	94.1%	94.3%
Don't Know/Not Sure	0.8%	1.8%	1.7%
Refused	0%	0.5%	0.4%

Other Remarks:

This represents an initial look at the data. Some additional analysis is planned including combining the two health coverage questions as we do for the adults and look at that. Small numbers only 64 people reported that their children were without health care coverage, so it will be hard to conduct much further analysis on this group.



Hosp = Hospital	Schl = School	Com = Community Org.	News = Newspaper	LG = Local Govt
Phys = Physician Office	NHO = Native Health Org.	Unem = Unemployment/Job Ctr	HS = Head Start	Empl = Employer
PHC = Public Health Ctr	OH = Other Health Prov.	State = DPA, DPH, DKC, MSU, etc.	FF/N = Family/Friend/Neighbor	Net = Internet
Dent = Dentist				



Hosp = Hospital	Schl = School	Com = Community Org.	News = Newspaper	LG = Local Govt.
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PHC = Public Health Ctr	OH = Other Health Prov.	State = DPA, DPH, DKC, MSU, etc.	FAM = Family	Net = Internet
Dent = Dentist			FN = Friends/Neighbor	

DKC: How Heard/Obtained Application

As of 09/30/09

Total: 78,652

Regional Summary of Response to How Obtained Application

PHM Region	Day																		Total Surveys	rk data entry		
	Hosp	Phys	WPC	PHC	Sch	NHO	OH	Com	Unem	State	HS	Dent	Fam	FN	Mail	Empl	Net	Other			Blank	
Interior	5.2%	7.9%	5.0%	17.6%	2.6%	9.3%	3.8%	2.4%	9.4%	7.7%	0.2%	0.6%	0.6%	1.1%	2.6%	10.3%	1.8%	1.8%	1.3%	8.9%	2,454	99.0%
Manitowish	19.0%	1.0%	5.3%	7.8%	0.8%	28.1%	6.3%	2.3%	0.0%	6.5%	0.0%	0.2%	0.2%	0.6%	1.8%	3.3%	1.9%	0.0%	5.3%	10.1%	472	99.4%
Municipality	6.8%	12.8%	5.8%	7.5%	3.7%	2.1%	7.2%	1.9%	1.5%	13.9%	0.7%	0.4%	0.5%	1.1%	2.4%	13.3%	1.2%	1.7%	1.8%	13.2%	6,568	99.1%
North Slope	36.0%	1.1%	3.7%	10.5%	0.3%	18.0%	8.2%	0.7%	0.0%	1.8%	0.7%	0.0%	1.1%	1.8%	0.7%	1.5%	1.1%	0.7%	0.0%	11.2%	266	99.1%
Newton Snd	22.0%	1.5%	0.8%	12.2%	1.5%	16.3%	12.5%	2.0%	0.0%	6.1%	0.2%	4.0%	0.6%	0.4%	2.7%	3.8%	2.5%	0.2%	0.9%	8.9%	440	99.1%
South Ctr	7.2%	6.7%	7.7%	11.0%	5.2%	3.5%	3.6%	3.7%	8.6%	9.9%	0.6%	1.1%	1.0%	1.3%	2.4%	13.0%	1.8%	2.4%	2.5%	6.5%	4,517	99.2%
South East	11.9%	7.1%	3.3%	16.6%	3.5%	11.3%	2.4%	3.1%	5.7%	6.9%	0.1%	1.6%	1.2%	1.1%	2.3%	9.1%	1.3%	1.5%	1.4%	7.8%	2,026	99.1%
South West	11.3%	1.1%	2.0%	6.0%	0.8%	29.3%	6.7%	3.4%	0.3%	10.9%	0.0%	2.2%	0.7%	0.9%	1.3%	6.1%	2.7%	0.1%	1.8%	12.4%	1,867	99.1%
Unk/008	11.9%	7.1%	4.7%	14.2%	0.0%	4.7%	4.7%	0.0%	7.1%	11.9%	0.0%	2.3%	2.3%	0.0%	7.1%	14.2%	0.0%	0.0%	2.3%	4.7%	42	99.2%
Total	8.8%	8.1%	5.4%	10.7%	3.4%	8.3%	6.3%	2.7%	4.4%	10.3%	0.4%	1.0%	0.7%	1.1%	2.3%	11.0%	1.6%	1.8%	1.8%	10.1%	18,652	99.0%

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 PHC = Public Health Ctr/Nurse OH = Other Health Provider State = DPA, DPH, DKC, MSU, etc Fam = Family Net = Internet
 Dent = Dentist FN = Friend/Neighbor

As of 09/30/09

78,652 Surveys

Regional Summary of Response to How Heard of Dental Kid Care

PHM Region	Day																					
	Hosp	Phys	WPC	PHC	Sch	NHO	OH	Com	Unem	State	TV	Radio	News	Care	HS	FFN	Mail	LG	Empl	Net	Other	Blank
Interior	9.5%	12.7%	9.0%	19.4%	5.7%	9.8%	6.6%	2.8%	4.4%	7.9%	4.3%	3.6%	2.1%	1.2%	2.6%	20.5%	4.2%	1.3%	2.5%	0.7%	2.1%	10.1%
Manitowish	35.5%	2.3%	9.0%	10.3%	1.0%	22.2%	8.0%	2.1%	0.2%	5.3%	2.5%	2.7%	1.2%	0.4%	1.2%	15.0%	3.1%	1.2%	1.8%	0.0%	4.8%	10.8%
Municipality	14.8%	16.8%	9.8%	6.4%	9.7%	2.5%	5.7%	3.3%	1.3%	7.3%	4.8%	3.2%	0.7%	1.6%	1.1%	21.3%	3.2%	0.8%	3.1%	0.9%	2.8%	13.8%
North Slope	49.8%	4.5%	7.8%	13.5%	1.1%	13.8%	8.2%	1.1%	0.3%	1.8%	1.5%	1.6%	0.3%	1.1%	0.3%	12.7%	5.2%	0.7%	2.2%	0.3%	0.7%	12.4%
Newton Snd	31.8%	2.5%	6.5%	15.4%	4.3%	15.0%	18.8%	2.0%	0.4%	4.7%	2.7%	0.8%	1.3%	0.0%	7.6%	13.6%	3.8%	0.2%	4.3%	0.2%	2.8%	10.0%
South Ctr	9.4%	12.8%	11.2%	12.2%	10.4%	3.8%	5.4%	3.2%	4.3%	6.7%	6.7%	5.2%	5.8%	1.3%	1.8%	25.2%	4.3%	0.7%	3.7%	1.3%	2.4%	7.6%
South East	15.8%	13.7%	6.2%	19.0%	6.3%	12.1%	4.8%	3.6%	3.3%	6.2%	2.7%	4.3%	3.2%	1.2%	3.1%	21.2%	4.1%	0.7%	2.8%	0.5%	1.9%	9.4%
South West	23.5%	2.5%	3.7%	10.0%	3.2%	24.4%	8.6%	2.9%	0.4%	7.1%	3.0%	0.8%	1.6%	0.2%	3.5%	14.3%	5.7%	0.9%	3.1%	0.1%	3.0%	12.5%
Unk/008	21.4%	19.0%	7.1%	16.6%	7.1%	7.1%	6.0%	2.3%	2.3%	9.5%	2.3%	0.6%	0.0%	0.0%	2.3%	20.1%	0.0%	0.0%	0.0%	0.0%	7.1%	7.1%
Total	15.2%	12.7%	8.9%	11.7%	7.5%	8.0%	6.2%	3.1%	2.5%	6.9%	4.7%	3.5%	4.3%	1.2%	2.6%	20.9%	4.0%	0.8%	3.1%	0.8%	2.6%	11.0%

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